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INTRODUCTION

Up and down the country, too many families are suffering the torture of watching their children squander their futures—bright children who have so much to live for ending up with so little. All too often, that is brought about by an addiction to skunk cannabis—a drug that is ruining young lives.

(Mr Charles Walker (Broxbourne) (Con): Hansard HC, col 393, 9 Jun 2011)

Few issues cause more disquiet among the public and politicians than the sticky subject of drug policy, and children and youth remain central to our anxieties. Whilst there has, in the UK at least, been some understanding that certain drugs, particularly cannabis, are now a ‘normal’ part of youth culture (Parker et al. 1995; Measham and Shiner, 2009), there is strident resistance to the belief that drug use should be framed as a ‘practice of the self’ (Duff, 2004). Illegal drugs are broadly perceived as a risk to individuals, and to public health and safety in general, and it is still true to say that “most people do not take illicit drugs and do not like the idea that other people do” (Hathaway 2001: 132).

As the above statement in parliament indicates, the risk to children, either due to parental drug use or because of their own consumption, is a recurrent feature of media and political discourse. Children, moreover, are at the heart of government drug policy rhetoric (Drug Strategy 2008: 21, 2010: 11). It is perhaps unremarkable that drugs and children are so often discursively associated; children embody ‘risk’ in advanced liberal democracies. The lurking dangers of contemporary life, real or imagined, coagulate in the adolescent’s emerging, unfinished-adult body (Tulloch and Lupton, 1998). The use of drugs, a cause of considerable anxiety among the majority of individuals, is a particularly profound threat to the nascent, vulnerable teenager who remains under the watchful eye of various scientific disciplines. Although sociologically-informed studies of, for example, youth criminality have proliferated, it
is arguably the discipline of developmental psychology that has most shaped our beliefs about adolescence. Moore (2002: 16) argues that:

[T]he developmental model, more than any other concerning youth, has arguably become the master narrative or discourse in popular cultural expression regarding rearing, adolescence and youth (e.g., the work of the Freud-inspired Benjamin Spock), being used to justify the “naturalness” of angst-ridden adolescence.

According to this model, in which adolescence is determined as a time of ‘storm and stress’, drug use might be considered a pathological response to the traumas of leaving childhood and entering adulthood.

The expressions ‘children’, ‘young people’ and ‘youth’ will be used throughout the thesis. Although ‘child’, according to both the UK Children’s Act 1989 and the United Convention on the Rights of the Child (Article 1) refers to anyone under the age of 18, the majority of older ‘children’ do not refer to themselves as such. This thesis addresses drug treatment for all people under the age of 18, although in reality very few individuals below the age of 14 are receiving treatment for drug problems (Roberts, 2010). The distinction between ‘child’ and ‘young person’ is clearly important for the ways in which ‘childhood’, ‘adolescence’ and ‘youth’ are socially constructed. The ‘drug taking child’, and particularly the young ‘problem user’, sit at the juncture of public anxieties around both childhood and drug taking in general. According to Jackson and Scott (1999: 85), “[c]hildhood is increasingly being constructed as a precious realm under siege from those who would rob children of their childhoods, and as being subverted from within by children who refuse to remain childlike.” The general premise of this project is that, whilst drugs and ‘youth’ have in general been the subject of considerable socio-legal (and sociological and legal) academic scrutiny, the issue of children/youth and drug treatment has remained almost entirely outside the scope of scholarly interest. The aim of this thesis is therefore to address this lacuna. A second important point to make is that the focus of the discussion, as the introductory quote suggests, will be cannabis. The reason for this is that, as we shall see, this is the drug that constitutes, by a considerable distance, the most common reason for admission to drug treatment for under-18s. All of the young people interviewed had
been identified as having problems with the use of cannabis, and all of the drug workers similarly identified this drug as the primary cause of concern, and the main focus for treatment.

The thesis does not concern itself explicitly with the extent to which Charles Walker MP’s fears about the risk to youth from cannabis\(^1\) hold true, although, as we shall see, they are certainly exaggerated. Nor is the purpose to evaluate drug treatment, or to consider whether the growth in provision is ‘good’ or ‘bad’. Rather, it is interested in the ‘what’, ‘how’ and particularly ‘why’ of drug policy and drug treatment as it relates to under-18s, with a particular focus on the drugs-crime nexus.

This study will begin by considering the three pillars of drug policy - health, crime and education – from the perspective of children and young people. It will especially focus on the impact of risk ‘rationalities’ and ‘technologies’ on young people’s rights (Rose, 2000: 321). The thesis incorporates an analysis of law and policy in respect of drug use in general, and drug treatment specifically, in respect of people under the age of 18, as well as an empirical investigation into the ways in which the concepts of ‘risk’ and ‘responsibility’ resonate within the drug treatment setting. In this way, it incorporates both a ‘meta’ critique of the securitisation project, or ‘criminal justice turn’, that has, as we shall see, spawned considerable growth in the drug treatment sector (Stimson, 2000; Hunt and Stevens, 2004; Seddon et al. 2012), as well as consideration of how such high-level arguments can be compared and contrasted with practices and experiences on the ground. This attempt to blend scholarship relating to broader social change with empirical grassroots exploration is, it is argued, particularly original. Like Seddon et al. (2012), a central contention will be that drug policy is organised around risk-based thinking, and that young people’s drug treatment can be understood according the ‘rise of risk’ in neo-liberal societies (Garland, 2002). However, it will also consider the ways in which young people’s drug policy and practice departs from this premise.

This introduction will continue by contextualising the subject of children and drugs within broader discourse on human rights and drug policy. There has been a burgeoning global

\(^1\) This thesis addresses the use of cannabis particularly since, as will become clear, this drug is by far the most common reason for referral to drug treatment services for those under the age of 18.
interest in the relationship between drug use and human rights, and a short overview will help to foreground later discussions on the relevance of human rights norms for the research findings. This chapter will then briefly touch upon the criminal framework for drugs offences in England and Wales before examining the nature of drug treatment among children and young people in England and Wales, including consideration of how drug problems among children and young people are defined and measured. Finally, it will sketch the theoretical framework(s) informing this thesis, particularly considering how the term ‘risk’ may be conceptualised and understood. Chapter One will subsequently address the subject of young people, drugs and treatment from the perspective of risk theory. It will explore the recent history of drug treatment in the UK, and consider the rise of ‘harm reduction’ programming and its relevance for children and young people. It will also examine the expansion of youth substance treatment services through an analysis of relevant policy documents, and consider the extent to which the logic underpinning provision for young people can be said to be allied to, or to depart from, that for adults. Chapter Two then turns to the other area major policy plank informing drugs discourse, namely crime. It looks at the youth justice system as it relates to drugs offences and drugs treatment, again from the perspective of risk theory. In particular, it considers how the youth justice system serves to stigmatise ‘problem’ youths. Chapter Three comprises the methodology and methods section. As well as detailing the methods informing the field research, it will explain ethical issues that arose and the rationale for the chosen methodology. Chapters Four, Five and Six contain the findings from semi-structured interviews undertaken with young people in drug treatment and their drug workers. These chapters examine how the attitudes and experiences of both young service users and drugs workers can be understood according to theory on risk and responsibility. Chapter Four considers the young informant’s experiences of being conceptualised as risk subjects. It considers the ways in which young service users explained their experiences of stigma, and the significance of these findings for understanding the relationship between risk and stigma. Chapter Five focuses in particular on drug workers’ approach to treating young service users, and includes examination of the ways in which both drug workers and young people construct the cannabis risk. It contextualizes the

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2 The role(s) of ‘drug workers’ will be discussed in more detail in Chapters Three, Four and Five.
findings within theory on ‘governmentality’. Chapter Six looks at attributions of responsibility by the drug workers, and their understandings of class in particular. It considers the findings according to the ways in which ‘drug problems’ are linked to experiences of inequality, and how this corresponds to critiques of ‘advanced liberal’ rationalities and technologies. These latter three chapters provide the opportunity to blend an analysis of empirical field research with earlier discussion on broader ‘meta’ theory relating to drug policy. This methodology, although challenging, provides a fruitful means for answering the ‘what’, ‘how’ and ‘why’ questions pertaining to young people’s drug treatment.

Drugs and Human Rights

The ‘war on drugs’ has become a vaunted, yet increasingly maligned, component of global political discourse and often warrants special mention on election manifests for parties from across the political spectrum (Reinarmann, 2006). Drug users are systematically constructed as deviant beings responsible for social ills ranging from the spread of HIV, spiralling rates of crime, and the corruption of innocent children. Set against this background, it is not surprising that drug users are often subject to human rights violations, most often in respect of the right to health treatment (HRW, 2006; Barrett et al., 2008), but also those relating to international provisions prohibiting the use of cruel, inhuman or degrading treatment (Barrett and Nowak, 2009). Punitive drug policies, or restrictions on the rights of substance users, are often predicated on exaggerated links between drug and alcohol use, dependence and crime (Drug Strategy, 2010), although authors have questioned the veracity of such causal links (see, for example, Seddon, 2000; Norström and Pape, 2010).

At the same time, a raft of organisations have sprouted in parallel to campaign for more pragmatic drug policies, most notably Harm Reduction International (formerly the International Harm Reduction Association). In the realm of health, the ethics of harm reduction has revolved around advocating for policies and programmes that mitigate the risks of drug use, particularly ‘harder’ drugs such as heroin. These include needle exchange programmes and opiate
substitution therapy. The growth of harm reduction has largely been supported by the funding opportunities resulting from the HIV epidemic, and its disproportionate toll on injecting drug users, which has also given the movement much of its political currency (Berridge, 1996). Beyond a strictly harm reductionist approach, within the scope of the criminal law, organisations including Release in the UK have advocated for the decriminalisation of certain kinds of substance use and for a human rights-based approach to punishments for drugs offences.

A prominent feature of drugs and human rights discourse is that it invariably addresses the heavier, more disruptive, and more addictive modes of drug taking. There is now plenty of discussion about the rights of adults who inject, particularly in relation to their susceptibility to HIV infection, but very little about, say, the rights of young people who may have been identified as having problems with alcohol or cannabis. Although, globally, cannabis is the most widely used unlawful drug (Swift et al., 2000), it has nonetheless retained a marginal position in international drug policy discourse in general. This is perhaps unsurprising – after all, it is usually the most disruptive, or at least the most visibly and apparently disruptive, social problems that attract the greatest attention. Almost all drug policy, and drug discourse in general, has been concerned with protecting children either from drugs entirely, or from the harms of drug use, particularly as a result of drug-using parents, rather than with drug-using children (see, for example, Barrett, 2012). This is consistent with the overwhelming bias towards child protection rights, as opposed to autonomy rights, in much scholarship and policy on children’s rights issues (Freeman, 2007). One result is that in many countries, children are denied access to drug treatment services (Barrett and Veerman, 2010). This potentially results in, for example, the violation of children’s right to health. The Committee on the Rights of the Child, which is responsible for interpreting the Convention and subjecting States to periodic reviews of their child rights record, in its Concluding Observations to the Ukraine in 2011 called for “specialised and youth-friendly drug dependence treatment and harm reduction services for children and young people” and the amending of “laws that criminalise children for possession or use of drugs” which may “impede access to such services” (UN Doc No CRC/C/UKR/CO/4, paras 59 & 60).
The Convention on the Rights of the Child otherwise offers little in the way of specific obligations pertaining to drug treatment for under-18s. Article 33 is the only provision mentioning drugs. It provides:

States Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances.

The focus is thus on prevention, education and protection, rather than treatment specifically. Nonetheless, Article 24 broadly recognises “the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health”.

**The Misuse of Drugs Act 1971**

The legal framework governing drug treatment, and particularly the way in which young people are referred to treatment by way of the criminal justice system will be discussed in detail in chapter Two. However, it is worth here outlining the main elements of the Misuse of Drugs Act 1971 (MDA), which was enacted with the intention of preventing the non-medical use of certain drugs, in order to introduce the ‘drug problem’ as conceptualised through the law. Drugs subject to the MDA are known as 'controlled' drugs (s.2(1)). The law contains a series of offences, including unlawful possession, unlawful supply, intent to supply, import or export (collectively known as 'trafficking' offences), and unlawful production. Police have special powers to stop, detain and search people on 'reasonable suspicion' that they are in possession of a controlled drug (s.23(2)). The MDA differentiates between different drugs according to three classes: Class A which includes cocaine and crack (a form of cocaine), ecstasy, heroin, LSD, methadone, methamphetamine (crystal meth), magic mushrooms; Class B including cannabis and amphetamine; and Class C which include anabolic steroids and minor tranquillisers. The different classes of drugs invite different penalties, with Class A offences
leading to the most severe punishments. The sanctions for possession of cannabis offences will be discussed in detail in chapter Two.

The MDA has been the subject of much controversy since its inception because of disagreements over classification. In recent years, in particular, the legal classification of cannabis has yo-yoed. The Advisory Council on the Misuse of Drugs (AMCD) has to be consulted on changes to classification, although its recommendations are not binding (Stevens, 2011: 77). In 2004, cannabis was reclassified from B to C following the submission of evidence by the AMCD concluding that cannabis was not as harmful as other drugs in the grade B bracket. However, in 2009, under the premiership of Gordon Brown, the government returned cannabis to class B, even though the position of the AMCD, and a raft of drug epidemiologists, had not changed. Stevens (2011: 79) summarises the three main arguments favouring the upgrade of cannabis back to its original classification: the effect on health, particularly that of adolescents; cannabis strength; and “the effect of classification in sending signals that reduce drug use”.

However, with little evidence to suggest that drug use is affected by drug law and policy (Reuter and Stevens, 2007: 11), an increasing number of researchers and campaigners who contend that the current approach to drug criminalization needs to be revised, and that the existing framework is expensive and harmful. Some would argue for the whole-scale decriminalization of drug use, whilst others suggest that certain drugs, such as cannabis and cocaine, should be downgraded (see Shiner, 2003). Taking this further, others have discussed the possible existence of a right to use drugs, for example under right to privacy provisions (see Flacks, 2011).

Young people and drug treatment

*If you read the newspapers, you might get the impression that young people’s drug use is spiralling out of control, and that illegal drug use is an everyday part of their lives. In reality, most young people don’t use drugs, only small numbers take the most harmful*
drugs, and only a minority of this group develop serious drug problems (Roberts, 2010: 6).

The aim of this section is to furnish an understanding of the substance and breadth of drug treatment for under-18s, although treatment policy will be discussed in much more detail in the next chapter. The history of drug treatment for young people in England and Wales is relatively short. In 1995 the first designated service for adolescent ‘problem users’ in England was established in Stoke-on-Trent (Roberts, 2010). Whilst children and young people who enter drug treatment do so as a result of consumption of a range of drugs, and increasingly alcohol, the majority do so as a result of cannabis use. More than 23,500 under-18s accessed drug treatment in England during 2009-10 (NTA, 2011: 3). Of these, 56 per cent were treated for cannabis issues, and 35 per cent for alcohol. In London, where most of the empirical research was conducted, these figures are 70 per cent and 25 per cent respectively. In contrast, only seven per cent of adults are in drug treatment as a result of cannabis consumption (NTA, 2011: 4). This might suggest, then, that the problematic use of cannabis is a youth problem. Conversely, it is also apparent that young people’s substance ‘misuse’ treatment is largely a question of cannabis consumption. Indeed, the young people interviewed for this research had almost all been identified as having problems with cannabis.

Despite the surge in treatment services, research by Drugscope, the umbrella organisation for drugs charities, suggests that reach is patchy. According to Roberts (2010: 4), “variation in funding allocations, problems servicing rural areas and the strength of relationships with other children’s services all impact on equity of provision.” Considerable inequalities in the provision of health services to adolescents in general have been reported elsewhere. Young Equals, an organisation set up to campaign for protection from age discrimination for children and young people, compiled a dossier of evidence of age discrimination against children and young people called Making the Case. The report states: “Research reveals a pattern of behaviour under which older children, usually (but not solely) aged 16 and 17, receive less favourable treatment from health services than adults or younger children, either due to a complete lack of services
or to a lack of age-appropriate service provision.” (YE, 2009: 8) A government inspectors’ report concluded that ‘young people aged 16–18 with a mental health condition or a chronic illness’ received ‘insufficient priority’ from children’s health and social care services (Ofsted, 2005: 7). Substance misuse services for older children were found to be “under resourced and marginalised” (YE, 2009: 8). The current state of the British economy, and the proposed retraction in the provision of public services, at least those directly provided by the State, are likely to have a significant impact on the provision of drug treatment as a whole.

How are young people referred to drug and alcohol treatment services? Seven per cent of young people in drug treatment have self-referred. Thirty nine percent of referrals in 2010-2011 were from Youth Offending Teams (NTA, 2011: 5), partly reflecting greater coordination between the National Treatment Agency and the Youth Justice Board. Indeed, criminal justice interventions that deal with drug users have proliferated in recent years with the aim of channeling and coercing drug-using offenders into treatment in order to reduce crime. These measures will be discussed in more detail in Chapter Two. The NTA wants to increase referrals from other young people’s services (Roberts, 2010: 27). Roberts (2010: 14) argues that, while adult substance treatment programmes are predominantly concerned with crime reduction objectives, an observation that will be discussed in due course, crime reduction is less of a priority for the youth treatment system, which focuses more on physical and mental health and social inclusion. According to Drugscope, young people under 18 are increasingly being referred through the Common Assessment Framework (CAF) (Roberts, 2010). Introduced by the Government as part of the Every Child Matters agenda, CAF enables those working across the range of children’s services to assess young people that they work with using a standardised approach. The aim is to identify those with substance misuse needs and refer them to the appropriate service. As a result, this referral route is likely to mostly encompass children from already-disadvantaged backgrounds who are more likely to be in touch with children’s services.

Data on referral routes gives us a good idea about the kinds of young people who are treated for drug problems. As well as the criminal justice system constituting, by a considerable distance, the most common referral route for treatment, we also know that just 49 per cent of
young people in treatment for substance misuse problems are in mainstream education (NTA, 2011: 5). As such, young people’s drug treatment is predominantly about the governance of marginalized cannabis users who may already have been identified as ‘risky’ or ‘at risk’. This is perhaps not surprising. Surveys have suggested a link between drug use, dependence and deprivation although, as will be discussed in due course, there are question marks over the issue of causality (Stevens, 2011: 28). Research suggests that heavy cannabis use in late adolescence lowers the chances of obtaining a degree and a good job, that adolescents who do not have positive career aspirations are more likely to get involved with drugs (Fergusson and Boden, 2008; Skorikov and Vondracek, 2007). Stevens (2011: 24) concludes:

[I]t is young people in deprived areas who are more likely to give up on conventional career aspirations. They become more vulnerable to damaging patterns of drug use, which then reduces their chances of getting a job. Young people with the most problematic childhoods are especially likely to experience these problems.

He also reports evidence, cautioning that such research is only suggestive, that early onset drug use is the most risky for later problems, and that, although few adolescent cannabis users became dependent later on, those who did were more likely to have experienced socio-economic deprivation and from the death of a parent before the age of 15 (Chen et al., 2009; von Sydow et al., 2002).

Defining ‘problem users’

Distinguishing between ‘problem’ and ‘recreational’ use, or acceptable and unacceptable levels of use, has proved difficult for researchers in the field of drug policy. Hathaway et al. (2011: 453) argue that, in fact, researchers have tended to distinguish “too sharply” between the two. According to Drugscope, the national membership body for the drug sector, a ‘problem drug user’ (PDU) is defined as somebody who is using heroin and/or crack cocaine (Roberts, 2010: 7).
For adult services, these users take priority since organisations receive twice as much funding for treating a ‘problem drug user’. Roberts (2010: 14) notes:

The focus on this group is justified by the individual, social and economic costs associated with heroin and crack dependence. In particular, the rise in investment in adult drug treatment has been viewed as a means of cutting acquisitive (and other) crime linked to addiction.

The term ‘dependence’ or the more discredited expression ‘addiction’ (see Room (2006) for a discussion of the ‘addiction’ concept) tend not to be considered applicable to people under the age of 18. Indeed, in a survey of 43 services by Drugscope, only 14 per cent said all their clients could be described as having ‘serious drug and/or alcohol problems’, 28 per cent said the majority could be described as such, 23 per cent ‘half’, 33 per cent a ‘minority’, and 2 per cent ‘very few’ (Roberts, 2010: 6). Young people’s drug treatment is thus judged to be substantively different to that for adults. Roberts (2010: 14) argues that: “The young people’s treatment system provides an alternative model, working with a very different notion of ‘problematic’ substance misuse. There are very few under-18s who could be classed as ‘problem drug users’ in the adult sense”. Most young people in receipt of drug and alcohol treatment tend to have other needs including mental health issues, involvement with the criminal justice system, social exclusion3, or lack of education, training or employment opportunities. As a result:

A lot of the work done by specialist drug and alcohol services is not ‘treatment’ in the narrow medical sense. Most young people who access specialist drug and alcohol

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3 ‘Social exclusion’ is an expression used throughout this thesis. It means more than just material inequality. Bradley (2006: 400) defines it as “the dynamic, multi-dimensional process of being shut out, fully or partially, from the various social, economic, political or cultural systems which serve to assist the integration of a person in society”. According to Gray (2009: 446), post-Fordism has produced a large underclass of such socially excluded young people and “has significantly changed the type of social risks that they are likely to encounter in attempting to integrate into mainstream society”. A major risk includes unemployment. Gray, citing Furlong and Cartmel (2007) goes on to claim that the restructuring of European economies in the 1980s led to the weakening of youth labour markets.
services do not need to be prescribed substitute drugs and very few indeed would benefit from residential treatment. Some do not even need structured therapy related to their substance use. Almost all, however, need support on other issues in their lives (Roberts, 2009: 3)

Roberts (2009: 4) goes on to argue that it “is important not to frame young people’s substance misuse in exclusively individual and therapeutic terms and fail to invest in community resources, employment and meaningful activity, decent accommodation and access to leisure activities for young people are all vital”. The difficulties with identifying ‘problem use’ will be discussed in more detail with reference to the interview data in chapter Five.

**Understanding cannabis**

The governance of young problem drug users is tied to the risks of cannabis use in particular, including the potential for triggering mental health disorders, for developing dependency, and for leading on to other, perhaps ‘stronger’ drugs. Psychologist Bruce Alexander (1990) considers that the disapproval of drug use may be predicated on cultures’ innate tendencies towards defending themselves from unknown, outside entities. The risk is not only to society as a whole, but to individuals themselves. Indeed drug taking, due to its invasive, perhaps unknown consequences, has the potential to threaten everything to do with the conception of a modern, autonomous subject (see Foucault, 1994). There is a thirst for knowledge about the risks of particular drugs, both licit and illicit. Moreover, we want to know how to militate against such risks, if indeed we are prepared to take them at all.

Room suggests that an intoxicated person is considered unpredictable and therefore “anxiety-provoking”, since disinhibition offers the possibility of “bad or injurious behaviour” and “to be intoxicated is also to abandon the norm of ‘sober attention as the normative mode of consciousness for every waking minute’, in the modern world of exacting machinery and intellectual work” (2006: 150). Moreover, the perception of a loss of self-control is heavily
stigmatised in a society which “attributes morality, success and respectability to the power of the disciplined will” (2006: 150). Dependence on alcohol or drugs has consequently been historically understood as a “disease of the will” (Valverde, 1998), or a disorder of motivation (West, 2001). In the United States, according to Becker (1973: 135), the prohibition of marijuana in particular has been supported by three American values: people should never lose their self-control nor become dependent on any drug; ecstatic experiences can reward hard work or religious fervour but they should not be pursued for their own sake; unhealthy behaviours must be prevented.

As Charles Walker MP’s statement in parliament suggests, there has been a surge in interest in the risks of cannabis use in recent years, largely because of the perceived increasing availability of stronger ‘skunk’ varieties of the drug, but also because of new studies associating cannabis with mental health problems. Walker went on to claim that:

> Taking skunk cannabis is like holding a loaded revolver to your head and playing Russian roulette. You do not know whether you have the gene, and you do not know when the gun will fire the bullet. Some people who become addicted to skunk cannabis end up with such severe psychoses that they take their own lives (HC Hansard: Column 393, 9 Jun 2011).

Newspaper reports have similarly claimed that “we are faced with a generation blighted by the effects of cannabis use” and that “[r]ecord numbers of teenagers are having treatment for addiction to super-strength cannabis” (Hull, 2007).

Needless to say, the research evidence is much more nuanced. There is evidence of an association between cannabis and schizophrenia, especially in worsening the condition for those already affected (McClaren et al., 2010, D'Souza, 2007), although the evidence of a causal link is more weak (Stevens, 2011, Moore et al., 2007; AMCD, 2008). There is also contradictory evidence on whether cannabis is carcinogenic (Stevens, 2011). There is some indication that cannabis is getting stronger, although the degree is often “vastly exaggerated” (Stevens, 2011:
There is furthermore evidence that ‘skunk’, which is nebulously defined but generally refers to stronger forms of cannabis, is more commonly used than in the past (ibid.).

Cannabis is typically used experimentally or intermittently in adolescence and early adulthood, and is mostly discontinued by the mid- to late 20s. It is also, by a long distance, the most consumed illicit drug in Western countries (see Swift et al., 2000). The percentage of young people who have used cannabis seems to have been decreasing in recent years, although it remains around 45 per cent (Reuter and Stevens, 2007: 7). Regarding drug use in general, Mike Shiner (2009: 134) writes that: “British surveys dating back to the mid 1980s have repeatedly found that drug use is relatively unusual among young people in their early teens, but increases sharply in the last few years of compulsory education, before reaching a peak among those in their late teens or early twenties and then falling away quite markedly”.

Around ten per cent of those who ever use cannabis meet criteria for dependence; this rises to 16 per cent for persons who initiate in early adolescence (Anthony, 2006). Although surveys of youth reveal that large numbers of adolescents encounter drugs in their daily lives, some locations are saturated with them. According to Collison (1996: 433):

In these locales drugs take on the shape of an ordinary everyday commodity with a currently modest exchange-value, yet spectacular use-value. As crime opportunities present themselves largely within the physical spaces bounding every day routines...so too do drug-consuming opportunities.

To reiterate, there is a dearth of evidence on the effect of drug policy on drug use (Reuter & Stevens 2007: 11). Researchers are largely in agreement that cannabis control policies have little impact on the extent to which the drug is consumed (Room et al., 2008: 8). Yet cannabis is responsible for the great majority of arrests for illicit drug-use or distribution – arrests which disproportionately affect the young and ethnic minorities. Although there has been a trend toward less punitive cannabis policies in countries including the UK, but also Portugal, the
Netherlands and Australia, Robin Room argues that: “actual patterns of policing have often undermined the trend. Now the direction of trends is less clear, in part influenced by new evidence on cannabis and mental disorders” (Room et al., 2008: 13).

The problem with youth

Youth, which might refer to young adults but more often to adolescents, and childhood, which delimits all ‘non-adults’ under the age of 18, are constructed as times of risk. Rose (1990: 121), in an oft-cited observation, claims that: “Childhood is the most intensely governed sector of personal existence.” Similarly, Kemshall, among others, suggests that the terms ‘risk’ and ‘youth’ have become synonymous. The result is that “young people are increasingly perceived as either ‘at risk’ or as ‘posing a risk’” (2008: 21. See also, Mitchell et al., 2001). An entire industry has risen up to identify children considered ‘at risk’ and to conceive and implement measures designed to intervene, naturalise and normalise. In particular, as discussed in depth in chapter Two, children and young people are at the forefront of public anxiety about crime. Wacquant (2009: 2) argues that youth justice discourse stigmatizes marginalized young people. He writes:

... out of a proclaimed concern for efficiency in the ‘war on crime’ as much as for proof of solicitude toward this new figure of the deserving citizen that is the crime victim, this discourse overtly revalorizes repression and stigmatizes youths from declining working-class neighborhoods, the jobless, homeless, beggars, drug addicts and street prostitutes, and immigrants from the former colonies of the West and from the ruins of the Soviet empire, designated as the natural vectors of a pandemic of minor offenses that poison daily life and the progenitors of ‘urban violence’ bordering on collective chaos.

There is nothing new about distrust of potentially ‘risky’ youth. The teddy boys, the mods, the rockers, and the skinheads were all symbols of fears about youth delinquency and morality (Hall
and Jefferson 2006: 8). Lupton (1999: 98) also points out that: “Anxiety about child crime...is not new. The history of the Victorian era is littered with public concern about the morals of the young and gangs of child criminals roaming the streets - children who are not fully children, who overstep the proper boundaries of childhood”. According to Rose (1999: 125), moral panics about young people and the ‘threat of youth’ symbolise a wider range of social anxieties about threats to social order.

Debates about youth crime in the UK tend to be tied to notions about a supposed generational decline in terms of family, community, authority, tradition and morality. As a result, argues Pearson (2006: 6), “young people with their senseless crimes and their tuneless music reflect some kind of modern emptiness”. In fact, compared to adults, young people are more likely to be victims than perpetrators of crime (Furlong and Cartmel, 1997; Home Office, 2002). However, according to the crime prevention charity Nacro (2001: 4), the public tends to overstate the extent of crime attributable to young people. Although 28 per cent of people surveyed believe that young people are responsible for more than half of all offences, during 1999 more than three quarters of detected crime was committed by persons over the age of 18. Those over 21 were responsible for almost 60 per cent. Moreover, data from the British Crime Survey shows that offending by young people is actually declining (Armstrong, 2004). In respect of drug use in general, a number of organisations, the United Nations Committee on the Rights of the Child and numerous academics have lamented the often toxic attitude towards children and young people in the UK – an attitude that often takes the form of exaggerated attributions of criminality (see, for example, CRAE, 2010; CRC, 2008; Muncie, 2006).

Although the association of youth with criminality and ‘danger’ is nothing new, a raft of scholars and commentators recognise something different in current preoccupations with youth as risk. Danger refers to a characteristic of individuals, whereas risk concerns characteristics that spread across populations (Castel, 1991). Hilary Kemshall (2007: 7) writes
that anxieties about young people have been “major drivers in the risk agenda”. Moreover, she argues:

The pervasiveness of risk has seeped into the youth justice arena and more broadly into social policy conceptions and responses to youth, resulting in an increased ‘problematisation of youth’ and state-driven interventions (predominantly through criminal justice agencies) to regulate and control youth (ibid.).

The risky youth category has therefore replaced older categories such as ‘delinquency’ and ‘maladjustment’ that formed the basis of the sociology of deviance, even if “the methodologies, epistemological assumptions and politics of governance inherent in the older projects remain the same” (Bessant, 2001: 31).

Theoretical framework: researching risk

It is difficult, then, to imagine any two terms that epitomise the notion of ‘risk’ more than ‘childhood’ and ‘drugs’. But what exactly do we mean by this concept of ‘risk’, or concepts such as the ‘risk agenda’? And in particular, how can we theorise about them? The ubiquity of scholarship on risk, and its multiple meanings, should, according to Zedner (2006: 424), “make us wary about so capacious a concept”. Garland (2001: 49) also argues that ‘risk literature’ actually refers to “several distinct literatures, involving different projects, different forms of inquiry, and different conceptions of their subject matter, all linked tenuously together by a tantalizing four-letter word”. It is firstly important to note that risk is not a new concept. As a focus of analysis, it came to the fore during the Industrial Revolution and was of great interest to some of the ‘founding fathers’ of sociology; Karl Marx, Max Weber and Émile Durkheim (Elderidge, 1999). Nevertheless, there has been a particular interest in risk during ‘late modernity’, and from varying theoretical perspectives. Lupton (1999: 17) suggests that risk theorizing generally comes from one of three epistemological positions: ‘realists’ understand risk as an objectively defined hazard that exists outside of other forms of social action; ‘weak
constructionists’ see risk as objective but understood according to social and cultural processes and influences; and ‘strong constructionists’, or poststructuralists, approach risk from the perspective that it is understood according to how the social world is constructed. Denney (2005: 13), meanwhile, divides risk approaches according to the ideal types of: individualism, in which probabilistic risk decisions are considered to be more accurate than unaided judgements; culturalism, which considers the importance of community in how risk is constructed (and has been informed particularly by anthropological work); the phenomenological position which considers routine aspects of risk behaviour; the risk society position which looks at the construction of risk in relation to capitalism and late modernity in particular; the governmentality position which considers risk management as a means of governance; and the regulation model which attempts to mediate between macro-level risk theorizing (for example the Risk Society thesis), and micro-level analyses of government.

Regardless of the perspective, risk “has now become one of the central organizing foci of sociological theory, and increasingly of law and society research” (O’Malley, 2004: 292). Governmentality analyses have arguably been at the forefront (Donzelot, 1979; Castel, 1991; Defert, 1991; Ewald, 1991). The accounts of governmentality briefly considered by Foucault (1997), and to a much greater degree by his interpreters, are concerned with how power is exercised according to certain ways of thinking (rationalities) and acting (technologies). They also “problematise these practices by subjecting them to a ‘genealogical’ analysis – a tracing of their historical lineages that aims to undermine their ‘naturalness’ and open up a space for alternative possibilities” (Garland 1997: 174). Governmentality, according to Foucault, can be “understood in the broad sense of techniques and procedures for directing human behavior. Government of children, government of souls and consciences, government of a household, of a state, or of oneself” (1997: 82) He also described the concept as an “ensemble formed by the institutions, procedures, analyses and reflections, the calculations and tactics, that allow the exercise of this very specific albeit complex form of power.” (1979: 20). He argues that this form of power, which has spread through the ‘West’ over a long period, takes precedence over other forms of power. It results “on the one hand, in the formation of a whole series of specific governmental apparatuses, and, on the other, in the development of a whole complex of
saviors” (ibid.). He suggests that the ‘state’ is perhaps less important today than one would think. Instead, “maybe what is really important for our modernity – that is, for our present – is not so much the étatisation of society, as the ‘governmentalisation’ of the state” (ibid.).

For Foucault, governmentality operates through civil society. It modifies coercive state regulation into more insidious forms of discipline. These are then honed through the varying and complex array of social institutions and professional practices of ‘service providers’. In particular, these include the sick, the drug-addicted, the criminal, the poor, and other populations identified as marginal or deviant. So what does this mean for how programmes of government are exercised? Foucault (1991: 81) explains that:

[P]rogrammes don’t take effect in the institutions in an integral manner; they are simplified, or some are chosen and not others; and things never work out as planned. But what I wanted to show is that this difference is not one between the purity of an ideal and the disorderly impurity of the real, but that in fact there are different strategies which are mutually opposed, composed and superposed so as to produce permanent and solid effects which can perfectly well be understood in terms of their rationality, even though they don’t conform to the initial programming: this is what gives the resulting apparatus (dispositif) its solidity and suppleness.

Governmentality studies have thus focused on how policies and programmes, and the rationalities and technologies embedded within, are deployed to direct human conduct in specific ways. Nikolas Rose (1998), one of the most prominent Foucauldian scholars, has focused on the "politics of conduct" which means governance that extends beyond the formal structure of the state, including the ways in which "human capacities, human behaviour, human normalities and pathologies are controlled, regulated, shaped, steered, managed, governed" (1998: 2). Foucault (1991: 77) refers to this as the “conduct of conduct”. In this way, government is defined much more broadly than certain sociological formulations which tended towards fixed, all-powerful and rather monolithic understandings of the State. Instead,
government concerns “all endeavours to shape, guide, direct the conduct of others ... [and] the ways in which one might be urged and educated ... to govern oneself” (Rose, 1991: 3) One effect of this approach was that the state would not be seen as a subject of history, but instead only as “a support for technologies” or only as “an effect of governmental strategies” (Donzelot 1979: 78).

Rose (2000: 332) has formulated a typology to explain the ways in which authors have tended to approach governmentality studies. Such approaches have examined the ways in which the problems have been conceived and governed, the languages of description that have ‘created’ such problems, the models of persons to be subjected to government, the spaces opened up for government, the varying technologies of government used to influence conduct, and the strategic coherence underlying the attempts to understand and govern conduct. He suggests that these analyses have helped to create an understanding of the state according to ‘action at a distance’; in other words, in contradistinction to the concept of the ‘state’ as a centralised seat of power, such inquiries are founded on the premise that:

[C]entres of political deliberation and calculation have to act through the actions of a whole range of other authorities, and through complex technologies, if they are to be able to intervene upon the conduct of persons, activities, spaces and objects far flung in space and time – in the street, the schoolroom, the home, the operating theatre, the prison cell (Rose 2000: 323).

The ‘state’ is not the sole source of government conduct, and a range of governmental strategies are deployed to enable different entities and individuals to operate according to certain moral codes and means of behaving. Rose (1999, 2000) argues that while such complex technologies have operated during particular historical periods, they are particularly significant in ‘advanced liberal’ governments. The result as far as individuals are concerned is that:
[O]ne sees a revitalisation of the demand that each person should be obliged to be prudent, responsible for their own destinies, actively calculating about their futures and providing for their own security and that of their families with the assistance of a plurality of independent experts and profit-making businesses from private health insurance to private security firms” (Rose 2000: 324).

According to Rose et al. (2006: 100), the governmentality approach is inconsistent with binary conceptualisations of structure and agency that have “‘haunted’ much contemporary social theory”. Since, argue the authors, freedom extends beyond the constraints of some monolithic entity to ‘technologies of the self’, governmentality overcomes the logic of singular oppression that often informs theories of structure. Citizens are therefore not merely passive subjects. Rather, “the subjects so created would produce the ends of government by fulfilling themselves rather than being merely obedient” (Rose et al. 2006: 89) According to this analysis, individuals are conceptualised as “citizens with rights, rational, calculating” rather than “members of a flock to be shepherded, as children to be nurtured and tutored” (Rose, 2000: 323). Government is therefore not “the suppression of individual subjectivity” but rather the “cultivation of that subjectivity in specific forms, aligned to specific governmental aims” (Garland 1997: 175).

Applying these perspectives to the subject of youth and drug treatment, Muncie (2009) considers how multi-agency work in the youth justice systems reflects this dispersal of state power. He argues, following Rose (1989) that theory on governmentality enables consideration of the ways in which governance is achieved ‘at a distance’, including “where a language of risks and rewards has transformed that of care and control...and where partnerships, communities and families have been ‘empowered’ and ‘responsibilised’ to take an active role in their own self-government, but where some citizens may also have been ‘abandoned’” (2009: 241). Moreover, argues Muncie, the result is the creation of varying means of government: “authoritarian at one time, welfarist at another; delivering discourses of responsibility as well as rights; and driven by a deeply imbued moralisation as well as pragmatism” (2009: 241). He describes how new modes of governance also include: devolving responsibility for government
to individuals and families, creating the ‘active citizen’ and ‘negotiated self-governance’, nurturing the individual desire to govern their own conduct with freedom; involving civil society in the process of governance; and regulating devolved governance though fiscal accounting, audit and evaluation research (Newman, 2001; Muncie and Hughes, 2002). These ideas will be developed further in chapter Two.

The concepts of freedom and liberalism, in particular, are integral to practices of governmentality. Rose (1999) claimed that creating freedom has been central to ‘governing the soul’. But this freedom does not mean freedom from government. Rather, a principal strategy of, in Rose’s terminology, ‘advanced liberal government’ is the notion of “freedom as choice, autonomy, self-responsibility, and the obligation to maximize one’s life as a kind of enterprise” (Rose et al. 2006: 90). As a result, subjects are obliged to be free and must conduct themselves responsibly, “to account for their own lives and their vicissitudes in terms of their freedom” (ibid.). Recent decades have thus seen the restructuring of public policy to serve the ideologies of enterprise, responsibility and self-regulation. Public services have, as a result, become market-orientated, and welfare has become decollectivised.

Freedom is not about lack of government interference with the liberal individual - rather, we are “governed through freedom” (Rose, 1999: 72, emphasis in original). As such, argues Seddon (2010: 10), “freedom within liberalism is not political and ideological but rather governmental and practical.” Foucault understood liberalism as “not as a theory or ideology but as a political rationality, a way of doing things that was oriented to specific objectives and that reflected on itself in characteristic ways.” (Rose et al. 2006: 84) Rose suggests that the dawn of liberalism was important because it meant that the way in which government began to operate was systematically linked to the practice of freedom. Seddon, citing Foucault, thus argues that “Freedom then is not a universal aspect or aspiration of the human condition but rather a ‘technique of government’ with a particular meaning and prominence within liberalism” (Seddon, 2010: 10). Human behaviour is understood as prudential, calculative actions resulting
operating through choice. As a result, we are expected to understand and enact our lives according to choice (Rose, 1999: 87).

This accords with a description of advanced liberalism as the ‘market society’. Hall et al. (2006: xxx), citing Bobbit (2002), write that:

This obliged everything to submit to, or mimic, the logic of, ‘marketisation’ and exchange value, since only markets, entrepreneurial values and the competitive, possessive, self-interested individuals who are their ‘subjects’ are deemed capable of creating wealth, delivering growth and efficiency, stimulating competition and profitability, satisfying consumer demand, empowering choice, addressing social needs, delivering the public good, achieving ‘value for money’ and providing the measure of social value.

This form of governance was reflected in the political technologies and rationalities of the New Labour government in the UK, which adapted the neo-liberal project to a more hybridised social-democratic form (Hall, 2003). Accordingly, “Crime, the break-down of authority, deference and respect, binge-drinking and the anti-social behaviour of the young have emerged as among the most publicised symptomatic evidence of the deeper breakdown of social connectedness and reciprocity” (Hall et al, 2006: xxx).

Rose et al. (2006: 97) urge caution over the use of the term neo-liberalism as a “constant master category” invoked to explain a multitude of political programmes in an array of settings, rather than a “highly specific rationality”. They argue that while neo-liberal ways of thinking and acting are widespread across structures of governance, for example the emphasis on the market as a technology for optimising efficiency, “it is misleading to suggest that such contemporary arts of government are simply implementations of neo-liberal philosophies” (2006: 97). They are, rather, part of a family of broader means of governing that cannot necessarily be generalised across cultures and spaces. Similarly, Foucault (1983: 206) has warned against ‘epochal’ accounts, and notions of ‘clean breaks’ or ‘watersheds’.
According to classical liberalism, therefore, the drug addict is the personification of the “ideal form of liberal subjectivity” (Bunton, 2001: 224) since liberalism shapes individual freedom and determines what is acceptable behaviour. Those deemed ‘uncivilised’ were thus excluded from full and active citizenship. The drug addict’s existence, therefore, called for “moral and bodily restraint while simultaneously legitimating prophylactic intervention that reached families, communities and individuals via new ‘micro-techniques’ of power” (Bunton, ibid.). Under advanced liberalism, however, the drug addict is a different prospect. According to Bunton (2001: 224):

Responsibility for risk and "social" forms of security are being moved from national government responsibility to being managed privately. Citizens are increasingly obliged to adopt a calculative and "prudent" personal relationship to risk and danger...Social work or physician-based care is giving way to the self-help group and the help-line; clients are taking on the status of "customers."

“Control workers”, for example police, psychiatrists and indeed drugs workers or members of Youth Offending Teams, are called on to “administrate the marginalia” and ensure the protection of the community by identifying the risking individual. Hence, writes Rose (2000: 333), the “the increasing emphasis on case conferences, multidisciplinary teams, sharing information, keeping records, making plans, setting targets, establishing networks for the surveillance and documentation of the potentially risky individual on the territory of the community”. As such, within “circuits of exclusion”, control is not just about constraining the pathological individual, but the “generation of ‘knowledge that allows selection of thresholds that define acceptable risks’ and generates practices of inclusion and exclusion that are based on that knowledge (Ericson and Haggerty 1997: 41).

According to governmentality perspectives, then, risk is construed not as something ‘real’, but “as a particular way in which problems are viewed or imagined and dealt with.” (Rose et al.,
With risk, events are sorted and analysed, and the results used to predict harm. Rose et al., (2006: 95) write that: “As such it is highly abstract, giving rise to a very wide array of specific forms and ensembles of government. In such work, the interest is not only in the diversity of forms taken by risk, but also with their political and moral implications.” Risk is therefore bound up with means of governing because it is deployed as a “calculative rationality” or “a set of different ways of ordering reality, of rendering it into a calculable form” (Dean, 1998: 25). Whilst ‘normality’ is quantitatively defined, risk adds an extra layer of probabilistic assessment. As such, writes Tremain (2005: 197), “risk is a concept aimed at governing (managing and controlling) the future...[t]he category of risk transforms arbitrary events of human life into “accidents”, which can be statistically counted and subjected to a probability calculus”. Studies addressing risk and governmentality have thus been closely aligned with ‘neo‐liberal’ ideologies and rationalities. O’Malley (1996: 201) explains that neo‐liberal social policies, operating within liberal democracies, promote ‘prudentialism’ and the ‘responsible individual’.

**The Risk Society**

It would be remiss to discuss or theorise about risk without reference to the ‘risk society’, although there is less direct import for the purposes of this thesis. Ulrich Beck’s highly influential *Risk Society* (1992) was translated into English around the time that Foucauldian scholars were arguably at their most productive, but there were fundamental differences between Beck and Foucault-inspired scholars in the ways in which risk was conceived. Beck’s work might be considered ‘grand theorising’ in the tradition of sociologists such as Max Weber and Emile Durkheim. For Beck, late modernity is characterised by global risks creating a climate of anxiety. Knowledge about the likelihood of such risks creating harm is indeterminate and contingent and, as a consequence, “we live in a world where the identification and awareness of risk is overwhelming the project of modernity and, in particular, the promise of enlightened governance” (Jones 2004: 368). Beck argues that risk is produced by modern society despite our frantic efforts to contain it. Risk is therefore ubiquitous and, ironically, “in the risk society, risk is
seen as merely an ideology concealing the current ungovernability of modernisation risks” (Rose et al, 2006: 96). Beck (1994: 9) contends that the calculation of risk and the ensuing assessments and evaluations are symptomatic of the modernist preoccupation with progress through rationalisation. He (1992: 183) therefore argued that the “sources of danger are no longer ignorance but knowledge” [emphasis in original].

Work on governmentality, on the other hand, complicates any approach which assumes a theoretical singularity. Rose et al. (2006: 96) explain that:

Whereas governmentality eschews the reduction of complex social and governmental phenomena to sociological causes, for Beck the rise of risk society was the effect of scientific and technological development fueled by capitalist growth... Consequently, unlike studies conducted under the auspices of governmentality, Beck gives little or no attention to the diversity in form and implications of risk techniques; his theory deploys the vision of a thoroughgoing epochal rupture into the risk society driven by a single motor of history; his account creates a privileged access to reality behind the false surface of risk technology, and on its foundation he mounts a programmatic cosmopolitan politics.

Nonetheless, for Holloway and Jefferson (1997: 265), the fear of crime accords with Beck’s risk society theory:

[F]ear of crime is a particularly apt discourse within the modernist quest for order since the risks it signifies, unlike other late modern risks, are knowable, decisionable, (actionable), and potentially controllable. In an age of uncertainty, discourses that appear to promise a resolution to ambivalence by producing identifiable victims and blameable villains are likely to figure prominently in the State’s ceaseless attempts to impose social order [emphasis in original] (cited in Ungar 2001: 275).
As such, writes Ungar (2001: 275), “fear of crime may be a relatively reassuring site for displacing the more uncertain and uncontrollable anxieties of a risk society”. Giddens (1991) has also taken up the risk mantle, remarking that attempts to determine risk dovetail with moves towards an atomised, individualised late modernity. People are thus required to make more decisions as a result of the diminishing hold of tradition, and risk management “increasingly influences both the constitution and calculation of social action” (Elliot, 2002: 299).

Risk, individualization and regulation

There is little doubt among scholars, then, that “risk has become a defining characteristic of the world in which we live” (Garland, 2003: 48). There is a strong connection between ‘risk’ and ‘choice’—risk requires the possibility of human choice; they are ‘complementary’ and ‘parallel’ notions (O’Malley, 2004: 169). The neo-liberal incarnation of Homo economicus is a choice-maker, a consumer, a ‘competing creature’, required simultaneously to act responsibly by minimizing negative risks (O’Malley, 2004: 71-74) and to be entrepreneurial in taking risks in order to innovate (Osborne and Gaebler, 1992; O’Malley, 2004: 57–71). There are also strong associations between designations of risk, blame and stigma. Kemshall (2008: 22) argues that individuals in the ‘risk society’ are conceived as responsible for their own destinies, making calculated decisions according to risk and opportunity, but “facing blame and punishment if they get their choices wrong”. Moreover, as suggested above in the context of youth as risk, risky behaviours tend nowadays to be labelled as deviant behaviours, particularly since “risk profiling often leads to the stigmatisation of a deviant minority (Peretti-Watel, 2003: 23). According to Jessor and Jessor (1997: 33):

[R]isky behaviours, just as deviant behaviours before, can be characterised by the fact that they are socially defined as a problem, a source of concern, or as undesirable by the norms of conventional society and the institutions of adult authority.
The risk profiling of specific population clusters is not morally neutral “because they never escape from dominant values” (Peretti-Watel, 2003: 24). The regulation of risk therefore allows its individualisation, so that risk becomes an ‘internal’, personal attribute. ‘Risk takers’, including drug takers, or for that matter smokers, drinkers or people who practice unsafe sex, become the new secular "sinners" (Douglas, 1992: 26). As a result, ‘at risk’ groups “can be identified, excluded, marginalized and regulated, becoming defined as ‘other’ along the way” (Bunton, 2001: 229).

Risk has a specific role to play in the maintenance of order. According to Richards Sparks (2001), risk, fear and blame are fundamental to the maintenance of a particular moral and social symmetry. Risk is therefore “irredeemably moral and unavoidably emotive and controversial” (Sparks, 2001: 206). The focus of the risk agencies is the “usual suspects - the poor, the welfare recipients, the petty criminals, discharged psychiatric patients, street people” (Rose, 2000: 333).

Moreover, failures of risk technologies to achieve desired outcomes do not lead to the reappraisal of the risk system as a whole. Rather, they signal the need for the continuous improvement and reorganisation of systems and the introduction of evermore sophisticated techniques of detection and control. The result is the perpetual “technological imperative to tame uncertainty and master hazard... to deploy actuarial classifications of risk to identify and control risky individuals in order to ascertain who can, and who cannot, be managed within the open circuits of community control” (Rose, 2000: 333). Although imprisonment with a diminished emphasis on reform is a function of this growth in risk management, the consequences reach further.

Persistent attempts by the current UK government to create special conditions for the receipt of benefits for drug users, for example through enrolment in drug treatment programmes (Watt, 2012; Press Association, 2010), is emblematic of this process of responsibilisation. Rose argues that such processes reflect a reconstitution of the problems of marginalised individuals as moral or ethical problems, or “problems in the ways in which such persons understand and conduct themselves and their existence” (2000: 334). This “ethical reformulation”, he continues, “opens the possibility for a whole range of psychological techniques to be recycled in
programmes for governing ‘the excluded’. The imperative of activity, and the presupposition of an ethic of choice, is central not only to the rationale of policy but also to the reformatory technology to which it is linked” (ibid.). There is an equivalence here with the belief in a ‘deserving’ and ‘undeserving’ poor and a conviction that those benefiting from elective ‘charity’ must be both innocent and deserving. Loseke argues that a new wave of 20th century “Victorian” charity, which persists to this day, was comprised of multiple moralities, including an economic morality of individualistic capitalism that must not “threaten the political or economic structures within which it is located” (1997: 432).

The excluded can aim for inclusion, but for those who are admitted “control is now to operate through the rational reconstruction of the will and self-control, of the habits of independence, life planning, self-improvement, autonomous life-conduct, so that the individual can be reinserted into family, work and consumption, and hence into the continuous circuits and flows of control society” (Rose, 2000: 335). Nonetheless, citizenship depends on conduct, and those who fail to become responsible may be ousted – to prison, or, for young people, out into the community when drug treatment is refused or, as we shall discover later, if the assignation of ‘problem drug user’ is refuted.

As further discussed in chapter two, risk in the context of criminal justice is often understood as referring to the ways in which ‘actuarial’ decision making and systems of measurement are deployed in order to survey and discipline ‘risky’ populations. But Rose (2000: 332) warns against assuming that increasing measures to contain risk constitute a “totalised shift towards actuarial control.” He argues that while techniques of calculation may be probabilistic, they tend to be only weakly numericised, and prefers to consider such measures in the context of a particular type of thought he calls ‘risk-thinking’. He writes:

This is concerned with bringing possible future undesired events into calculations in the present, making their avoidance the central object of decision-making processes, and administering individuals, institutions, expertise and resources in the service of that ambition (Rose, 2000: 332).
Moreover, he argues, this way of thinking is now a fundamental tenet of the “management of exclusion in post-welfare strategies of control” (2000: 332). Ericson and Haggerty (1997: 37) discuss how risk management professionals go about their work according to risk classifications based on the available information. As a result, the means of engagement with the risky individual is gauged on the basis of risk management considerations. The information on which conduct is based, writes Rose, concerns a variety of factors that “are associated with an increased likelihood of undesirable conduct (housing conditions, employment history, abuse of alcohol or drugs, family circumstances...). It is these factors that become the focus of the risk gaze...” (2000:332).

Conclusion

Toby Seddon (2011) and colleagues (2012) have been at the forefront of drug policy analyses from risk-based perspectives. Seddon et al. (2012: 153) outline their theoretical framework in which, building on Garland (2001), they “conceptualized recent British drug policy as a (social structured and culturally shaped) process of problem-solving action in the face of new (socially structured and politically constructed) policy predicaments”. Seddon (2011: 6) has worked from a framework that includes both regulation perspectives, which he defines broadly as attempts to “control, direct or influence behaviour and the flow of events” (Crawford, 2006: 452), and governmentality perspectives since he considers there to be significant crossovers between them. This thesis will add a third pillar to the analysis, that of risk and individualization (and, relatedly, rights and responsibility). A critique of governmentality, and to some extent, regulation studies is that that they tend to focus on, and privilege, official discourses without going on to analyse how such discourses function in practice (Garland, 1997: 200). This thesis will begin with an examination of the governing frameworks through which the ‘problem’ of drugs and young people is managed and directed (chapters One and Two). It will subsequently conduct an analysis of how risk is experienced and understood by young people, and how control practices operate within the drug treatment setting (chapters Four and Five). Finally, for the third stage of analysis, it will ask how processes of individualization and responsibility
operate within the field sites, and consider these findings for perspectives on risk, class and inequality (chapter Six). It therefore does not limit itself to one mode of risk theorization, and incorporates in particular the governmentality, individualist and regulation perspectives according to Denney’s (2005) typology. It does not proceed on the basis that ‘risk’ is something new – indeed, O’Malley (2000: 17) points out that it is in fact a “core characteristic of all modern liberal and capitalist societies, dating back to about the end of the eighteenth century”. Rather the aim is to critically assess the ways in which risk technologies and rationalities operate within drug policy and the field sites. The overarching goal is to better understand young people’s drug treatment according to social changes (what is drug treatment for young people about?), and to consider the ways in which young people may experience exclusions as a result (the consequences).
CHAPTER ONE

RISKING UK DRUG POLICY

Introduction

The aim of this chapter is to analyse the treatment and prevention of drug problems among youth according to theories about risk. As discussed in the introduction, the last decade has seen as considerable expansion in drug treatment provision for young people in England and Wales. As the English National Treatment Agency’s Director explained to drug treatment workers, this investment has been the result of the government’s use of drug treatment as a tool to reduce crime (Hayes 2005, 2006, Lister et al, 2008). This chapter will, firstly, briefly contextualise the governance of drug policy within its liberal historical and political dimensions. It will then discuss those tenets of drug policy, aside from prosecution and criminal regulation, pertaining to prevention and treatment.

The proceeding discussion considers, in particular, Toby Seddon’s genealogy, or “history of the present” (Castel, 1994: 238) within his monograph A History of Drugs (2010), which he later builds on with colleagues in Tough Choices: Risk, Security and the Criminalisation of Drug Policy (2012). I have chosen to focus on Seddon’s work, in particular, because he is the only author, at least that I am aware of, to have undertaken an extensive critique and exploration of drug policy from a risk and regulation perspective. However, in addition to some shortcomings in his thesis, which will be explored in more detail in chapter Six and the Concluding Discussion, he omits young people’s drug treatment from his analysis. The aim, therefore, will be to consider and critique Seddon’s thesis in light of law and policy relating to under-18s, beginning with an overview of his argument.

4 Pat O’Malley (2002), Mariana Valverde (1998) and the two together (2004) have written about drugs, alcohol and liberalism, but not about drugs, risk and regulation specifically.
Seddon (2010: 5) makes the fundamental observation that ‘drugs’ is an ‘invented’ governmental category which has its roots in the emergence of modern industrial, liberal capitalism around 200 years ago. He charts how the rise of ‘neo-liberal’ systems of logic, characterised in part by the rise of ‘risk’ as a strategy and focus of government, has influenced drug policy. He argues that the history of the ‘drug problem’, at least in terms of government response, can be traced back to the 1960s – although the concern was largely for problems associated with heroin and cocaine. During this period, drug treatment emerged through the establishment of psychiatrist-led Drug Dependency Units (DDUs), based solely on medical models of intervention, which came to be the prevailing mode of treatment until the early 1980s. The Dangerous Drugs Act 1967 required doctors to report ‘addicts’ to a central authority, and failure to do so became a disciplinary matter. Seddon argues that “the recommendations for compulsory notification can be seen in this light as part a strategy for the surveillance, monitoring and containment of the spread of a contagious disease,” whilst the two-pronged approach of treatment and notification constituted the emergence of a “public-health problematisation of the drug situation” (2010: 83).

In 1982, the Advisory Council on the Misuse of Drugs invoked the following definition of a ‘problem drug taker’:

Any person who experiences social, psychological, physical or legal problems related to intoxication and/or regular excessive consumption and/or dependence as a consequence of his own use of drugs or other chemical substances (excluding alcohol and tobacco) (ACMD, 1982: 34).

This landmark statement was important because it included ‘legal problems’ within the definition. ‘Problem use’ was therefore not constituted as a purely medical issue. However, the definition of ‘problem’ has been expanded still further in the last 30 or so years to embrace,

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3 There is some dispute over the merits of the category ‘neo-liberalism’ and its various associated incarnations. Braithwaite (2008: 4), for example, argues that “those who think we are in an area of neo-liberalism are mistaken”. I, like Seddon et al. (2012: 4) retain the use of the term because it helps to represent today’s social developments as the latest form of classic liberalism, rather than something entirely new. Furthermore, although classic liberalism may also be associated with risk orientated technologies and rationalities, as discussed in the introduction, neo-liberalism is particularly associated with the ‘rise of risk’ (O’Malley, 2004).
most importantly, the harm caused to others, particularly in the context of the HIV crisis, precipitated by fears about the threat posed by injecting drug users to the non-deviant population (see Redden, 2002), and in respect of concerns over the links between drugs and property crime (Seddon, 2000). Although Seddon (2000, 2010) was writing before the inauguration of the current UK government, this concern about harm to others is evident in its 2010 drug strategy, which states that it:

[S]ets out the Government’s approach to tackling drugs and addressing alcohol dependence, both of which are key causes of societal harm, including crime, family breakdown and poverty. Together, they cause misery and pain to individuals, destroy families and undermine communities. Such suffering cannot be allowed to go unchecked (Drug Strategy, 2010: 2).

Seddon argues that such an evolution can be understood outside of the context of the ‘real’ effects of drugs on others. He writes that “this focus on the idea of drug-related problems or harms represented a distinctive and new way of framing or ‘imagining’ the problem that was not simply an inevitable or ‘automatic’ response to a new drug situation” (2010: 84). A number of authors have argued that there has thus been a progressive ‘criminalisation’ of drug policy as drug treatment has been channelled through the criminal justice system, for example through the use of ‘coercion’ into treatment programmes as alternatives to, say, imprisonment (Stimson, 2000; Reuter and Stevens, 2007). However, Seddon disputes the suggestion that a criminal justice agenda has replaced a public health one that was established largely to respond to the HIV/AIDS crisis in the 80s. Instead, he sees consistency in how the ‘problem’ of drugs has been imagined. He argues:

[S]ince the 1960s, the drug user has been recast as potentially posing a threat to the community – whether as a carrier of a metaphorical ‘socially infectious disease’, as a carrier of a real contagious disease (HIV), or as a criminal predator – which needs to be monitored and controlled. Increasingly, they are urged and enjoined to act prudentially,
by making responsible choices about their consumption practices. They are rational actors with the capacity not only to act autonomously but also to utilise available knowledge to do so responsibly (2010: 85).

Crucially, argues Seddon, as drug users are conceptualised as potential sources of harm to themselves, but particularly sources of harm to the wider community, “the notion of risk becomes a key organising principle in the field” (2010: 85). Seddon develops this thesis with other colleagues (2012) in a later book on the implementation of the Drug Intervention Programme, discussed in more detail in the next chapter. This focus on the effects of drug use on others has also led to a burgeoning interest in the harms experienced by the children of drug users (see, for example, Kroll and Taylor, 2009, Barrett, 2012).

Young people’s drug treatment policy: all about risk?

Government spending on young people’s services shot up from £15.3 million in 2003–04 to £24.7 million in 2007–08 (Roberts, 2010: 22). What was the cause of this rise, and what did it involve? Crime reduction objectives have not driven the growth of young people’s drug treatment in quite the same way that they have for adult services because of differences in conceptions of the ‘problem user’, as discussed in the introduction. In fact, drug services get twice as much funding for treating a ‘problem drug user’ as a ‘non‐problem drug user’, due to fears over the risks posed by crack cocaine and heroin (Roberts, 2010: 14). Yet although drug policy documents pertaining to young people suggest a different focus to those for adults, as we shall see, an important component of treatment expansion has nevertheless been the use of young people’s drug treatment orders through the criminal justice system. Although discussed in more detail in Chapter Two, these forms of ‘quasi‐compulsory treatment’ (QCT) have been described as “drug treatment that is motivated, ordered or supervised by the criminal justice system but which takes place outside prisons” (McSweeney et al. 2007: 471). According to the most recent figures from the National Treatment Agency, the most common
referral route for young people into specialist services is indeed the youth justice system (39 per cent) (NTA, 2011: 5). In comparison, 25 per cent of adults are referred to treatment through the adult criminal justice system (NTA, 2009: 6). As such, and perhaps surprisingly, the criminal justice system is a larger route for funnelling young people into treatment than it is for adults. It is clear, then, that crime control has been an important component of drug policy pertaining to young people. Back in 1998, the New Labour government’s first drug strategy, Tackling Drugs to Build a Better Britain (HM Government, 1998), which prioritised the reduction of crime as part of its overall plan of action, stated that a purpose of helping young people to ‘resist drug use’ was also to reduce offending as well as preventing problem behaviour in the future. The latest strategy states that:

Young people’s substance misuse and offending are often related and share some of the same causes, with 41% of the young people seeking support for drug or alcohol misuse also being within the youth justice system. New funding arrangements for youth justice services will incentivise local government to find innovative ways to reduce the number of young people who commit crime, including tackling drug or alcohol misuse where this is part of the reason for their offending (Drug Strategy, 2010: 11).

It is also notable that the NTA considers a primary purpose of the youth drug treatment system to be the prevention of “further problems in adulthood, such as addiction” (NTA, 2011: 3). This statement is mirrored in the drug strategy, which states that: “The focus for all activity with young drug or alcohol misusers should be preventing the escalation of use and harm, including stopping young people from becoming drug or alcohol dependent adults” (Drug Strategy, 2010: 12). In other words, treatment should be concerned with the containment of ‘pre-risk’. Of course, all risk is concerned with the possibility of something happening in the future, but the notion of ‘pre-risk’ is substantively different because, in the case of children and young people, there is concern for risk behaviours developing in adulthood. This accords with Lucia Zedner’s (2007) observation of a shift from a post- to a pre-crime society whereby preventing risks may come to take precedence over responding to wrongs done. She writes that: “In a pre-crime
society, there is calculation, risk and uncertainty, surveillance, precaution, prudentialism, moral hazard, prevention and, arching over all these, there is the pursuit of security” (Zedner, 2007: 262). As Seddon et al. (2012) discuss at length in their exploration of New Labour’s ‘Tough Choices’ agenda, which oversaw the increasing criminalization of British drug policy, political concerns about drug dependency in recent years have been founded on the links between the use of heroin and crack cocaine and acquisitive crime. Young people’s drug treatment can therefore be said to be partly founded on the rationale of preventing young people from becoming adult, drug dependent *offenders*. In this way, “the politics of drug control in recent decades has been articulated in relation to [the] wider nexus between risk and security that has been viewed by many criminological (and other) commentators as a distinctive feature of politics and government over the last 30 or so years” (Seddon et al. 2012: 40).

But young people’s drug treatment departs to some extent from the thesis put forward by Seddon (2011). While adult treatment is underpinned by the logic that it will address risks in respect of acquisitive crime and infectious diseases, the systems of logic informing young people’s treatment are more complex, representing concerns and anxieties about child welfare, ‘problem’ families, as well as the perceived risks – both present and future – posed by drug users. As such, although young people’s treatment can be understood in part according to the risk-security nexus, its application is more variable and other concerns are at play.

The *Young People’s Substance Misuse Guidelines*, published in 2001, explained the need for universal services for all young people. It emphasised the need for joint planning and commissioning of young people’s substance misuse services. Among its ‘operational outputs’ envisaged by 2004 was the expectation that all young people assessed as being in need would be referred to appropriate treatment programmes. Two key documents were then published to fuel the spurt in funding for young people’s treatment. The publication in 2004 of *Every Child Matters* (DfES, 2004: 4), a children’s strategy launched by the New Labour government, had a considerable impact on all policy addressing children and young people. The strategy was based on five outcomes: being healthy; staying safe; enjoying and achieving; making a positive
contribution; and economic wellbeing. The Children Act 2004, moreover, placed a duty on local authorities to co-operate with key partners, and to improve integrated planning, commissioning and delivery of children’s services (s.22). The Every Child Matters strategy was followed in 2005 by Every Child Matters – Change for Children: Young People and Drugs (DfES, 2005) which linked substance misuse with a raft of other problems and emphasized that particular priority should be afforded to children of problem users, those excluded from school and persistent truants, looked after children, young people in contact with the criminal justice system, homeless young people, those involved in prostitution, teenage parents and young people not in employment, education or training (NEETs) (DfES, 2005: 7). Guidance issued by the National Treatment Agency in 2005 stated that an aim was to increase the participation of young problem drug users (under 18 years of age) in treatment programmes by 50 per cent between 2004 and 2008 (NTA, 2005: 6).

This latter document included the statement that: “Many specialist [substance misuse] services offer a multi-agency approach which ensures that the young person has all their needs considered and addressed…e.g. housing, learning, family problems, sexual health and other health needs” (DfES, 2005: 8). It announced that the Department for Education and Skills, the Home Office, and the Department of Health had agreed a joint approach to the development of specialist services for young people, and that this approach included “[m]ore focus on prevention and early intervention with those most at risk, with drug misuse considered as part of assessments, care planning and intervention by all agencies providing services for children, including schools” (DfES, 2005: 2).

Moreover, Public Service Agreement 14: Increase the number of children and young people on the path to success (HM Treasury, 2007), a programme of activity agreed between government departments, linked frequent drug and alcohol use by young people to crime and disorder, truancy, school failure, physical and mental health problems and the risk of becoming a problem drug user in the future. The agreement also requires that Children’s Trusts work with
Drug Action Teams and Crime and Disorder Reduction Partnerships⁶ to ensure that all young people experiencing substance misuse related harm “have quick access to appropriate and effective specialist treatment when they need it” (HM Treasury, 2007: 22).

We can therefore see an emphasis on the ‘mainstreaming’ of substance misuse knowledge and awareness, with the result that systems of intervention are set up in order to ‘catch’ young people to either prevent or treat drug use. This can also be seen in the form that drug treatment interventions have taken, aiming to reach deep into the institutional complex. The Health Advisory Service reports (1996, 2001) described integrated care for young substance misusers according to four tiers of intervention, and this framework has been retained for future guidance documents (see, for example, NTA, 2005). ‘Tier 1’ services are generic, and include identifying young people having difficulties in relation to substances, for example through GPs or within school. They are concerned with including advice and information concerning substances within a general health improvement agenda. ‘Tier 2’ services cover youth-orientated interventions that are offered by practitioners with drug and alcohol experience and youth specialist knowledge. At this tier, the concern is for reducing “risks and vulnerabilities, reintegration and maintenance of young people in mainstream services” (NTA, 2005: 11). ‘Tier 3’ services include those interventions that were the subject of the empirical analysis for this thesis. They include specialist community drug services with the aim of addressing the “complex and often multiple needs of the child or young person and not just with the particular substance problems” (NTA, 2005: 11). These services are also aimed at reintegrating and including the child in their family, community, school or place of work. ‘Tier 4’ services are the highest level of intervention, and may include short-term substitute prescribing, detoxification and residential treatment.

In addition to concerns over offending, the aim of young people’s treatment has therefore been to contain or address the risks of social exclusion, as well as the ‘needs’ of the young person. This suggests that risk scholars have been correct in cautioning against monolithic understandings of risk logic, identification, assessment and management (see, for example,

⁶ These are all branches of local government with responsibility for the deliverance of services.
O’Malley, 1992, 2004; Sparks, 2001). Although adult treatment might be understood according to a risk based health-crime security project, concern for the welfare of young people, *in and of itself*, is more prominent in drug policy for under-18s. In contrast, policy documents issued by the National Treatment Agency in respect of adult treatment tend to frame practice according to the primary goal of reducing offending and associate harm to communities. So, for example, although social factors and causes recognised – indeed the latest drug strategy introduces ‘recovery capital’ as a treatment requisite, which includes “money and a safe place to live” (Drug Strategy, 2010: 19) – they are for the purposes of enabling ‘recovery’ from addiction (see, for example, NTA, 2009, 2012).

At the same time, there is more consideration of the identifiable causes of drug misuse among young people than among adults. The Agency’s *Story of Drug Treatment* (NTA, 2009) explains that treatment for adult drug misuse “needs to be combined with access to other health and care services that enable drug users to acquire the social and personal capital they lack” (NTA, 2009: 4). The document is much more explicit about the social causes of young people people’s drug misuse, describing it as “as much a consequence as a cause of mental illness, truancy, offending or emotional pressures” (Ibid.). There is thus arguably a greater willingness to understand drug problems among young people than adults by recognising causal factors. Once again, it is difficult to know whether this might be a result of the drugs most commonly used by adults and young people - three quarters of people in adult treatment have been identified as being dependent on heroin (NTA, 2009: 3) – or different approaches to the ‘treatment’ of young people and adults. But it is clear that young people’s drug policy is not solely informed by a pure logic of risk (to others) in relation to offending. The rise in treatment provision has undoubtedly been linked to a broader security project, but it may not have been tied to it.

**Treatment and responsibility**

The governance of behavior through regulatory power harnesses individual responsibility in the control of risk (Rose, 2000: 327). In Chapter Three, the discussion will consider the bias in Youth
Offending Teams for individual factors influencing the likelihood of youth offending rather than structural factors, thereby reflecting a ‘responsibilisation’ motive. This is also reflected in drug treatment policy for young people. According to the National Treatment Agency (NTA), the government body that oversees the provision of drug treatment in England:

Drug and alcohol misuse among teenagers is usually a symptom rather than a cause of their vulnerability. Many have broader difficulties in their lives that drugs and alcohol compound – family breakdown, inadequate housing, offending, truancy, anti-social behaviour, poor educational attainment, and mental health concerns such as self-harm. So specialist drug and alcohol services function most effectively as part of a package of inter-disciplinary support that helps the young person now and prevents further problems in adulthood, such as addiction (NTA, 2011: 3)

‘Inadequate housing’ is alone in representing the possible structural causes of vulnerability. Almost all the factors mentioned concern individual agency, or personal failures, for example family breakdown, offending and truancy. There is no mention of poverty in spite of Stevens’ (2011: 32) observation that “the most damaging patterns of drug use and their worst consequences are concentrated in deprived neighbourhoods and groups”. Similarly, according to the Advocacy Committee of the Royal College of Paediatrics and Health, “income and social status gradients are found in an extensive range of health outcomes including low birth weight, developmental delay, obesity, mental health, injuries, teenage pregnancy, acute respiratory infection, poor linear growth and overall rates of disability” (2004: 4, cited in Yates, 2010: 11). Although education is cited by the NTA, it is ‘attainment’ that is associated with teenage problem behaviours, not ‘provision’.

This corresponds with Yates’ (2010: 6) assertion that in late modernity

...the risks associated with class-based inequality are presented as being located primarily in the domain of the individual. In this context these risks have become ‘individualised’ and social problems associated with poverty presented as ‘individual
shortcomings rather than as a result of social processes’...As part of this process populations suffering from poverty are defined not in relation to their position within unequal social structures but rather in relation to their ‘morality’.

As Rose notes, Valverde’s (1998) seminal work on how alcohol ‘addiction’ signifies a “disease of the will” is also indicative of how other dependences, such as that on social welfare assistance, become failures of responsibility. Exclusion thus becomes a “fundamentally subjective condition” (Rose 2000: 225), so that prioritisation is placed on welfare-to-work schemes (including tying the receipt of benefits to responsibility for job seeking) and the emphasis on parental responsibility in the control of errant, risky youths (Muncie, 2004: 187).

Quasi-compulsory treatment can be understood in the Foucauldian sense as a means of controlling deviants from the norm, and ‘risky’ behaviour, through disciplining rather than punishment in the strictly punitive sense. This is because the aim is to contain the risks associated with drug use, perceived or otherwise, through modifying behaviour, rather than mere punishment or retribution for the commission of a crime. Foucault’s argument was that:

[P]unishment is aimed not at the body, but towards training the human soul, and such techniques are aimed not only at offenders but all deviations from the norm. Social control is diffuse and hidden, and disciplinary networks are normalised components of social life. Techniques of control do not, moreover, emanate from some species of fixed state entity but through avenues of power-knowledge. Control also produces resistance as well as subjugation (Foucault, 1977: 301).

Rose (1996: 154) argues that welfare liberalism, as a tonic to the inequalities and ‘imperfect freedoms’ emanating from the market, involved the use of disciplines including social work and psychiatry to create a ‘science of freedoms’. The work of Foucault, and authors who have expanded on his scholarship, has enabled the development of “greater sensitivity to the interrelations of social structure with processes of power, knowledge, and governance. It is at
once attuned to processes of domination and enablement; of constraint and resistance” (Muncie, 2004: 237). Similarly, Donzelot’s (1979: 169-234) work on how governmental discipline and surveillance is attained through social dispersal is also highly instructive. He argues that ‘expert knowledges’, embedded in social services, criminal justice agencies and educational establishments, have generated solutions to ‘problematic’ individuals and families which delve deep into the lives of the urban, working class family. According to Muncie (2004: 237):

[T]his was achieved not by overtly coercive means but by persuading the family of its social responsibility to others and to its own members. Family autonomy, or government by the family, was replaced by government through the family....Such programmes had as much to do with the governance of particular moral and social orders as they had explicitly to do with crime and disorder.

As such, deviations from social norms are scrutinised through various social policy and criminal interventions, which may in turn be disciplinary or enabling, or both. The success of programmes depends on being able to align state authority interests, such as population health or birth control with those of individual family members, such as social respectability/status or child education (Garland 1997). Donzelot (1979) argues that such programmes and mechanisms are aimed at normalising families. He uses the term 'psy-techniques' to denote the mechanisms by which families are incited to mould their behaviours towards an ideal image. These techniques:

[E]stablish a discrepancy between images and reality, which incite families to adjust (or ‘float’) their behaviours towards that ideal image. Regulating the family, in this view, is a kind of ‘governing through freedom’, a productive rather than repressive power that incites self-adjustment and presupposes a certain agency or ‘capacity to act’ (McAllum, 2006: 114).
This method of ‘governing through freedom’ is a productive rather than repressive means of regulating so that, in the case of quasi-compulsory treatment, offenders are ‘freed’ on the understanding that they will undertake behavioural modification in the form of drug treatment. McCallum (2007: 3) explains: “That way of conceiving power draws on the observation that liberal political reason presupposes a notion of power as working through the ‘free’ activities of members of the population to be governed,” rather than overtly attempting to force compliance. The ‘quasi-coercive’ nature of drug treatment is not forced compliance, but rather lies somewhere between ‘free’ and ‘forced’ activity. Garland’s (1985: 5) concept of the ‘penal-welfare complex’, and Rose and Valverde’s (1998: 542) notion of ‘legal complex’, also highlight the amalgamation of both legal and non-legal interventions in the construction and regulation of ‘problematic’ families.

More recently, Garland (1997: 197) has questioned the concept of freedom and choice in the ‘governmentality’ literature when applied to some forms of regulatory power. He questions whether the Foucauldian notion of ‘governing through freedom’ “understates the presence of constraint and discipline in historical analyses of social regulation. Freedom . . . generally refers to a capacity to choose one’s actions without external constraint”. He reminds us of the distinction between ‘freedom’ and ‘agency’:

Freedom (unlike agency) is necessarily a matter of degree – it is the configured range of unconstrained choice in which agency can operate. The truth is that the exercise of governmental power, and particularly neoliberal techniques of government, rely on, and stimulate, agency while simultaneously reconfiguring (rather than removing) the constraints upon the freedom of choice of the agent [emphasis in the original].

Muncie (2004: 237) also notes the relevance of Stanley Cohen’s ‘dispersal of discipline’ thesis in which he argues that the embedding of social control mechanisms within the community results in a ‘punitive archipelago’. The reach of the criminal justice system has not been stemmed by the introduction of alternatives to formal prison, such as community orders; in fact
more young people have been drawn into the “mesh of formal controls” (Muncie, 2004: 238). Such control is becoming progressively privatised, or ‘commoditised’; social control becomes something that can be bought and sold. Lowman et al. (1987: 9) describe such developments as ‘transcarceration’. He argues that there now exists:

[A] peno-judicial, mental health, welfare and tutelage complex...[F]or delinquents, deviants and dependents this means that their careers are likely to be characterised by institutional mobility as they are pushed from one section of the help-control complex to another. For control agents, this means that control will essentially have no locus and the control mandate will increasingly entail the ‘fitting together’ of subsystems.

Given that risk-based government sees the dispersal of control and surveillance measures from formal institutions into the community, the responsibility for early intervention, to mitigate against future risk, is attributed to local actors who guard against possible ‘deviancy’. The Common Assessment Framework (CAF) was introduced in 2006 as part of the New Labour government’s Every Child Matters agenda in order to guide practitioners working with children and young people in respect of the early identification of under-18s deemed to be at risk. The emphasis is on addressing needs as early as possible in order to prevent future problems (CWDC, 2007: 4). The guidance is non-statutory and is for staff working in health, education, early years and childcare, social care, youth offending; police and support services (CWDC, 2009: 6). As a result, and as discussed further in chapter Five, teachers and doctors may be required to monitor the health and nascent or actual criminal behaviour of pupils, and that may include the use of drugs (CWDC, 2007: 30). Early Intervention Panels operate under the CAF and aim to coordinate services in order to meet the needs of individuals identified as at risk. They can involve or be used by everyone who works with children, young people and families (DfE 2011). The reasons for introducing the CAF were explained thus:

We all want better lives for children. Most children do well, but some have important disadvantages that currently are only addressed when they become serious. Sometimes their parents know there is a problem but struggle to know how to get help. We want to
identify these children earlier and help them before things reach crisis point. The most important way of doing this is for everyone whose job involves working with children and families to keep an eye out for their well-being, and be prepared to help if something is going wrong (CWDC, 2007: 5).

The early identification of children’s needs was therefore based on a concern for intervening in the lives of children earlier than had otherwise been attempted. It is important to state that, although the overall aim may be to contain potential risks, the emphasis is on the needs and welfare of children. The practitioners’ guides to the CAF make no mention of the risks of offending, or of harm to the community as a result of errant young people (CWDC, 2007; CWDC, 2009). As such, the dispersal of responsibility, and risk containment and assessment, do not inevitably result in oppressive practices of control and subjugation. Indeed, they may well help in addressing the needs of children and young people.

**Payment by Results**

According to Robin Bunton (1990), in the 1980s drug and alcohol policy and programming began leaning towards local, multi-sectoral coordinated action. The late 1990s saw the establishment of local drug and alcohol action teams which, for Bunton (2001: 229), represented a move from State-led drug services to ones more conducive to the age of advanced liberalism. This process of localization was, he argues, an attempt to “recruit the efforts of communities and encourage them to resist and deal with the use of illegal drugs in a variety of ways” (Bunton, 2001: 231). Moreover, the introduction of local action teams was marked by a departure in policy focus from the 1980s. Drug problems were explicitly framed within a broader policy objective of reducing social exclusion leading to the adoption of a "risk population" approach that could “call on a wide variety of actors to institute a wide variety of interventions” (ibid.).

The advent of advanced liberalism, Bunton continues, has also changed government's relationship to professional expertise. He argues:
While still relying upon this expertise on human conduct, advanced liberalism has introduced rigorous critical scrutiny and budgetary discipline over it. Calculative regimes and financial management, including accountancy and audit, have entered the relationship between the professions and the state. Audit and marketization are rendering expertise governable by eradicating the uncertainty of truth claims propagated by the professions. In this process an apparent devolution of power is achieved by handing over decisions to consumers and reducing the ability of professionals to define needs (Bunton, 2001: 235).

If this analysis is correct, then the latest policy response to governing drug treatment perhaps marks its (neo-liberal) zenith. Called ‘Payment by Results’ (PbR), it is described by the Department of Health as:

[...]he transparent rules-based payment system in England under which commissioners pay healthcare providers for each patient seen or treated, taking into account the complexity of the patient’s healthcare needs. PbR promotes efficiency, supports patient choice and increasingly incentivises best practice models of care (DoH, 2010).

Eight areas in England and Wales have been selected to pilot PbR approaches to drug treatment. According to the Department of Health, “This will mean that providers will no longer be paid simply on process activity but on the outcomes they achieve - such as being free of dependence or back in work. This will mean a renewed focus on giving clients the support they need to tackle the very individual problems they face in integrating more fully in society” (DoH, 2011).

According to PbR, commissioners pay service providers according to how well they achieve specified outcomes, rather than according to, say, how many services users they have on their books. These outcomes may be social, economic, financial, or a combination of all three. According to a report by the Audit Commission: “[W]hat sets PbR apart from other contract types is that a significant amount of payment is withheld until the results are delivered. The payment is directly related to the level of success. It is a key element of the government’s policy
for achieving ‘better for less’ from public services” (AC, 2012: 3). According to the government’s Open Public Services White Paper, PbR will “provide a constant and tough financial incentive for providers to deliver good services throughout the term of the contract” (Cabinet Office, 2012: 32).

**The rise of harm reduction**

The concept of ‘risk’ and associate discourse on governmentality are particularly pertinent in respect of the ethics of ‘harm reduction’. The discussion below critically discusses the prominence of harm reduction principles and ethics within drug policy debates. The aim is to foreground an understanding of the importance of harm reduction, and its relevance for children and young people, in advance of subsequent chapters in which these issues are discussed in the context of the empirical data. Although there is no consensus on the precise definition of harm reduction, it is broadly understood to refer to policies, programmes and practices that aim to reduce the harms associated with the use of drugs, without necessarily advocating abstinence from consumption per se (HRI, 2010). Strang (1993: 3) argues that:

> The true champion of harm reduction is not necessarily anti-drugs; nor necessarily pro-drugs...A pre-determined position on drug use as intrinsically ‘bad’ or ‘good’ has no meaning in this context, where the response is determined solely by the extent of observed or anticipated harm which results from drug use. Thus the champion of harm reduction is neither for nor against increased civil rights for users...neither for nor against the legalization or decriminalisation of drug use...except insofar as one or other of these choices influences the nature and extent of harms consequent upon the drug use.

What might be termed the harm reduction ‘movement’ gained traction during the emergence of the HIV pandemic when, for example, needle exchange programmes were identified as efficient mechanisms for preventing the spread of the disease. Whilst the threat of HIV/AIDS
certainly led to a growth in harm reduction policy and programming, and accounted for much of its political currency, Seddon (2010) disputes the claim that the spread of the disease instigated the *emergence* of harm reduction. He notes that harm reduction approaches to alcohol were, in fact, developed in the 1970s (see also Room, 2004). Moreover, he views the growth of harm reduction as part of an overarching evolution in drug policy under which, although policy details may have been subject to more rapid and dramatic change, the imagining of the drug problem has remained consistent and aligned with a criminal justice agenda. He argues that the three core harm reduction technologies – needle exchange programmes, the supply of condoms and the provision of information about safer drug-using to prevent harm – are “based on the notion that if drug users were supplied with the right materials, resources and information, they would tend to make more responsible choices about their consumption practices, that is choices likely to reduce risk” (2010: 85).

Seddon thus controversially suggests a “strategic fit” between coercive criminal justice measures, such as the Drug Interventions Programme (discussed in Chapter Two) which aims to corral people into treatment through legal procedures, and harm reduction measures such as needle exchange schemes. He argues that:

[B]oth are based on a shared problematization (drug users as threats to the community), a shared conception of drug-using subjects (as rational calculating risk-takers and choice-makers) and a shared strategic response (urging and enabling responsible choice-making to reduce risk) (2010: 92).

‘Problem’ drug users are thus potentially both “addicted subjects with such severely attenuated free will that their drug-using behaviour is potentially dangerous and rational actors able to make responsible choices if given the opportunities to do so” (Seddon, 2010: 88). In the words of O’Malley (2004: 164), drug users are ‘calculating risk-takers’. This corresponds to the ‘advanced liberalism’ of the late 20th century, in which a new type of governmental subject is forged. This subject is more assertive and self-determining, whilst responsibility for risk moves
from the State to the realms of the private individual, family or community. Citizens must adopt a rational, calculative and "prudent" approach to risk and danger (O'Malley, 1996: 201).

Seddon invokes behavioural economics to argue that ‘choice’ within harm reduction measures denote neo-liberal economic styles of reasoning. In this rationality, “human behaviour is to be understood through the language of choice. The measures operate by establishing a series of rewards and disincentives designed to encourage the desired behavioural choices” (2010: 91). Choice, then, is explicitly permitted by the ethics of harm reduction, but implicitly curtailed. Or, at least, choice “must be aligned with the goal of reducing harms” (O'Malley and Valverde 2004: 38).

According to the ethics of harm reduction, words like ‘addict’ and ‘abuser’ are replaced by ‘drug user’ denoting a consumer “quite capable of making rational choices and of discerning between advantageous and disadvantageous commodities and behaviour” (O'Malley and Valverde, 2004: 36). ‘Addicts’ and ‘alcoholics’ thus become “ordinary people in a high-risk situation” (ibid.) Harm reduction programmes are characterised by the provision of information that ‘empowers’ users to make ‘informed choices’ about drug use, replicating neo-liberal rationalities. The discredited ‘disease model’ of addiction (Drew, 1987) assumes that the condition is progressive and chronic, in the same way that other conditions such as cardiovascular disease or diabetes would be similarly described. It is premised on the idea of a physical loss of control, and thus diminished capacity to make choices. This ‘medicalised’ model has been criticised because of its deterministic outlook, and its propensity towards stigmatising those affected. So to consider, as the harm reduction movement does, that people identified as dependent may still exercise choice creates tension between different models. O'Malley and Valverde (2004: 36) write that “the convergence of consumer society and neo-liberalism transforms the compulsion of addiction into a freedom of choice”. Indeed, freedom of choice has a “rather sharp edge”, because “individuals are rendered more personally responsible for the governance of harm” (O'Malley and Valverde 2004: 39). It should be noted, however, that the ‘post addiction’ model (see Levine, 1978) is not necessarily tied to an explicit narrative of harm reduction. Berridge (1989: 39) has written of the ‘drug-related problem’ approach that
emerged in the 1980s, led in particular by behaviorally oriented psychologists who provided an alternative to the medical model. She described this as part of the “new public health,” which emphasized “primary care, individual lifestyle, health planning, indicators and information”, but which was not necessarily labeled ‘harm reduction’ (Ibid.).

It is worth briefly noting that the consumerist appraisal of harm reduction is also linked to identity within advanced liberal societies. A number of writers have noted the trend in late modernity towards the reflexive construction of self-identity through responsible consumption (Collison, 1996; Giddens, 1991). Collison (1996: 434) writes that:

> The disciplinary project of 'simple modernity'...to instill obedience and self-control, to 'subordinate the body to reason'...to recognize one's place in a class and gender - has been replaced by a variety of projects surrounding the 'cult of the self'... Consumption is not merely of clothes, or drugs, or cars, or music, but of styles and stylizations (images) of life - an everyday aesthetics...

### A harm reduction backlash?

Harm reduction principles rest on an aspiration towards moral neutrality. Pat O’Malley (2002: 8) notes that in recent years, beginning with the advent of Tony Blair’s New Labour government in 1997, there has been a shift in government drugs rhetoric towards a more equivocal take on illicit drug use. He maintains that: “Even in some of its strongest warnings, Blair’s Tackling Drugs displaces the traditional narrative of pathological addiction and inexorable decline with the much more conditional observation that “that drug-taking can be harmful” (HM Government 1998: 7). As such, he argues, in this discourse drug taking has nothing inevitable or absolute attached to it and drug consumption is rarely described as morally or criminally culpable in itself. This contrasts with, for example, the 'Heroin screws you up' and 'Smack isn't worth it' campaigning of the 1980s. This argument has merit, although it is important to emphasise that drug use continues to carry significant stigma and is still largely associated with moral
deficiency. The more equivocal take on drug use proffered by Labour governments since 1997 has also taken place alongside the continuing criminalisation of UK drug policy, with moral culpability for drug taking perhaps shifting from being simply a question of personal pathology or failing to one concerned with the (exaggerated) criminal consequences of drug taking, and the collateral harms experienced by communities (Seddon, 2010).

Whilst the campaigning of the 1980s may have carried more invective, and while consumption may have since been largely constructed as morally neutral in government rhetoric, that trend could be on the wane. In the most recent government drug strategy, there is no question about the veracity of the links between drug use, moral deficiency, crime and social harm, as described above (Drug Strategy, 2010: 2). Moreover, the strategy has two overarching aims: to reduce illicit and other harmful drug use and to increase the numbers recovering from their dependence. Illicit drug use, not just dependence, is thus portrayed as implicitly harmful and dangerous to society. This is in stark contrast to the preceding Drug Strategy, published in 2008, in which Home Secretary Jacqui Smith, in the foreword, claimed that:

> Drug misuse wastes lives, destroys families and damages communities. It costs taxpayers millions to deal with the health problems caused by drugs and to tackle the crimes such as burglary, car theft, mugging and robbery which are committed by some users to fund their habit (Drug Strategy, 2008: 4).

It is notable that only drug misuse causes social harm, and that only some users fund their habit through crime. The tough rhetoric of the new strategy was informed by a political backlash to the perceived ubiquity of harm reduction programming in the UK. This was precipitated by a concern that the ethics of harm reduction was doing nothing to solve the overall drug problem, including rates of drug use and levels of crime (see Gyngell, 2009). There has been a particular concern that people dependent on heroin are being ‘parked’ on methadone substitute medication, rather than being encouraged to become drug free (see Brindle, 2010). Kathy Gyngell, in a report for the Centre for Policy Studies, an influential centre-right think tank, argued that “[d]rug misusing youngsters were now to be ‘supported’ by various agencies” – the
suggestion being that abstinence was also not being advocated for young people (Gyngell, 2009: ii). Although flawed, polemical and inaccurate (see, for example, Stevens, 2011), Gyngell’s report was widely publicised (see, for example, Hickley, 2009). The incoming Conservative Party’s election manifesto stated that “[d]rug and alcohol addiction are behind many of the crimes that are committed on our streets, but the treatment that too many addicts receive just maintains their habits” (Conservative Manifesto, 2010: 58).

The harm reduction backlash continued with the launch of the coalition government’s new drug treatment system ‘roadmap’ in April 2012 Putting Full Recovery First (HM Government, 2012). Much maligned by a number of charities (O’Hara, 2012), who called the roadmap an ‘ideological attack’ on drug treatment, it explains that:

The coalition government has set out its aspiration to challenge the status quo and build a recovery-oriented society. This will bring an urgent end to the current drift of far too many people into indefinite maintenance, which is a replacement of one dependency with another (Home Office, 2012: 3).

Although the association between structural circumstances and the development of drug problems are recognised, these circumstances are understood as located within the individual or family:

Our strategy recognises that drug and alcohol misuse is very rarely an isolated personal problem, its reach is criminal, social and economic; its impact is felt in countless communities across the country. Crucially, we also understand that people often choose such a path in the context of wider social breakdown in their lives, such as chaotic and dysfunctional family relationships, personal debt, criminal behaviour and poor mental health (Home Office, 2012: 3).
Similarly, in respect of drug treatment and young people, the roadmap states: “Thankfully dependency on drugs and alcohol in the younger years remains relatively uncommon and most young people who require help for substance misuse will also have behavioural problems associated with truancy, offending and family breakdown” (Home Office, 2012: 26). The long-term significance of the roadmap is yet to be determined. Nonetheless, the direction taken does not necessarily represent a break with the rationalities informing harm reduction principles. The emphasis is still on making the ‘right’ choices, individual responsibility and the advanced liberal departure from so-called ‘welfare dependency’.

The question remains: where do children and young people stand in respect of responsible drug consumption? At what age are individuals accorded the status of the rational ‘Prudential Man’ regarding their pleasure-seeking, substance-consuming activities? It is arguable that harm reduction, relying on the premise of rational behaviour by adults, is incompatible with social constructions of childhood in which individuals under the age of 18 are afforded limited capacity and autonomy. Of course, the age at which children should be afforded some degree of autonomy is hotly debated, particularly when the question is framed within an either-autonomy-or-protection discourse. It is instructive that it is not illegal for a person under the age of 18 to drink alcohol within the home, but they can be prosecuted for attempting to buy alcohol (Licencing Act 2003, s.150). Responsible drinking is legal within licenced premises for 16 and 17-year-olds; the alcohol can only be beer, wine or cider, it must be consumed with a meal and the young person must be accompanied by an adult. It would seem, then, that some level of substance consumption, albeit of the legal variety, is legitimated by the law around late adolescence. But this does not accord a young person with the autonomy to drink responsibly. Rather, the presence of the adult, and the requirement that a young person only drink while eating, means that there are dicta regarding when and how a young person should drink alcohol on licenced premises. Young people are not afforded the autonomy to buy their own alcohol. They may drink at home, although it is also illegal for an adult to buy or attempt to buy alcohol on behalf of someone under 18 (Licencing Act 2003, s.149).
It is also worth remarking that England and Wales has one of the lowest ages of criminal responsibility in the world. By the age of ten, children are considered old enough to “know the difference between bad behaviour and serious wrongdoing” (BBC, 2010). The low age of responsibility has been subject to repeated criticism from the United Nations Committee on the Rights of the Child (UNCRC), for not complying with international obligations (UNCRC, 2008), from the Children’s Commissioner for England and Wales (Times, 2010), from brain scientists (Jha, 2011), and from a raft of other organisations (see, for example, CRAE, 2011). Someone under the age of 18 is thus not deemed responsible enough to drink moderately, without the surveillance of an adult, but is at the same time criminally responsible should s/he commit an offence in respect of alcohol purchase or consumption. Individuals under the age of 18 are also, of course, criminally responsible should they be arrested for drugs offences.

Logically, young people, within a harm reduction framework, should be afforded some degree of autonomy for drug taking, licit or illicit, since prudential risk-taking is premised on the acceptance that there may be some exposure to harm through drug consumption in the first place. Whether this correlates with drug workers’ accounts of their approaches to harm reduction will be discussed in Chapter Five.

Harm reduction, abstinence and pleasure

If drug use is conceptualised purely in respect of its health risks, a problem arises with the promise of harm reduction’s value neutrality because drug use is, by nature, potentially risky for health. It is thus difficult to imagine any harm reduction initiative aimed at reducing health harms which does not, at some level, advocate abstinence and therefore lose its supposed neutrality. Abstinence is, after all, the only way to totally nullify the risk to health. Peretti-Watel and Moatti (2006: 675) argue that:

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7 Section 50 of the Children and Young Persons Act 1933. The original age set out in section 50 as introduced was eight, but this was increased to the current age of ten by section 16 of the Children and Young Persons Act 1963.
In societies where ‘healthiness’ tends to become the new yardstick of accomplishment and moral worthiness, ‘unhealthy’ and ‘risky’ labels are increasingly equated with the ‘immoral’ and the ‘deviant’. As such, the rationalised discourse of epidemiology and health promotion may obscure moral judgements and fuel stigmatisation.

As such, regardless of the rights/prohibition debate that permeates most drug policy discourse, drug consumption must be decried in today’s health risk-averse societies. Harm reduction is therefore, by nature, moral because it rests on the duty to be healthy (Miller, 2001: 172). Given the particular attention paid to the governance of childhood in such societies (Rose, 1990), the health of the young is of even greater concern. It is therefore not surprising that drug education largely remains abstinence-based, despite evidence to suggest that experimental drug use is a normal part of adolescent development and that it may in fact improve psychological health (Keane, 2003: 128).

In fact, authors have long remarked that harm reduction in general is vulnerable to “co-option” by advocates of abstinence-only policy-making, and that it falls short of the ethical human rights standard (Hathaway, 2001: 127). In his critique, Hathaway (2001: 125) maintains that harm reduction delivers an ‘endangerment’ version of drug use, rather than an ‘entitlement’ variety that, he argues, fully accords with human rights standards relating to autonomy. Ezard (2001: 208), meanwhile, suggests that the harm reduction paradigm should be expanded to include ‘vulnerability reduction’, which would take into account broader individual and social factors leading to harmful drug taking, as well as wider interventions such as education and employment initiatives. Miller (2001: 174) similarly claims that the reification of epidemiological knowledge in respect of harm reduction means that issues of poverty and inequality are ignored.

Nonetheless, alternatives to, and calls for more nuanced interpretations of, the harm reduction model have all tended to fall short. Helen Keane (2003) questions the utility of tying harm reduction to discourses of morality or human rights at all. She claims that the identity and value
of harm reduction lies in its pragmatism and potential for providing flexible, technical practices and programs. She argues that:

Couching harm reduction in grander narratives of freedom and morality runs the danger of locating the debate even more firmly in the domain of those who feel they know the truth about how human beings should live. Moreover, there is the danger of a kind of political romanticism in which the everyday, practical achievements of programs, such as needle exchanges, are minimised by being measured against a goal of perfect freedom (Keane, 2003: 229).

Keane also cautions that the Foucauldian critique of harm reduction has potentially little policy import. She writes that:

[A]n overarching suspicion of regulation can lead to a position where all health programs and medical care are diagnosed as inherently oppressive. This stance can bring about a conceptual and practical impasse in which attempts to care for others and for oneself can only be diagnosed as paternalism, surveillance or co-option into a disciplinary regime (Keane, 2003: 232).

Keane’s warning against ideological, and idealistic, conceptions of harm reduction, and her contention that that “harm reduction is better viewed as an assemblage of pragmatic practices and practical goals with varied outcomes” (Keane, 2003: 232), is valuable. Nonetheless, I would take issue with some of her arguments. In particular, her assertion that Ezard’s approach “strengthens the view of drug use as inherently negative, dangerous and arising out of individual and social deficits” (Keane, 2003: 232), which, she also argues, contravenes Hathaway’s call for harm reduction to recognise the benefits of drugs as well as their costs, is flawed. Ezard’s critique concerns harm reduction in relation to problematic use, not drug use in general. In this respect, the harms of drug use do tend to be concentrated in excluded
populations. It is consequently not unreasonable to suggest that the structural circumstances in which problem drug use arises and persists should be subject to greater scrutiny.

Moreover, in placing her faith in a ‘technical’ approach to harm reduction, “as a fruitful basis for imagining and working towards a particular style of ethics which supports open-ended debate and respects the freedom and difference of others”, she ignores the ways in which knowledge, particularly knowledge and expertise about the risks of drug use, are contextually and socially embedded. As Gray (2009) points out, risk discourse is invested with power relations, and Adam and Loon (2005: 10) remind us that taking up a position on knowledge is implicitly a question of ethics.

The absence of pleasure from much harm reduction discourse has also provoked critical commentary. For O’Malley and Valverde (2004: 39), there is a tension for liberalism in conceptions of harm reduction and the ‘right to pleasure’. They write:

A ‘right’ to pleasure as an incentive or rewards is far more extensive in this culture of consumption, even where it may involve all manner of drugs. But this is distinct from the duty to govern avoidable risks – including those arising from the irresponsible use of drugs. It is perhaps this tension in the current era of liberalism, between a presumptive right to pleasure and a duty to govern risks, that is reflected most clearly in the policies of harm minimisation.

Nonetheless, pleasure only rarely features within harm reduction advice and literature – perhaps because advocates wish to avoid straying into drug liberalisation territory, or appearing to condone drug use in general, given the supposed neutrality of informed choices within harm reduction discourses. Indeed, pleasure is encoded as ‘risk’ in many contemporary public health discourses including those concerning sex. After all, write O’Malley and Valverde (2004: 37), “discouragement of any engagement in risky practices reduces risk”. For example, in a 2007 independent analysis of UK drug policy, commissioned by the UK Drug Policy Commission, there
was no mention of pleasure, although there was also no discussion of the reasons for drug
taking in general (Reuter and Stevens, 2007).

O’Malley and Valverde (2004: 26) suggest that official discourses, including criminological texts,
discuss pleasure-seeking activities in ways that actually deny or silence pleasure as a reasonable
motive. They write: “Governmental discourses about drugs and alcohol, in particular, tend to
remain silent about pleasure as a motive for consumption, and raise instead visions of a
consumption characterized by compulsion, pain and pathology”. Physical, social, or
environmental compulsions, and the ‘failure’ of the rational will, are associated with angst and
pain rather than pleasure.

As a result, problematic substance use is not thought to result from pleasure-seeking, but from
personal pathology and a ‘slavery of the will’ (Valverde, 1998). When discussing reasons for
drug use initiation among the young in particular, pleasure is rarely posited as a valid reason.
O’Malley and Valverde (2004: 36) observe that “the question of motivation is subordinated to
semi-coercive discourses of ‘peer group pressure’ and ‘advertising pressure’…to be countered
by the building up of ‘self-esteem’ or ‘knowledge of risks’. This was in evidence in the
interviews with the young people, and will be discussed further in chapter Five.

O’Malley and Valverde (2004: 26) emphasise that they are not suggesting that “pleasure and
drugs are always discursively dissociated”, and note how, for example, the commercial
advertising of alcohol involves images of enjoyment. However, they do claim that pleasure is
“contingent on rational moderation” (ibid.). They suggest that discourses of pleasure are
selectively invoked as an acceptable motive for action but are increasingly suppressed as
certain behaviours appear more problematic. They write that:

Pleasure, especially as in the figure of the felicity calculus, is at the heart of liberal
constructions of the rational and free subject. Pleasure and rationality are
foundationally linked, precisely because the pleasure/pain couple is a given in the liberal
constitution of rational calculation. At the same time, however, pleasure is a problem where its pursuit – as in the imagery of ‘hedonism’ – conflicts with other key requirements made of liberal subjects, notably ‘responsibility’, ‘rationality’, ‘reasonableness’, ‘independence’ and so on (ibid.).

As a result, the deployment and construction of pleasure has to be strategically managed. It has to be both identified with the aims of government, “so that the wills of subjects can be aligned appropriately”, and at the same time “dissociated from ends that government regards as problematic….the silencing of discourses of pleasure with respect to unwanted activities, such as the inappropriate consumption of drugs, appears as a strategy integral to liberal government’s attempts to ‘govern at a distance’” (O’Malley and Valverde 2004: 8).

Howard Becker (1963) also observed that the pursuit of pleasure is in general subject to disapproval unless achieved through hard work or religious fervour. Alexander (1990) notes that a quality of ‘nation building’ processes in Canada and Britain is the cultural dispersal of a modern ‘temperance mentality’. Hathaway et al. (2011: 454) furthermore note that, in the US, “a self-control imperative is rooted in observance of the Protestant Ethic, which views intoxication or dependence on a drug as an irresponsible indulgence”. Although, they argue, there is declining disapproval of “unearned ecstatic states”, the desire for self-control is nonetheless “an enduring aspiration”. More generally, writes Robin Bunton (2001: 224), critical addiction researchers have linked the quest for self- and population-control through the control of desire and craving.

Proposed new drug policy models that incorporate pleasure also tend to be flawed however. Cameron Duff (2004: 389) cites Foucault’s invocation of ‘practices of the self’ (Foucault, 1985: 72–77) to suggest how drug policy might take into account the moderation of pleasure as a guiding principle. He notes that Foucault was concerned with how individuals practice ethics and self-regulate in order to “shape the experience of subjectivity” (ibid.). He also argues that there is a lack of a middle ground between prevention and treatment (or ‘overuse’, ‘misuse’, ‘problematic use’ and so on), and he advocates for the recognition of pleasure in contemporary
drug discourse and policy. A problem with this argument is that it presupposes that the middle ground is tangible when, in fact, ‘problem use’ is subjective and often not easy to define – particularly among young people as we shall see in chapter Five. Duff (2004: 391) also argues for the greater recognition of an “ethics of moderation” or “responsible use”. He writes:

Following Foucault, these strategies ought to emphasise the manner in which the practice of moderation might enhance the experience of pleasure whilst potentially reducing harms. This work should also go some way towards shifting the broader culture of drug use in ways that valorise more moderate use whilst cautioning against excess.

But responsible, moderate use has been a feature of drug policy since the 1960s, as Seddon (2010) would no doubt attest. If substance dependences, for example alcoholism, have been consistently conceptualized as ‘diseases of the will’ (Valverde 1998), it suggests that an ethics of moderation presides over the moral abjection of failing to control one’s use. The ways in which neo-liberal rationalities imagine the self-governing subject already, therefore, point to a ‘cautioning against excess’ and the valorization of controlled drug consumption. Although users of illicit substances risk falling foul of the law, small possession offences do not generally invite heavy penalties in England and Wales, particularly for the middle-class, adult drug user (Stevens, 2011). If the volume of drugs is small, an ‘ethics of moderation’, it could be argued, is reflected in the soft sanctions that ensue.

Duff argues that Australia’s existing drug policy fails because it is ineffective in shaping the ways in which most individuals consume illicit substances (2004: 391). He is, in short, advocating the deployment of governing strategies in order to control people’s drug use. Yet Foucault’s task was to expose and deconstruct the very existence of such strategies, rather than to suggest or condone ways in which they might be used to serve specific ends; such suggestions could rather be considered antithetical to his entire project.

It should be emphasised that the discursive absence of pleasure has important effects. Mugford (1993) claims that harm reduction, if followed to its logical utilitarian conclusion, could lead to punitive drug policies. After all, he suggests, if pleasure is not recognised as a legitimate benefit of drug use, a cost/benefit analysis drifts towards the costs alone, and will most likely lead to
the sacrifice of individual liberty in favour of reducing public harm (1993: 29). However, as flawed as the harm reduction model may be, no convincing alternative drug policy framework has thus far been suggested that addresses all of its shortcomings.

**The problem with drug education**

A main plank of drug policy is the prevention of consumption through education. There are three primary lines of attack in respect of drug prevention: mass media campaigns, school education, and awareness-raising among targeted groups, such as vulnerable and disadvantaged young people (Reuter and Stevens, 2007: 67). But, as Reuters and Stevens observe, there is little evidence that all the energies directed towards prevention have had any effect in the UK. While some studies have reported possible reductions in risk behaviours as a result of *certain* programmes, these are normally qualified with the statement that more research is required in order to ‘prove’ significant correlations (see, for example, Jackson et al., 2012).

The schools inspectorate in England has reported significant improvements in coverage and quality of drug education. Only two out of five primary schools were providing drug education in 1997. By 2004, this had increased to four out of five. However, the inspectorate warned that the lack of evidence on effectiveness makes it difficult to predict impact on drug use (Ofsted 2005: 60). The coalition government has reportedly cut spending on drug education by 80 per cent since it came to power “despite claims by ministers that public information campaigns are central to their anti-drugs strategy” (Helm, 2012). Moreover, the Drug Education Forum, a group of organisations focused on improving the practice and profile of drug education, was forced to close after its government grant was also cut.

Education, and in particular the school, offer the means for persuading, and acting upon, children in order to produce the right kind of adult. Lupton and Tulloch (1998: 22) write that:
The ‘unfinished body’ in the context of schooling is the body that is deemed to require formal education to deport itself according to accepted norms. The adolescent body is typically portrayed in a range of texts, from educational theory to the popular media, as unruly, uncontained, uncontrolled, and therefore needful of careful monitoring, regulation and instruction. One of the ‘hidden agendas’ of the school is to regulate, normalise and discipline children’s bodies. The site of the school itself, with its classification of bodies by age, the restriction of movement of bodies from one space to another by rigid schedules and the plethora of rules around deportment and appearance, is directed towards the ‘civilising’ of young bodies, rendering them both docile and capable of self-regulation in the process of becoming useful and productive citizens.

Drugs, therefore, are a threat to the emerging adult body, and education is identified as an important means for protecting the adolescent from the associated dangers. The most recent government drug strategy, for example, states that: “All young people need high quality drug and alcohol education so they have a thorough knowledge of their effects and harms and have the skills and confidence to choose not to use drugs and alcohol” (Drug Strategy, 2010: 10). This reflects the particular interest trained on young people’s risk-taking tendencies, and their attitudes towards risk. Education and intervention are considered fundamental for the reorientation of potentially errant, risk-taking individuals (see Blair, 2005; Furedi, 2009).

A problem with the assumption that education could have a key role to play in influencing or changing drug consumption choices is that attitudes and behaviour are often contradictory and uncertain, and people often behave in ways that they know to be problematic or ‘risky’. Kemshall notes that education campaigns often encourage “young people away from risky behaviours without exploring how such decisions are made over time and the decisions young people make about risks” (Kemshall, 2008: 221, citing Mitchell et al., 2001). Echoing work undertaken by Adams (1995) and Mitchell et al. (2001), and the critical discourse on harm reduction in general, she goes on to suggest that “this approach presumes the rational actor,
the ‘Prudential Human’ who will make rational and normatively correct choices if only the relevant risk information is given and processed correctly” (Kemshall, 2001: 22). Duff (2003: 289) argues that education and prevention are informed by the science of risk, which has become largely based on the epidemiological evidence of the physical effects of drug use, and ignores the ‘lived experience’ of drug use. As such, it “reflects the general assumption within prevention science that individuals are ‘naturally’ risk averse, and only experience risk out of ignorance or the lack of adequate alternatives” (2003: 289). Duff (2003: 290) concludes that drug policy in Australia:

is premised upon the characterisation of risks as real, objectively verifiable and causally related to specific harms. There is a sense that it is possible to reach some rational consensus regarding the nature of risks, with this consensus forming the basis of the state’s risk management responses. Secondly, the experience of risk is largely characterised as a problem of ignorance and uncertainty. Particularly in the case of recreational or social drug use, it is assumed that drug use takes place within a culture that promotes the pleasures associated with this practice, though is ignorant of the risks.

It is thus implicit within demand reduction strategies that, as adolescents become more aware of the risks through education, they will ‘naturally’ choose to avoid them. Of course, as Duff concedes (2003: 290), it is not that risks are pure imaginings devoid of content, “it is rather to argue that notions of risk arise as the result of particular ‘situated’ value judgements” (2003: 290). Duff (2003) argues that risk management strategies emerging from zero-tolerance approaches to drug use are the result of the privileging of select ‘expert’ discourses in drug policy debates. Recent years have seen the medicalisation of drug policy discourse as scientific methods have improved. Such experts, he argues, come from the fields of pharmacology, neurotoxicology, psychiatric medicine and health science, and their focus is on prevention. Duff argues that “from the perspective of the neuropsychologist, the psychiatrist and/or the health
scientist, drug use is always harmful in light of its purported effects on brain chemistry, cognitive functioning and neurological health” (2003: 288).

He noted, in particular, recent analysis of the effects of cannabis consumption – especially in respect of neurological and brain function, including the use of sophisticated psychometric testing to reveal evidence of memory impairment, attention and effects on the organisation and integration of complex information. However, he writes that discord over, for example, what constitutes ‘long-term use’, muddies the available evidence and affects how it is incorporated into drug policy debates. These observations tally with reflections on the risk society, in which the politics of risk definition become highly pertinent. Adam and Loon (2005: 4) write that it is important to consider who is defining what risk and how, since “[r]isks have become a considerable force of political mobilization, often replacing references to, for example, inequalities associated with class, race and gender”. (Adam and Loon, 2005: 4). Citing Haraway (1988), they note that knowledge is unavoidably embedded in the locations we occupy and “we all engage in situated knowledge” (ibid.). They conclude that:

The socio-cultural study of risk thus exposes disembodied information as a farce and reveals instead (a) that knowledge is principally embodied, contextual and positional and (b) that taking up a position and to be positioned is inevitably a question of ethics.

Risk is thus “infinitely malleable”, and it is the powerful – the mass media, scientists, politicians and lawyers – who are most able to define the parameters of risk. Adam and Loon (2004: 6) suggest that Beck’s ‘relations of definition’ are, in this way, analogous to Marx’s ‘relations of production’ (ibid.).

Educational programmes are thus aligned with harm reduction rationalities, so that individuals are expected to modify their behaviour once presented with the ‘right’ scientific information ‘enabling’ a greater awareness of the risks. Children in particular, and this is also true of children’s education in general, are expected to modify their behaviour once they are in full
receipt of the correct information. Similar claims are made, and expectations levied, in respect of sex education. But this is not to say that education about drugs or sex is only about curbing children’s risk taking tendencies. Daniel Monk argues that: “Sex education serves not merely as a means of transmitting information about sex, but rather as an instrument for the cultural production of knowledge about sex and childhood.” (2000: 179) As much as with the act itself, sex education both reflects and constructs social norms around public health, morality and citizenship. It is thus also a question of governance – governance of society, of the family and of the soul.

Monk (1998: 296) has also noted the “two broad identifiable programmes of sex education, a moral programme and a health/safer sex programme”. For drug education, there is the addition of a criminal justice programme. Nevertheless, pleasure is once again of little or no import, although this is the main reason young people engage in either sex or drug taking in the first place. Monk (2007) and Ingham (2005) both observe how the absence of pleasure means that children’s actual experiences are liable to be neglected in government guidance. On the website of FRANK, the government-run drugs advice and education service, which includes a helpline, the emphasis is on the costs associated with drug use. At the time of writing (30 April 2012), the section of the website dedicated specifically to cannabis came in the form of a moving picture video ‘Cannabis: Mess with your Mind®’. The image encourages the visitor to have “a drag on this spliff” – a virtual cannabis joint. The next image explains “you’re about to experience how cannabis can mess with your mind...”. There follows moving images on the subjects of, in turn, ‘paranoia’, ‘panic attack’, ‘pukey’ and last (and least) ‘giggles’ and ‘munchies’. It is then possible to click on the individual effects, with more explanation by way of moving image. Clicking on ‘giggles’ explains that “some people get the giggles after using cannabis”, but this image is soon overlaid by another proclaiming “you can’t always control the effects of cannabis”. Clicking on ‘munchies’ explains “you feel really hungry and need to eat loads”, but it is also followed by the same warning. It then swiftly cuts to the subject of “pukey”. In this way, any nod to the pleasures associated with cannabis use is very quickly

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qualified or replaced by descriptions of the costs. Pleasure is thus supressed. Swift et al. (2008), above, suggest that a lack of evidence and polemical debate have led the young to become sceptical about public messages concerning drug harm. But it is also likely that young people are sceptical because the public messages themselves err too much on the side of harm. Many young people smoke cannabis, and many derive considerable pleasure from it. Whilst cannabis consumption can of course cause harm, focusing on the risks and suppressing the benefits is likely to continue to alienate young people looking for realistic and practical information on drugs.

Conclusion

The aim of this chapter has been to critically consider the pillars of drug policy relating to prevention and treatment. The ‘rise of risk’, responsibilisation strategies (Garland, 2001) and (neo)liberal rationalities have been integral to the recent history of drug treatment and education. Drug treatment specifically for under-18s is a relatively recent phenomenon – the first service was established in 1995 in Stoke-on-Trent (Roberts, 2010) – and there has been very little critical examination of its purpose and scope. It is apparent, however, that despite the difference in age, and, usually, brand of drug use, young people’s drug treatment is nonetheless linked to a “security project”, if not exactly the same one pervading adult drug treatment. As such, it is informed both by a cultural preoccupation with risk as well as other rationalities such as welfare. This concern with risk, as well as informing the ‘criminal justice turn’ in UK drug policy, can also be linked with the growth in harm reduction (Seddon, 2010). Despite the prospect of a backlash, the emphasis of drug policy would still appear to be on making the ‘right’ choices, individual responsibility and the advanced liberal departure from so-called ‘welfare dependency’. It is a contention of this thesis that the consequences of such neoliberal rationalities include the eschewal of structural factors involved in the development of problematic drug use, and the mobilization of young people into drug treatment. The critiques of harm reduction, pleasure and drug education discussed above will be particularly pertinent for subsequent chapters on the empirics of drug treatment. It is hoped that these
chapters will enable a ‘conversation’ between the theoretical and policy groundwork undertaken during this chapter, and the interview data collected at the field sites. This thesis will first of all critically explore the construction of risk in respect of children, drugs and crime.
CHAPTER TWO

PUNISHING YOUNG DRUG USERS

Introduction

The purpose of this chapter is to link theory on risk and governmentality with youth justice. In particular, it will consider the consequences of risk rationalities for young people who get into trouble with the law for drugs offences. Although some authors have discussed the potential of risk discourses and programmes to attribute responsibility, and blame, and therefore to interfere with rights (see Kemshall 2008; Hudson 2003), there has been very little focus on exactly how rights might be infringed or violated. The discussion below therefore includes examples of how attributions of risk may be resulting in rights violations according to specific provisions in international human rights treaties. In particular, the argument centres around the propensity for violations of non-discrimination clauses. Although there is a body of literature addressing the relationship between risk and stigma, particularly in respect of how people labelled ‘risky’ might experience stigma as a direct result, scholarship as not taken this observation further by considering the ways in which risk profiling in law and policy could itself lead to ‘enacted stigma’ (Goffman, 1963), or discrimination either in substance or effect.

First, however, this chapter will, by way of introduction, briefly review the literature on the significance of theory on risk and governmentality for criminology in general. Although risk has long concerned criminologists, its meaning and relevance is not always clear or consistent. O’Malley (2009: 1) writes that risk may refer to the use of statistically predictive techniques to minimise harms or to a broader, preventative concern that includes ‘uncertainty’. Risk might also, from the victim’s perspective, refer to the fear of crime as well as the idea of risk-taking on the part of the offender as a motivation for committing crime which, according to O’Malley, “while intrinsic to many idealised visions of capitalist activity and “enterprise cultures”, in criminological accounts frequently becomes pathologised as a cause of crime” (O’Malley 2009: 1).
4). But, in general, the meaning of risk for crime is most often associated with the late twentieth century’s rise in the role of risk assessing in sentencing and justice policy— a development that marked “a shift away from the foci of penal modernism, with its emphasis on correctional-therapeutic interventions tailored to the expert diagnosis of individuals’ criminogenic needs” towards “the replacement of a moral or clinical description of the individual with the actuarial language of probabilistic calculations and statistical distributions applied to populations” (Feeley & Simon 1992: 452, cited in O’Malley 2009: 4). The aim has been the efficient control, surveillance and disciplining of populations deemed ‘risky’ in order to protect the community as a whole, rather than reform the individual offender. According to Rose (2000: 322), the result is that “schemes of risk reduction, situational crime control and attempts to identify and modify criminogenic situations, portray the criminal as a rational agent who chooses crime in the light of a calculus of potential benefits and costs.”

Risk-focused prevention became central to criminological research in the 1990s (Farrington, 1999). The Cambridge Study in Delinquent Development, a longitudinal study of 411 working class males born in London in 1953, was especially influential (see Farrington, 1995). The study suggested that a number of risk factors correlated highly with offending, including low family income, large family size, poor housing, low intelligence and parental ‘problem behaviour’. Once a particular risk factor, such as poor parental supervision, is identified, programmes such as ‘parental management training’ are seen as appropriate mechanisms for the reduction of future offending risk. Armstrong (2004:103) writes that: “This research has been extremely influential in reorienting thinking about youth crime in favour of a focus upon those psychogenic antecedents of criminal behaviour which are believed to lie in the immediate social environment of the child (rather than in the structural characteristics of society itself)”. As discussed further below, the use of risk assessment tools such as the ‘Asset’ in the youth justice system can be understood as the archetypal risk instrument for profiling young, delinquent individuals. ‘Dysfunctionalities’ regarding family, school or community life, the peer relations of individuals and their personalities, or genetic make-up, thus come under close scrutiny.
(Armstrong, 2004; Farrington, 1994; Rutter et al., 1998). Early intervention is regarded as integral to a process of normalization.

Globally, the incapacitation of repeat offenders, and burgeoning prison populations, is thought to have resulted, at least to some extent, from this novel approach to punishment. The actuarial view of risk has been blamed, in part, for the disproportional targeting of racial minority populations, notably Blacks and Hispanics in the US. The deployment of risk is understood to have created “a bifurcated criminal justice system, in which high risk offenders are consigned to exclusionary gulags while the lower risk population is channelled into circuits of reform or guarded toleration” (O’Malley, 2009: 5). Although the swing to risk-based models has been described as a totally ‘new penology’ (Feeley and Simon, 1992), O’Malley (2009) urges caution. He suggests that there has been some resistance to the prioritisation of dispassionate, technical measures or means of decision-making over, say, strategies aimed at moral admonition based on theories of ‘just desserts’ or proportionality. He concludes that risk has been most influential in the post-sentencing phases (O’Malley, 2009: 7). Nevertheless he concedes that risk has become prominent, if not universal or totalising, at all levels of criminal justice policy.

Relatedly, David Garland’s seminal work on crime and control considers how the analytic of governmentality can enrich understanding of criminal justice and control processes. He considers how ‘governmental rationalities’ describe “ways of thinking and styles of reasoning that are embodied in a particular set of practices” to help explain the changing nature of the governance of crime – partly as a result of the shift from welfarist to neo-liberal styles of government (1997: 184). He argues that such rationalities are organised around economic forms of reasoning, for example risks and rewards, choice, targeting and so on. The objectives may include, for example, fiscal prudence and the reduction of harm. This line of reasoning evokes the image of the ‘rational criminal’.

According to Garland (1997: 188), the “value of Foucault’s analysis...is that it allows us to
analyse the crime control field as a field of power relations and subjectifications and draws attention to the impact of new knowledges and technologies upon the power relations between governmental actors as well as between the rulers and the ruled” [emphasis in original]. Reducing crime is seen as best achieved by acting through, rather than on, individuals. This process leads to ‘responsibilitisation strategies’ wherein individuals and agencies must see it as in their interests to act in certain ways. This is ‘government-at-a-distance’ (Rose, 1989). A consequence of this “new form of subjectification’’, according to Garland, is “the responsibilised, security-conscious crime preventing subject” (1997: 190) and a related, but opposed, figure he calls ‘situational man’. This latter is rational and self-interested, and concern for this individual is not focussed on why he or she is morally abject, but on how he or she acts in criminogenic situations and how he/she can be diverted from crime by “modifying situational controls” (ibid.). Following this logic, a young offender in drug treatment would be accorded the status of ‘entrepreneurial actor’, and the task of the ‘risk agent’ is to divert the individual away from crime rather than ‘reform’ or ‘treat’ him/her within the framework of welfare rationalities.

Garland (1997: 191) also draws attention to ‘technologies of the self’ within prison and probation regimes: “Techniques of correction stress the offender’s responsibility for his or her criminal actions and insist that he or she must ‘address’ or ‘take responsibility’ for them...Instead of assuming that all adult individuals are ‘naturally’ capable of responsible, self-directed action and moral agency, contemporary penal regimes treat this as a problem to be remedied by procedures that actively seek to ‘subjectify’ and to ‘responsible’ individuals”. He also writes of how the emphasis on offender responsibility is reflected in community sentencing policy, and argues that community sentencing appeals because it involves the offender acting according to his or her agency. As such, “these community measures seek to insert regulatory devices into the offender’s natural habitat and daily routines, producing a light framework of supervision but leaving plenty of opportunity for the offender to practice self-control” (1997: 192).
Individuals must exercise prudence in protecting themselves and their families, and take responsibility for their own security rather than relying on the police or other mechanisms of the legal system. In so doing, they “must educate themselves with the assistance of experts and must actively engage in partnerships with expertise to maintain order and combat threats to individual and collective security” (Rose, 2000: 327). The logics of self-responsibility extend into the community, so that neighbourhoods are expected to become responsible for their own security through rationalities and technologies of ‘empowerment’, ‘participation’ and local management. As a result, community becomes a “means of government” (Rose, 2000: 329). Furthermore, ‘securing’ urban spaces may fuel the “spiral of amplification of risk” as the “perceived riskiness of other unprotected zones is exacerbated” (Rose, 2000: 330).

Rose argues that some of the excluded may be subject to attempts to “reaffiliate” them, but others will be deemed “anti-citizens”; too far gone and unfit for inclusion (2000: 330). Indeed, as will be discussed in due course, the drug workers interviewed had firm ideas about which young people were ripe for inclusion, and which were beyond help. The result of these circuits of inclusions and exclusion, writes Rose (2000: 331), is that:

New political rationalities, including those of crime control, came to be articulated in terms of this distinction between a majority who can and do ensure their own well-being and security through their own active self-promotion and responsibility for themselves and their families, and those who are outside this nexus of activity: the underclass, the marginalised, the truly disadvantaged, the criminals. These excluded sub-populations have either refused the bonds of civility and self-responsibility, or they are unable to assume them for constitutional reasons, or they aspire to them but have not been given the skills, capacities and means.

With this in mind, this chapter now turns to the youth justice system in England and Wales in order to consider the relevance of this discussion for young people arrested or prosecuted for drugs offences.
Risk and the youth justice system

This section begins with a critical overview of law and commentary on the youth justice system and subsequently considers the impact and relevance of ‘risk logic’ on the rights of young, drug using offenders. In particular, it will discuss how Section 65 of the Crime and Disorder Act 1998 (CDA), which was drafted to respond more robustly to juvenile offending because of concerns that the previous warning system failed to contain the risk of juvenile crime, and which covers the offence of cannabis possession for under-18s, discriminates against young people on the basis of age.

Much academic analysis has scrutinised the last UK Labour government’s preoccupation with youth criminality, and its distancing from international rights consensus, because, it is argued, of its efforts to avoid being seen as lenient on juvenile crime (see, for example, Koffman and Dingwall, 2006, Kemshall, 2008, Kelly, 2001, Goldson, 2000, Muncie, 2006, Scraton and Haydon, 2002). It is often asserted that the number of children in custody in England and Wales has climbed to the highest in Europe (Goldson, 2005). Section 37(1) of the Crime and Disorder Act 1998, which concerns “the aim of the youth justice system” states:

(1) It shall be the principal aim of the youth justice system to prevent offending by children and young persons.

(2) In addition to any other duty to which they are subject, it shall be the duty of all persons and bodies carrying out functions in relation to the youth justice system to have regard to that aim.

There is no such primary goal for the adult criminal justice system. In respect of sentencing, the principle is reinforced in the Criminal Justice Act 2003 (CJA), as amended by the Criminal Justice and Immigration Act 2008 (CJIA). S.142A(b) of the CJA, on the subject of sentencing young offenders, states that the court must have regard to:
(a) the principal aim of the youth justice system (which is to prevent offending (or reoffending) by persons aged under 18: see section 37(1) of the Crime and Disorder Act 1998),

(b) in accordance with section 44 of the Children and Young Persons Act 1933, the welfare of the offender, and

(c) the purposes of sentencing mentioned in subsection (3) (so far as it is not required to do so by paragraph (a)).

Regarding this last clause (c), subsection (3) goes on to explain the purposes of sentencing as:

(a) the punishment of offenders,

(b) the reform and rehabilitation of offenders,

(c) the protection of the public, and

(d) the making of reparation by offenders to persons affected by their offences.

As such, while the welfare of the offender, and other factors, must be taken into consideration, these must be subordinate to the principal aim of youth justice – to prevent offending and reoffending. In this way, Arthur (2008: 1117) argues that the “welfare of the child is unavoidably degraded from its historically secured place as the paramount consideration to a marginal concern”, and offending ‘risk’ becomes the concern around which the youth justice system is orientated. The CDA 1998 as a whole has been described as “punitive and controlling in principle and in practice,” and providing a framework in which crime control takes precedence over due process (Puech and Evans 2001: 804). The apparent primacy of the reoffending principle reflects the dominant discourse on childhood and criminality in England and Wales, portraying childhood as a time of risk, when ‘dangerous tendencies’ must be curtailed in order to produce socially conforming adults (Collier, 1998: 132).
Criticism of youth justice policy in England and Wales are reflected in the admonishments of the United Nations Committee on the Rights of the Child (CRC), which in 2008 stated that: “The principle of the best interests of the child is still not reflected as a primary consideration in all legislative and policy matters affecting children, especially in the area of juvenile justice, immigration and freedom of movement and peaceful assembly” (CRC, 2008: paragraph 26). Youth justice policy in England and Wales, as in many other countries, also falls hardest on those from the poorest and most marginalised backgrounds, and being criminalised further entrenches their marginalisation (Muncie, 2006; Goldson, 2011). Goldson (2010: 164) writes:

[E]xcessive reliance on youth justice systems to ‘manage’ profound contradictions in the social order is shown to be both ethically unsustainable and practically counter-productive. On the one hand it amounts to the criminalisation of social need and the intensification of social injustice. On the other hand, as noted, it is a spectacularly ineffective strategy when measured in terms of crime prevention and community safety and it often serves to exacerbate the very problems that it ostensibly aims to resolve.

Scholars have argued that social class is neglected in youth justice policy and programming. Joe Yates argues that young people’s experiences of crime need to be contextualised within structural disadvantages such as poverty, inequality and exclusion (Yates, 2010: 5). She maintains that social class determines whether and how children are placed ‘at risk’ in different contexts, yet despite the fact that “class ‘remains the primary determinant of social life’”, it has become the “social condition that dare not speak its name” (Law and Mooney, 2006: 523). Moreover, Yates argues that it is “apparent that young people with diagnosable mental health problems and specific learning disabilities are disproportionately being caught up in the criminal justice system and, as the nets of control widen, these young people are increasingly being caught in them” (2010: 14).

Other scholars have highlighted the ways in which the state focuses on the crimes of the poor, rather than on the crimes committed by States and by corporations, even in the effects of the latter are further reaching and impact disproportionately on the poor (Pitts and Bateman, 2005; Tombs and Williams, 2008). Muncie argues that “as the criminal law is in the main directed
against forms of behaviour associated with the young, the working-class and the poor, we should not be surprised to find out that, officially, it is these groups that are ‘found’ to be the most criminal” (1999: 38, cited in Yates, 2010: 16).

The structural constraints and material conditions of offenders tend to be ignored, therefore, and explanations for working class criminality are orientated towards the ‘immorality’ of the poor. Young writes: “So here there is continuity in the extent to which crime is identified as being caused by not poverty per se, but by the ‘otherness’ of a certain type of ‘undeserving’ poor people presented as separate from ‘us’ ‘spatially, socially and morally’ (Young, 2007: 6). Scraton and Haydon (2002: 325) also note that: “young people’s ‘offensive or ‘offending’ acts may be ways of coping with, or reacting to, their experiences of social injustice rather than pathological symptoms of a deficient personality or a dysfunctional family”.

**Youth Offending Teams: A risky business**

The Crime and Disorder Act 1998 (CDA) was instrumental in introducing a managerialist ethos into the youth justice system. It has been argued that this resulted in an “‘actuarial’ assessment of statistically-evidenced risk over rehabilitative ideals” (Case, 2007: 92). The predominant model on which this ethos is based, both in England and Wales and in other countries, is referred to as the risk factors prevention paradigm (RFPP). According to this model, risk factors, such as family and school life, are identified and measured statistically in order to determine the appropriate response to lower the risk of offending. The focus on risk and prevention is in contrast to other principles, for example treatment and rehabilitation, which might be prioritised within the youth justice system as a whole. Castel (1991: 281) argues that new preventive strategies of social administration “dissolve the notion of a subject or a concrete individual, and put in its place a combinatory of factors, the factors of risk” (author’s emphasis). Under s. 39(1), the CDA placed a statutory responsibility on local authorities to create Youth Offending Teams (YOTs). Subsection 5 states that YOTs must contain:
(a) an officer of a local probation board;
(b) a social worker of a local authority social services department;
(c) a police officer;
(d) a person nominated by a Primary Care Trust or a health authority any part of whose area lies within the local authority’s area;
(e) a person nominated by the chief education officer appointed by the local authority under section 532 of the Education Act 1996.

(6) A youth offending team may also include such other persons as the local authority thinks appropriate after consulting the persons and bodies mentioned in subsection (3) above.

The primary aim of the YOT, and the primary aim of the youth justice system in general, is to prevent offending and reoffending. The Youth Justice Board (YJB), a quasi-governmental agency that managed to survive, narrowly, the ‘bonfire of the quangos’ that marked the opening period of the current coalition government (BBC, 2011), was established to monitor YOTs and the effectiveness of the youth justice system in general and it has overseen the entrenchment of risk logic. The YJB refers to a new ‘scaled approach’ to youth justice risk assessment (YJB, 2007). This approach builds on the existing ‘Assessment, Planning Interventions and Supervision’ (APIS) framework (YJB, 2004) which forms the basis for youth justice practice.

Involving more efficiency in ‘Asset’ completion, pre-sentence report (PSR) writing and intervention planning, the aim is to allow YOTs to more effectively target resources, and for “the accountability and ‘defensibility’ of decisions [to] be paramount” (Sutherland, 2009: 44).

The Asset was introduced in 2000 in order to create a common assessment process for YOTs across England and Wales, and to improve methods for identifying risk (YJB, 2005). The Asset must be used by YOTs following the issue of a final warning, in preparing a court report and following sentence from court. Its aim is to statistically assess the risk of further offending according to criminogenic factors. Substance use is included in the assessment process.

According to the National Treatment Agency (NTA),
Where substance misuse has been identified as a risk on the Asset, a further assessment of substance misuse takes place – generally this will happen within the YOT and will be undertaken by people with knowledge and skills in this area. Where levels of need are identified that cannot be met within the team, external specialist agencies will be contacted. Information will have already been gathered by the YOT and a sentence plan developed (NTA, 2007: 5).

Although it has been argued that there has been no uniform convergence of criminal justice policy, and that youth justice is a reflection of “competing and contradictory policies” that include retribution, responsibility, rights, restoration and rehabilitation” (Muncie 2006: 2), there is little doubt that risk assessment and behaviour management techniques now play major roles in the criminal justice system.

The risk factor prevention paradigm has been critiqued on a number of grounds (see, for example, Armstrong, 2004; Goldson, 2005; Kemshall, 2008). Farrington (2000) questions the practical feasibility of risk calculation – in particular objecting to causal assumptions that link specific risk factors to predictable trajectories of risk. Causality is very often difficult to establish, but, writes Farrington (2000: 7), “this is exacerbated by the difficulty in attributing ‘weight’ to different risk factors when causes may be multi-factorial, and how to use risk scores when such scores are not merely additive”. The paradigm has also been critiqued from an ethical perspective. Armstrong (2004: 104) writes that “the notion of ‘risk’ supports an anti-welfare rhetoric...that legitimises the redistribution of social resources into a privatised world of individual responsibility and risk management” whilst Kemshall (2002: 1) argues that the language of risk “has ‘replac[ed] need as the core principle of social policy formation and welfare delivery”.

Hannah-Moffat (2005: 37) argues that the Asset, in particular, is “predicated on middle class normative assessments that are highly gendered and racialised”, whilst Gray (2009: 44) suggests that such assessments are also classed. She writes that YOT practitioners “mobilise
strategic elements from their knowledge of risk and actively bring them to bear on the governance of delinquent youth...they materialise structural constraints that sustain unequal class relations” (Gray, 2009: 449). Gray goes on to argue that risk is equated with personal deficiencies in attitudes, way of thinking and social skills, whilst broader structural factors, such as poverty, are marginalised. She cites Youth Justice Board research emphasising that the strongest associations with youth crime relate to deficiencies in young offenders’ attitudes, family relationships, cognitive skills, peer relationships and school performance. She writes that “social factors are framed either as being not strongly enough associated with offending or as being too difficult to change” (2009: 459). YOT workers also tend to identify individual factors as most likely to influence reoffending. France (2007: 99) argues that risk analysis does recognise the broader socio-economic circumstances influencing behaviour, but that the “main emphasis is on the failings of individuals, their families and communities”. Similarly, both Gray (2009) and Kemshall (2008) note the primacy of education in YOT workers’ assessments of reoffending risk. But whilst this suggests a concern for structural factors, Kemshall (2008: 21) argues that the problem is “individually framed, experienced and negotiated” so that inability to access education once again becomes understood as a personal deficiency.

Armstrong (2004) draws attention to the dominance of the risk factor paradigm in research, as well as policy. He suggests that this has “provided space for the advancement of its professional self-interests through the dominance of technical-rationalist ideologies which support the procedures of governmentality” (2004: 113). Academic judgements “masquerade” as expertise because they establish criteria for ‘normality’ which are “decontextualised from the contested beliefs and values which give meaning and relevance to particular representations of normality and social order” (2004: 104). Moreover, he argues that the dominance of risk in policy practice and rhetoric, and the consequent focus on ‘solutions’ to the ‘problem’ of youth criminality remain largely unproblematised.

The “reductionism” of the risk factor model also means that biological and psychological factors have tended to dominate (Armstrong, 2004: 106). In this way, risk identification requires that
the young person be ‘treated’ for their criminal tendencies. Siobhan McAlister (2008) carried out ethnographic research on young people living in a deprived area in the North-East of England, and considered how risk is negotiated within the context of social exclusion. She also argues that risk logic can tend to discount vulnerability to risk, so that questions of class, gender, sexuality and so on are silenced. The failure of young people to grasp the opportunities presented by advanced liberal societies, and to manage or negotiate the risks, is consequently considered a personal one. But she also suggests that risk-based logic has the “potential to further marginalise and criminalise young people living in economically deprived areas” through, for example, the stigmatisation and corralling of those young people who become targets of risk interventions (McAlister, 2008: 25). McAlister (2008: 15) suggests that “many of the risk factors associated with the potential for future offending are similar to the identified characteristics of social exclusion, from the outset leading to the problematisation of the socially excluded”. She also argues that offending for young people in deprived areas may be best understood as a “by-product of their leisure activities”, or of their “lifestyle during a particular period” (2008: 17 and 20).

As discussed above, Gray (2009: 444) also takes up the issue of hidden power relations in risk discourse. She argues that risk-orientated youth justice policy and practice offer a “novel strategy for articulating class discipline”. Although she attempts to avoid essentialism or metatheorising about class, Gray considers how dominant class interests are translated into means of controlling the behaviour of working class young offenders. According to Rigakos and Hadden (2001: 62, cited in Gray, 2009: 445), the logic of risk governance is class-based and “anchored juridically, philosophically, politically and economically to capitalism”. Thus, the social, political and economic leadership is able to “maintain its legitimacy” through the use of a ‘risk logic’ that supports a “hegemonic mode of governance” (Gray, 2009: 445). Gray goes on to explain that, although authors such as O’Malley (2001) argue that governmentality theory must exist outside of class because of the potential for grand theorising and reductionist approaches to class - a process antithetical to poststructuralist theories of governmentality – class is indeed a central function of youth justice risk governance and should not be ignored in risk theorising.
So although O’Malley (2004) warns that grand narratives have the propensity to present a ‘catastrophic’ vision of the new culture of youth crime control, Gray also warns against the marginalisation of class. She writes, “risk is also raced and gendered as race-gender-class exists in articulated power relations” (2009: 446). Interestingly, although writing about youth justice, she does not include ‘age’ in this assessment. In other words, we might say that risk is raced, gendered, and ‘aged’ since youth justice measures make specific presumptions about the age of the offender, an observation that is addressed in more detail below. Gray (2009: 451) therefore contends that the ‘risk subject’ is a ‘classed subject’ since “responsibilitisation, like individualization, contains strategic elements which articulate the interests of powerful class factions”. Young offenders, she argues, have limited capacity to make choices if confronted by structural constraints. Not only do young people from excluded areas face poor employment prospects, “in line with advanced liberal modes of governance, [they] are held individually responsible to negotiate successfully the risk of unemployment” (Gray, 2009: 447). The governance of youth justice is itself broadly bound up in the regulation of the relative poor.

Muncie (2006) has also written about the responsibilitisation of young offenders. He writes: ‘responsibilisation’ coalesces with a number of related developments whereby criminal justice comes to reflect market-like conditions and processes; its welfarist core is eroded; elements of the state sector are privatised; crime control is commodified; and active entrepreneurship replaces passivity and state dependency. Gray (2009: 447) explains that responsibilitisation aims to ‘empower’ young offenders to manage their own risk of offending through building cognitive, social and problem-solving skills. Such measures offer a form of conditional citizenship contingent on being part of the moral community, a distinct feature of ‘advanced liberal’ societies.

In an interim report, released following the riots that spread across England in August 2011, this ultimate logic of responsibility was reproduced in the conclusions of the authors, the Independent Riots Communities and Victims Panel (RCVP, 2011). The report notes that 70 per cent of those brought before the courts were living in the 30 per cent most deprived postcodes.
in the country (RCVP 2011a (exec summary): unpaged). It also reports that 74 per cent of rioters were under the age of 24, whilst nine out of ten of those arrested were already known to police. Of children brought before the courts, two thirds had Special Educational Needs and on average missed almost one day of school a week. They were also more likely to live in the 10 per cent lowest income areas, to be receiving free school meals and to have been excluded from school at least once. According to the report, “A third of under-18s seen by the courts had not committed a previous offence. We know that the great majority of these youths were not considered ‘at risk’ of offending by local area Youth Offending Teams” (RCVP, 2011a (exec summary): unpaged).

Although poor education and poverty were discussed as potential correlates, the latter only briefly and not expressed in way that suggested it might be a direct cause, the recommendations addressing the offenders concerned:

- Rewarding ‘community heroes’
- Bringing rioters to justice
- Giving victims the opportunity to meet offenders
- Properly ‘managing’ offenders once released from prison sentences
- Reviewing police complaints protocols
- Paying attention to stop and search practices

There was, therefore, little express mention of structural factors, aside from stop and search ‘practices’, in particular those concerning education or measures to address inequality or marginalization. Moreover, according to the panel, six key questions framed the next phase of their work:

- How can we give young people the opportunity to improve their lives?
- How can we help young people become more ambitious, responsible and determined?
- How can we support parents better to prevent children becoming rioters?
Although the first question, nebulous as it is, could feasibly mean paying attention to structural factors, marginalization or inequality, the rest largely address how to create responsible, neo-liberal citizens. It is therefore arguably likely that improving the lives of young people will necessarily involve consideration of individual and family-orientated programmes rather than possibilities for broader structural reform. Indeed, Gray (2009: 452) argues that strategies of responsibilisation, and an eschewal of structural factors, has “meant that the concept of transformation has become depoliticized and detached from any association with radical structural reform through the redistribution of resources and opportunities”. For young offenders, the choices offered to them are rarely routes to genuine empowerment. Gray argues that “the responsible choice for the prudent young offender is to accept and conform to normative post-Fordist socio-political and economic arrangements event though they are likely to keep them in a state of perpetual economic marginalization and social exclusion” (Gray 2009: 453).

**Risk, stigma and discrimination**

In terms of specific legislation responding to the ‘risk of youth’, various measures have been introduced in order to corral and exclude young people from public spaces. Anti-Social Behaviour Orders (ASBOs), for example, and curfews (Walsh, 2002) both restrict the leisure activities of the young. O’Malley (2004: 303) writes that risk-based models have been attacked in other contexts because of allegations that they are discriminatory. For example, Stanko’s (1996) research demonstrates how arguments that women should become more skilled in minimising the risk of crime victimisation have been conceptualised as victim blaming and as
“ignoring the social determinants and real sources of women’s criminal victimisation”
(O’Malley, 2004: 303).

The discussion below pays specific attention to certain risk-responsive youth justice provisions, specifically the system of reprimands and final warnings that concern under-18s and, as will be argued, discriminate on the basis of age. In so doing, it will attempt to link, in a more explicit way than has been attempted in scholarship thus far, risk logic with the potential for stigma and discrimination. This discussion will be developed further, using empirical data, in Chapter Four.

Galvin (2002: 120) writes that: “Risk has become simultaneously a source of personal power and a tool for blaming those who fail in the face of choice”. As discussed above, risk invokes a personal responsibility for its mitigation. Those who fail in the face of risk are potentially rendered morally culpable. The emphasis on risk within the youth justice system is also premised on the belief that young people must be ‘caught’, and their needs addressed, by way of the complex of youth justice measures. Professionals, experts and advocates of all political persuasions agree that ‘something must be done’ about the problem of youth. Those of the political right and left place considerable faith in the ability of state and community institutions to resolve problems of youth criminality, and few voices of any political persuasion pay much heed to the stigmatizing effects of institutional intervention.

It is a generally accepted principle of the criminal law, as well as youth justice policy, that children and young people should be afforded more lenient treatment by virtue of their diminished age and maturity.9 ‘Diversion’, which denotes the measures deployed to prevent the processing of offenders through formal criminal justice processes like prosecution, trial and sentence, has been commonly supported as a means for dealing with juvenile offenders when the offences are considered to be minor. The United Nations Standard Minimum Rules for the Administration of Juvenile Justice (the Beijing Rules) invoke this principle in Rule 11, and the

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9 For example, Lord Bingham, in R v Durham Police and another, ex parte R [2005] UKHL 2, 373, noted that: “[It] has long been recognised as undesirable in many cases for young offenders to be drawn into the process of the criminal courts...unless this is really necessary.” Cited in Dingwall and Koffman (2006: 488).
United Nations Committee on the Rights of the Child has repeatedly emphasised its importance. Non child-specific international legal instruments also include clauses designed to protect children within the criminal justice system. Thus, Article 6, paragraph 5, of the International Covenant on Civil and Political Rights prohibits the death sentence from being imposed on persons below 18 years of age and article 10, paragraph 3, requires the separation of juvenile offenders from adults (Human Rights Committee, 1994: para. 8). The Beijing Rules also stipulate in section 5 that: “The juvenile justice system shall emphasise the well-being of the juvenile and shall ensure that any reaction to juvenile offenders shall always be in proportion to the circumstances of both the offenders and the offence.” Nonetheless, ‘diversion’ itself has been critiqued on the basis that, in spite of its ubiquity, its meaning is ill-defined. Dingwall and Harding argue that:

“Diversion” may be an appropriate description of what happens to those offenders for whom there is a conscious decision not to use the formal process of prosecution and trial in cases where there is a fair expectation that it would otherwise have taken place. But it is less properly applied to convey the idea of what happens to those offenders who are customarily and as a matter of principle dealt with outside the conventional parameters of formal criminal justice, for instance by non-State agencies or by non-repressive procedures and measures. “Diversion” begs the question of the norm: from what is the offender being diverted? (1998:1).

But a number of studies have considered the longer term impact on young people of contact with various government agencies. McAra and McVie (2007: 184) suggest that interventions may be experienced as “...punitive and stigmatizing and serving in the long term to amplify rather than diminish offending”. The authors, using institutional histories of young people involving in serious and persistent offending, found evidence to suggest that the early identifying of certain children and families as ‘at risk’ in fact may serve to label and stigmatize, creating a self-fulfilling prophecy. They write:
Indeed we would suggest that the findings are the first pointer to a labelling process which underpins agency decision making, namely that those who are sucked into the juvenile justice system from an early age are not always the most serious and prolific offenders and, once in the system, this can result in repeated and amplified contact (2007: 190).

White and Cuneen (2006: 19) similarly argue that intervention and ‘community-targeting’ can lead to discrimination in the job market. They suggest that: “Many young people in ‘modern’ and ‘advanced’ industrialised societies are not simply marginal to the labour markets, they are literally excluded from it – by virtue of family history, structural restrictions on education and job choices, geographical location, racial and ethnic segregation, stigmatised individual and community reputation” (cited in Yates, 2010: 12).

**Section 65 of the Crime and Disorder Act 1998**

The introduction of reprimands and final warnings into the youth justice system under Section 65 of the CDA came about because of perceptions that the previous ‘caution’ system was too soft on juvenile offenders, and that it allowed too much scope for the repetition of offending behaviour without the juvenile being suitably sanctioned (Bateman 2002). In other words, the ‘risk’ of youth reoffending was not being appropriately contained. Following a reprimand, any further offence leads to a final warning or charge. Final warnings are issued when an offender has previously been handed one caution or reprimand, or has not received either but the gravity of the offence is deemed to warrant a more serious intervention. According to the government White Paper, *No More Excuses: A New Approach to Tackling Youth Crime in England and Wales* (Home Office, 1997: 5.12), “when a Final Warning is given, this will usually be followed by a community intervention programme, involving the offender and his or her family to address the causes of the offending and so reduce the risk of further crime”.
As already discussed, the enactment of the CDA was consistent with the ascendance of neo-liberal penal policies. One feature of such policies, according to Wacquant, is the pledge to end the “area of leniency” and to “attack head-on the problem of crime, as well as urban disorders and the public nuisances that border the confines of penal law, baptized "incivilities," while openly disregarding their causes” (2009: 1). Greater responsibility for youth crime should accordingly be laid at the feet of the individual offender, and such policies are characterized by a shift from a criminal justice system concerned with deterrence and rehabilitation, retribution and containment, to one largely concerned with the management of risk. The CDA was by no means the first piece of legislation to incorporate such principles. The Criminal Justice Act 1991, although informed by proportionality principles, permitted judges to issue harsher sentences because of an offender’s previous record, and to extend prison time for violent and sexual offenders perceived to pose an excessive risk. Matthew Weait (2007: 154) writes:

These innovations...all testify to an increased anxiety about the risk that criminals (especially those who commit violent or sexual offences) pose to public security. They are also innovations that testify to a more general trend that bears all the hallmarks of governance in ‘risk society’... These changes are all in the direction of identifying offenders according to the degree of risk of reoffending they pose rather than addressing them as rational moral agents.

Hudson (2003: 67) maintains that such systems of risk control “violate some of the fundamental tenets of due process”. These include the principles of no punishment without conviction, and proportionality of punishment to harm done. Punishing on the basis of the risk of reoffending breaches due justice principles because “punishment is being imposed as much for what offenders may do in the future as for what they have done in the past” (ibid.).

A young offender will normally receive only one final warning unless two years have elapsed since the imposition of the initial warning (CDA, s.65). As such, the final warning scheme restricts the number of times young people can be diverted from court and “creates a clear presumption in favour of prosecuting a young offender who has previously been reprimanded
and warned” (Koffman and Dingwall 2007: unpaged). In the previous system of cautioning, there was less of an emphasis on, and requirement to engage in, rehabilitative and compulsory measures in order to avoid prosecution. Indeed, the CDA places statutory obligations on the police and Youth Offending Teams (YOTs) to provide, or assist in providing, rehabilitative interventions at the final warning stage (Fox et al., 2006). Following automatic referral, the YOT conducts an assessment of the ‘risk’ that the young person poses to themselves and the public at large using the ‘Asset’ – a standard tool, as discussed earlier, which involves scoring the young person according to various identified ‘risk’ categories. According to Koffman and Dingwall: “A problem with the new presumption that a young offender will be considered for a rehabilitative programme is that this will frequently be too severe a consequence for a relatively minor offence” (2007: unpaged).

Reprimands and Warnings are recorded on the Police National Computer, remaining there for five years, and form part of a criminal record. They are also included in both standard and enhanced criminal record searches (Release, 2010). Moreover, they are also cited in court hearings when a young person appears on a charge, while compliance or non-compliance with a final warning programme is included in YOT court reports (Fox et al., 2006). If a child commits a further offence within two years of a final warning, he or she is prevented from receiving a conditional discharge. Lady Hale, in the House of Lords case of R v Durham Police and another, ex parte R ([2005] UKHL 2) (the Durham Constabulary case), emphasised that “reprimands and final warnings do carry consequences… they amount to a considerable modification of the child’s legal status” (paragraph 45). Liberty, a human rights organisation, has argued that such a “two-step system” is:

...inflexible and unjust. It tie[s] the hands of police officers, preventing them from making reasoned judgments on a case-by-case basis about how best to deal with young people with whom they [come] into contact. It act[s] as a funnel, channelling young people into the criminal justice system and removing the option of informal intervention as a way of tackling low-level offending (Liberty, 2009: 3).
It is arguable that the placement of children within this ‘risky’ category, requiring extra police intervention, violates the rights of under-18s in respect of age discrimination because adults are subject to warnings for which there are less punitive consequences. Say two people were stopped in different geographical locations, one aged 17 and one aged 18, twice in the same period for unrelated low-level offences, such as minor vandalism and then cannabis possession. It is most likely that the 18-year-old would be handed a (adult) caution on each occasion (Home Office, 2008), whilst the 17-year-old would be issued with a reprimand (ACPO, 2009). But while it is likely that the adult would be sent on her way with the second warning simply recorded on a police database, the police officer would be compelled to issue the youth with either a final warning or a charge – with all the ensuing legal consequences.\textsuperscript{10} In other words, the same offences, under the same circumstances for two people with comparable recent arrest histories, would likely result in harsher treatment for the 17-year-old compared with the 18-year-old. This raises questions under, for example, article 14 of the European Convention on Human Rights, as implemented in the UK via the Human Rights Act 1998. Gillespie (2005) has moreover argued that the final warning process violates the right to due process since the accused do not have to consent to the warning,\textsuperscript{11} and are unable to contest the evidence. In contrast, adults must give informed consent in order for a caution to be issued (Home Office, 2008).

Age discrimination in respect of young people is an issue almost entirely neglected in both youth justice and child rights discourse. Although diversionary measures that treat children more leniently than adults – measures which one might describe as positive discrimination - are now enshrined in international soft law, and have formed the basis of a number of critical commentaries on the juvenile justice system in England and Wales and elsewhere (see, for example, Kil Kelly, 2008; Goldson and Muncie, 2009; Harmmarberg, 2009), there has been very little scrutiny of laws which may constitute negative discrimination on the basis of age. Where

\textsuperscript{10} In fact, guidance issued by the Association of Chief Police Officers on dealing with those detained for possession cannabis for personal use considers what an officer should do if a 17-year-old and a 19 year-old are smoking cannabis together. The guidance says: “Officers may have to deal with them differently i.e Arrest one (17 years) and warn the other (19 years)” (ACPO, 2009: 11).

\textsuperscript{11} The Crime and Disorder Act 1998 is silent on the issue of consent for reprimands.
discussion has focused on the issue of discrimination specifically, it has mostly addressed unequal treatment among children and young people within the criminal justice system, in particular on the basis of gender and ‘race’ (Youth Justice Board, 2004), but not children and young people per se.

Various legal authorities, including UK courts, have held that age falls within the purview of such human rights provisions. There have been increasing moves towards recognising age discrimination in legal provisions across Europe, for example in the Directive establishing a General Framework for Equal Treatment in Employment and Occupation ((2000) OJ L 303/16).

However, the discourse has been dominated by discrimination as experienced by older people, particularly in respect of employment, and not by children and young people. Indeed children have been excluded from civil age discrimination legislation in the UK (Equality Act 2010, s. 28(1)(a)).

The feasibility of a claim under article 14

In the Durham Constabulary case, a challenge to the legality of the consent issue was rejected by the House of Lords. A 15 year old boy was given a reprimand for behaving in a sexually inappropriate manner towards girls at his school. However, he was not informed that, under Part 1 of the Sex Offenders Act 1997, a reprimand required his listing on a sex offenders’ register. R claimed that the procedure breached Article 6 of the European Convention on Human Rights (the right to a fair trial). The House of Lords rejected the claim, with Lord Bingham questioning whether Article 6 was invoked at any stage during the process, but particularly arguing that, even if engaged at the beginning, it ceased to be of relevance once the

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12 See, for example, R (Smith) v Secretary of State for Defence and the Secretary of State for Work and Pensions (interested party), High Court, 26 July 2004. EWHC 1797.

13 This may to a large extent be a result of the dearth of children’s voices in public discourse, and the (related) dominance of ‘protection’ or ‘in need’ organisations among children’s charities and representative bodies. In contrast, older people’s organisations are represented and staffed by older people themselves, and are more rights focused. For example, the website for Age UK, the largest charity representing the rights of older people, deems age discrimination important enough to address on its homepage: http://www.ageuk.org.uk/. In contrast, the Child Rights Alliance for England (CRAE) which is dwarfed in size by the vast majority of children’s organisations in the UK, is the only such organisation to expressly refer to age discrimination on its website: www.crae.org.uk. It might, alternatively, because discrimination in respect of children may be viewed as ‘positive’ rather than as a ‘bad thing’, for example in the context of diversionary criminal justice measures as discussed above.
police decided not to prosecute because there was no longer a criminal charge (paragraph 12). Gillespie (2005) has persuasively rejected this argument, noting that the administration of a reprimand has considerable legal effects for the offender, and thereby constitutes a criminal charge that will be included on his/her criminal record and, in this case, on the sexual offences register. Moreover, he notes that the power to issue the reprimand without reference to the Crown Prosecution Service leads to the possibility that it may be imposed in circumstances where the evidence could be insufficient. Gillespie further notes that an admission of guilt is necessary for the issue of a reprimand, yet the scope and substance of an admission is not clear (Evans and Puech, 2001; Gillespie, 2005). Finally, and most importantly for the purposes of this discussion, in respect of consent, Gillespie refers to the United Nations Convention on the Rights of the Child (UNCRC) (Article 40(3)(b)) and Rule 11.3 of United Nations Standard Minimum Rules for the Administration of Juvenile Justice (the Beijing Rules) that require the consent of the juvenile or her or his parents to any “diversion involving referral to appropriate community or other services”. Gillespie concludes: “Accordingly Lady Hale could, and should, have decided that the right to a fair trial includes a consideration of the UNCRC and ruled that diversion from formal criminal procedures without consent infringes the right to fair trial through a denial of due process” (2005: 1014).

Besides the arguments concerning the right to fair trial, it is feasible that a discrimination claim on the grounds of age, under article 14 of the European Convention, could have been lodged in conjunction with Article 6 since, for the equivalent charge (a caution), informed consent may be required for adults but not for children. Article 14 is violated when a State Party treats persons in analogous situations differently without providing objective and reasonable justification; or when, without objective and reasonable justification, it fails to treat differently persons whose situations are significantly different (Thlimmenos v. Greece (2001) 31 EHRR 15). It is pertinent to note, and this is also important in respect of the possibility for claiming that the existence of a different and more punitive system for juveniles may in itself be discriminatory (discussed further below), that Article 14 is not an independent equality right. It only gives protection from discrimination in relation to the enjoyment of the other rights in the Convention.
discrimination claim will only be considered under Article 14 if any difference of treatment falls within the scope of another Convention right. As indicated earlier, the European Court of Human Rights (ECtHR) has held that ‘age’ is included among ‘other status’ under Article 14 (ECtHR, Schwizgebel v. Switzerland (No. 25762/07), 10 June 2010). Protocol 12 to the Convention, which introduces a substantive equality clause into the Convention, and which was opened for signature in November 2000, can be invoked independently of other Convention rights – unlike article 14 – but it has not been ratified by the UK.

However, it is arguable that a claim under Article 14 could nonetheless have theoretically succeeded in the Durham Constabulary case. If the Court holds that a substantive right has been violated, it will often not go on to consider the grounds for discrimination under Article 14 if this involves scrutinising what is, essentially, the same complaint. But the Court has also held that it may examine claims under Article 14 taken in conjunction with a substantive right, even if there has been no violation of the substantive right itself.14 This raises the possibility that, even if there was held to be no violation of Article 6, a claim under article 14 might nevertheless be considered by the Court.

Moreover, the Court has decided cases where there has been an imputation of age discrimination in the context of children and crime. In T. v. UK and V. v. UK (ECtHR, T. v. UK [GC] (No. 24724/94), 16 December 1999; V. v. UK [GC] (No. 24888/94), 16 December 1999) two boys - who had been found guilty of a murder committed when they were 10 years old - argued that they had not been given a fair trial because their age and lack of maturity meant they could not participate “effectively” in their defence; again a right guaranteed under Article 6 of the Convention. The Court held that a State must take “full account of [the child’s] age, level of maturity and intellectual and emotional capacities” and take steps “to promote his ability to understand and participate in the proceedings” (Fundamental Rights Agency, 2011: 103). It concluded that there had been a violation of Article 6, although it did not expressly examine the case from the perspective of Article 14. In D.G. v. Ireland and Bouamar v. Belgium (ECtHR, D.G. v. Ireland (No. 39474/98), 16 May 2002; ECtHR, Bouamar v. Belgium (No. 9106/80), 29 February

14 See, for example, Sommerfeld v. Germany [GC] (No. 31871/96), ECtHR 8 July 2003.
1988) the applicants had been placed in detention, which the Court ruled amounted to arbitrary detention. The applicants had also claimed that the treatment was discriminatory because national law dictated that adults could not be deprived of their liberty in such circumstances. The Court concluded that there had been no violation of Article 14 in respect of the alleged difference in treatment, but it did not dismiss the claim. It instead held that the justification test for discrimination under Article 14 failed.

The justification test

Beyond the feasibility of bringing an age discrimination claim, the ‘reasonable and objective’ justification test would also need to be passed. This test follows the seminal ruling on proportionality in the context of discrimination and Article 14 at the ECtHR in the Court, in the Belgian Linguistic Cases, (Nos. 1 & 2), ((No.1) (1967), Series A, No.5 (1979-80) 1 EHRR 241 (No.2) (1968), Series A, No.6 (1979-80) 1 EHRR 252). The Court held: “A difference in treatment is discriminatory if it has no reasonable justification: that is if it does not pursue a legitimate aim, or there is not a reasonable relationship of proportionality between the means employed and the aim sought to be realized” (paragraph 33).

Fredman (2003) observes that human rights treaties use “open-ended notions of equality,” which require the courts to “create principles for distinguishing legitimate from illegitimate instance[s] of unequal treatment” (2003: 59). A means test is thus deployed to differentiate between acceptable and unacceptable forms of discrimination. If the differential treatment is proportionate, “the court must be satisfied that there is no other means of achieving that aim that imposes less of an interference with the right to equal treatment. In other words, the disadvantage suffered must be the minimum possible level of harm needed to achieve the aim sought” and that “the aim to be achieved is important enough to justify this level of interference” (Fundamental Rights Agency, 2011: 45).
In *D.G. v. Ireland* and *Bouamar v. Belgium*, the Court ruled that, even if there was a difference in treatment between adults and children, such measures would be justified. According to the judgment:

“...even assuming that there would be a difference in treatment between minors requiring containment and education and adults with the same requirements, any such difference in treatment would not be discriminatory stemming as it does from the protective regime which is applied through the courts to minors in the applicant's position. In the Court's view, there is accordingly an objective and reasonable justification for any such difference of treatment...”

The important question, then, is how far does such a ‘protective regime’ go? To what extent can this justify measures that may have been instigated in the name of protection, but that result in harsher, harmful penalties for juveniles? Are the regimes of reprimands and final warnings, and the differential attribution of due process for adults and under-18s, ‘objective and reasonable’?

Assuming Gillespie (2005) is correct in his assertion that the reprimand does amount to a criminal charge, the denial of a right to a fair trial for children arrested on minor drug charges should not be considered proportionate. A challenge to the assertion of a legitimate aim usually fails, since “it is only rarely that measures are completely irrational, and it is always possible to argue that they are suitable and necessary to accomplish a legitimate aim.” As such, the proportionality test is invariably reduced to “measuring the relative intensity of the interference with the importance of the aim sought” (Tsakyrakis, 2009: 468). In this case, the government might, for example, argue that differential treatment is necessary because the purpose of the reprimand system is to divert young people from court, and the requirement of consent may impede the swift disbursement of such action. Or perhaps law makers were simply concerned about issues of consent and capacity in respect of children and young people, and how to ensure that the given consent is legally valid. It is of limited use to examine the force of
speculative arguments, but it is submitted that the importance of this aim, and the availability of less restrictive measures (depending on the arguments for the discriminatory measure put forward) such as, for example, police guidance on ensuring consent given by juveniles is informed, would not justify such a serious interference. Once again, we can only speculate, but swift justice and avoiding legal complications in issues of consent are hardly good grounds for discriminatory treatment. The Court has in the past emphasised the “prominent place” of the corollary right, Article 6, within a democratic society, and has advocated an expansive interpretation of the provision.\(^{15}\) It has, furthermore, taken the view that any suggestion that children should not benefit from the fair trial guarantees of Article 6 is “unacceptable.”\(^{16}\)

As discussed earlier, although it may be reasonable to argue that the system of reprimands and final warnings is itself discriminatory - because it restricts the number of times juveniles can be diverted from court, in contrast to the system applied to adults - such a claim could not be brought independently in either domestic or European courts because Article 14 is to be used only in conjunction with the alleged interference of another right (notwithstanding the creative way in which the Court has interpreted this, discussed above). Sandra Fredman (2002), among others, has argued persuasively that the UK should ratify Protocol 12, providing for an independent equality right, but given the coalition government’s antipathy towards human rights in general, it is unlikely that this will occur for some time, if at all.\(^{17}\) However, it is instructive to consider whether the justification test would be passed were Protocol 12 to be ratified it in the future – and this may be of particular relevance for other European States that have already ratified. It would, in such circumstances, not be difficult to argue that there was a legitimate aim. The State might argue, for example, that the ‘diversionary’ measures (discussed further below) were devised in order to intervene early and, ideally, rehabilitate. But would such measures be proportionate, given the consequences for the criminal records of children

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\(^{17}\) The Conservatives had wanted to replace the Human Rights Act 1998 with a UK Bill of Rights, and largely rejected a European Court of Human Rights ruling on giving prisoners the vote in February 2011. See, for example, David Cameron: UK human rights law review 'imminent', BBC news online, 16 Feb 2011, at: http://www.bbc.co.uk/news/uk-politics-12482442.
and young people and the dangers of being ‘inducted’ into the criminal justice system? After all, although the goal of reprimands and final warnings may be to intervene at an early stage to interrupt a young person’s potential criminal career, and to divert them away from court, research has in fact linked labelling to the entrenchment of criminal careers. Koffman and Dingwall, for example, note: “It is believed that the majority of young offenders will attain greater maturity eventually and outgrow their law-breaking, if they are not adversely ‘labelled’ and confirmed in their criminal identities” (2007: not page numbered). Evidence from a confidential survey where young people self-reported their offending showed that once young people had been warned or charged they were much more likely to be arrested again than those who committed similar offences, but were still unknown to the police (McAra and McVie, 2005). Barry Goldson (2011) has noted, moreover, that theoretical critiques of intervention in youth justice are informed by interactionist, social reaction and labelling perspectives that question the common sense assumption that early intervention serves to offset future offending. Although the system of reprimands and warnings may have been devised in order to divert juveniles from court, if such as system works to their detriment, criminalising and labeling children and young people for offences for which adults would be diverted entirely from court, then it constitutes discriminatory treatment which has no reasonable justification. Of course, it may be difficult to determine the effect of perhaps well-meaning - even if misguided - youth justice measures in advance, but this example demonstrates the importance of research that scrutinises all the social and personal consequences of seemingly welcome, commonsensical ‘diversionary’ measures.

Returning once again to the feasibility, rather than the substance, of such cases, success at the European Court in practice would not be easy given the political context in which cases are assessed. States have been afforded a considerable degree of discretion in developing policies and practices based on national cultures and traditions, reflecting anxiety over too much interference with Member State sovereignty. The Court has developed the doctrine of the ‘margin of appreciation’, which indicates the extent to which the State has discretion in
determining whether differential treatment is justified within its borders. In this way, the Court is:

“less likely to accept differential treatment where this relates to matters considered to be at the core of personal dignity – such as discrimination based on race or ethnic origin, home, or private and family life – and more likely to accept differential treatment where this relates to broader social policy considerations, particularly where these have fiscal implications.” (Fundamental Rights Agency, 2011: 45).

But this does not preclude the argument that such claims have merit, and that considering youth justice provisions in the context of age discrimination could prove useful, whether in court or in campaigning for legal reform.18

**Children, drugs and punishment**

Having considered the youth justice system in general, this discussion will now turn to the laws relating to children and drug use specifically from the perspective of risk and governmentality discourses. As discussed above, according to Wacquant (2009: 1), a key tenet of neoliberal ideology in recent years has been the propagation of penal policies which pledge to put an end to the ‘era of leniency’:

[T]hey claim to rely on the recovered or renewed capacity of the state to bend so-called problem populations and territories to the common norm. Whence, second, a proliferation of laws and an insatiable craving for bureaucratic innovations and technological gadgets: crime-watch groups and "guarantors of place"; partnerships

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18 It is worth noting that some might fear that adults could themselves launch claims for discrimination on the basis that children are dealt with more leniently through diversionary measures. But it would not be difficult to justify such measures on the basis that children’s evolving capacities and possible diminished decision-making capability, as well as the desire to avert criminally labeling and so one, would render such differential treatment reasonable and proportionate.
between the police and other public services (schools, hospitals, social workers, the national tax office, etc.); video surveillance cameras and computerized mapping of offenses; compulsory drug testing.

Over the past two decades, writes Seddon (2010), various criminal justice measures have been crafted with the intention of addressing drug use, and these were all brought together, in 2003, under the auspices of the Drug Interventions Programme (DIP). In the current coalition government’s ten year drug strategy (Drug Strategy, 2010: 12), it was indicated that DIP, with the catch line ‘out of crime, into treatment’, would continue. DIP, which was strengthened under the Tough Choices programme – the name given to a clutch of provisions under the Drugs Act 2005 - is made up of three elements (sections 3 to 18); drug testing on arrest (previously only available once charged), ‘required’ assessments (previously voluntary, and now requiring those who test positive to attend up to two assessments by a drug worker or face criminal sanction) and restriction on bail (which means there is no presumption of bail unless the person arrested agrees to attend treatment). The provisions on assessments and restrictions on bail only apply to those aged 18 and over. The age condition in the case of testing on arrest is that the detainee must be aged 18 and over and in the case of testing on charge the detainee must be aged 14 and above (section 7(5)).

In respect of sentencing, young people can be subjected to drug treatment and testing orders when they are attached to a Youth Rehabilitation Order, which in turn can be issued under the Criminal Justice and Rehabilitation Act 2008. A Drug Treatment Requirement\textsuperscript{19} means that the young person must submit to treatment during the period specified in the order with a view to the reduction or elimination of the young person’s dependency on, or propensity to misuse, drugs. The young person must have expressed a willingness to comply. A Drug Testing Requirement\textsuperscript{20} (DTR) can only be attached to a YRO when a Drug Treatment Requirement has also been attached. A YRO with a Drug Testing Requirement requires that the young person must provide samples as instructed by their responsible officer or treatment provider in order

\begin{footnotesize}
\begin{enumerate}
\item Section 1(1)(l) and paragraph 22 of Schedule 1 of the CJ&I Act 2008
\item Section 1(1)(m) and paragraph 23 of Schedule 1 of the CJ&I Act 2008
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to ascertain whether there are any drugs in their body during the treatment period. The young person ‘must have expressed a willingness to comply’.

An Intoxicating Substance Misuse Requirement\(^{21}\) (ISMR) attached to a YRO means that the young person must submit to treatment during the period specified in the order with a view to the reduction or elimination of the young person’s dependency on, or propensity to misuse, intoxicating substances. The young person must have expressed a willingness to comply. Under the Criminal Justice Act (2003), Alcohol Treatment Requirements (ATRs) can be dispensed as part of a community sentence for adults. ATRs deliver coercive treatment to predominantly ‘dependent’ drinkers specifically aimed at tackling levels of alcohol consumption and reducing alcohol related crime. In respect of adults, the Drug Rehabilitation Requirement (DRR), which followed on from the Drug Treatment and Testing Order (DTTO), is one of several requirements which courts may now impose as part of a Community Order under the Criminal Justice Act 2003. The treatment and testing period must be at least six months.

According to Alex Stevens (2011: 92), the ‘success’ of the DIP is subject to debate. The results of an evaluation of the programme were never published, whilst the results of other studies have been inconclusive. Nonetheless, he notes, Home Office civil servants have claimed that the introduction of DIP resulted in a 32 per cent reduction in acquisitive crime, even though crime was falling faster in the period before DIP was introduced. Stevens concludes: “Even if DTTOs and DRRs have been successful in reducing the offending of many of the people who have gone through them, they have certainly not succeeded in breaking the associative link between drugs and crime” (Stevens 2011: 93). Seddon (2010: 90) writes that testing “is clearly constructed as a means of identifying and selecting those who are believed to offer the greatest potential threat to others” – namely users of crack and heroin who tend to be connected, uncritically (Seddon, 2000), with property crime. Moreover, the bail and assessment components of the 2005 Act amount to a strategy of ‘responsibilisation’ (Garland, 2001: 124) – “a distinctive feature of neoliberalism, where individuals are encouraged and cajoled to act responsibly to minimise

\(^{21}\) Section 1(1)(n) and paragraph 24 of Schedule 1 of the CJ&I Act 2008
risk” (Seddon 2010: 91). Reflecting the ‘Tough Choices’ mantra, this process of responsibilisation means that young people may be subject to various punishments if they are found to have breached the terms of a YRO.

As such, at the early stages of the process, offenders are expected to grasp the opportunities ‘granted’ by the system – or face more punitive and coercive consequences. If a young person refuses to acquiesce to the drugs test, or rejects, or fails to turn up for, drug treatment, they may face harsher criminal sanctions including a tougher community sentence. In this way, young people are encouraged to take responsibility for making the ‘correct’ decision. Based on the observations of Rose (2000), it could be argued that such measures offer a form of conditional citizenship contingent on being part of the moral community. He writes that: “Those who refuse to become responsible, to govern themselves ethically, have also refused the offer to become members of our moral community. Hence, for them, harsh measures are entirely appropriate. Three strikes and you are out: citizenship becomes conditional upon conduct” (Rose, 2000: 202). Young offenders face an either/or choice of harsher punishments, perhaps even custody, or treatment, and so the extent to which they themselves could be said to the taking responsibility is questionable. Rather, they may well simply choose the lesser of two evils. As such, although the aim of such measures is to responsibilise, the instrumental effects are questionable and the strategy of responsibilisation may consequently be inefficient. Once in treatment, as we shall see in subsequent chapters, young people are subject to further strategies of responsibilisation which may also prove inefficient.

Section 1 of the Drugs Act 2005, amending section 4 of the Misuse of Drugs Act 1971, creates a new offence of aggravated supply of a controlled drug where this is committed ‘on or in the vicinity of school premises at a relevant time’. The obvious aim of the provision is to respond to fears about drug dealers selling to children. Yet, as Seddon (2010: 93) notes, the fear is “largely unsubstantiated by any empirical research which tends to suggest that children most commonly obtain illegal drugs from their existing friends and acquaintances rather than from outside sources.” He notes the observations of other commentators who argued the Drugs Act was
instigated in advance of an upcoming election, and as such could be understood as a political tool – an exercise in political populism. But he argues that there was more to the move than playing politics. Rather, he suggests, the risk-reducing provision is better understood as part of his general proposition that the drug problem, since the 1960s, has been constructed in relation to the potential harm drugs pose to communities. Although he concedes that there was some obvious political intent given the upcoming election, he argues, following Sparks (2001), that ‘risk’ is an inherently political concept “in which social anxieties and cultural preoccupations are embedded” (2010: 93). Such anxieties would therefore include a concern for the protection of children, reflecting the construction childhood as a time of innocence and vulnerability, (James and Prout, 1990). Taking Seddon and Sparks’ point further, then, risk discourses also mask power relations (Gray, 2009; Adam and Loon, 2005). The idea that ‘risk’ is inherently political and reflective of societal anxieties and values will be discussed later in the thesis, and will prove central to the concluding analyses.

**Conclusion**

Risk, in all its manifestations, would seem to be central to criminal legal and policy responses to the ‘problem’ of children and drugs. Whilst we should be wary of “so capacious a concept” (Zender, 2006: 424), risk discourse, as well as rationalities and technologies organized around risk, have important empirical effects that have thus far been subject to only limited critique. This chapter has discussed how risk assessments and risk rationalities potentially result in the stigmatisation of young people, and their potential discrimination (or ‘enacted’ stigmatisation in sociological parlance). Moreover, critiques of risk-orientated policies suggest that broader explanations for offending become reduced to individual measures of responsibility. This can be summed up by Kemshall’s (2008: 7) observation that: “The pervasiveness of risk has seeped into the youth justice arena and more broadly into social policy conceptions and responses to youth, resulting in an increased ‘problematisation of youth’ and state-driven interventions (predominantly through criminal justice agencies) to regulate and control youth”.
If risk is particularly associated with advanced liberalism, it is instructive that non-discrimination legislation should be cited as a possible defence against its stigmatising properties. Whilst it might seem logical that liberal legal solutions should be sought to liberal problems, it also means that we remain trapped within the confines of a certain political and philosophical framework. Slavoj Žižek is particularly critical of liberalism. He explains that: “The global liberal order clearly asserts itself as the best of all possible worlds; the modest rejection of utopias ends with imposing its own market-liberal utopia, which will become reality when we will properly apply market and legal human rights’ mechanisms” (2008:8). Critiques from the left also include those of Nancy Fraser (1995) who insists that affirmative solutions that recognise rights or identity claims fail to transform underlying inequalities because they are predicated on subordination to the statutory framework. Jonathan Simon (1988: 793) similarly rejects the individualism of rights, arguing that ‘aggregate’ social responses are needed in order to address aggregate social problems. We should also be wary of ‘risk’, however the term is conceived, becoming synonymous with oppression. Risk-orientated modes of governance are potentially able to direct resources towards those in need of them (O’Malley, 2004). Sparks (2001: 162) has also remarked that risk, like rights or justice, is simply a site of struggle rather than a signifier for tyranny or subjugation. These reflections will be addressed in due course. Next, however, this thesis will consider these discussions in light of the data collected through interviews with children and young people in drug treatment, and their drug workers. This empirical examination will begin with a critical explanation of the methodology and methods informing this part of the research.
CHAPTER THREE

METHODOLOGY AND METHODS

For many researchers concerned with risk, research methods, reflecting the positivistic nature of most risk-orientated studies, are generally premised on the ‘objective’ study of external and quantifiable factors via risk calculation and probability formulae. Such an approach “is characterised by the presumption that ‘social truths’ can be measured by ‘experts’, such as social science researchers using ‘appropriate’ quantitative research tools” (Mitchell et al., 2001: 221). Risk assessment therefore becomes a logical, even mathematical, exercise in which the rational measurement of variables regarding ‘at risk’ individuals, families or communities is seen to produce certain ‘truths’ which can then be used to justify certain interventions. In Denney’s (2005) typology, discussed in the introduction, this type of research might be called ‘realist’.

The purpose of this research project was different. It takes a broad, critical approach to the risk concept, and to risk logic. The intention was not to rationalise, measure or quantify but to critically examine and problematise ‘risk’ in government discourse and empirical ‘reality’ in respect of a population deemed both ‘at risk’ and ‘of risk’. It was felt that both young people and drug workers should be interviewed in order to try and understand how ‘risk’ and consequent rationalities of responsibility operated within an empirical context. In so doing, the aim was to gain a better appreciation of how, and whether, the experiences, views and asserted working methods of drug workers could be understood, and also how young people responded to being identified as ‘risky’, or to being involved in activities considered ‘risky’. The aim was then to consider the findings in view of the governance of the ‘drug problem’. For these reasons, the methodology was qualitative since qualitative research methods “tend to emphasise the subjective meanings social actors find in their lives and the interactional processes through which they engage one another and the wider world” (Turner, 2006: 484).

The combination of a meta-level theoretical analysis of law and policy along with an exploration of grassroots experiences, values and approaches is original. It is hoped that this will enable a
broader understanding of drug law and policy, and help to test theories about risk using empirical interview data. The aim is to critically map young people’s treatment from the ground level up to state-driven responses to the ‘drug problem’. The data and analysis is thus contextualised within broader social theories addressing ‘risk’. The idea behind this approach was, in part, to address the shortcomings of much governmentality-orientated literature which has been critiqued for its abstraction and focus on control culture rather than control practice (see, for example, Zedner, 2006). This thesis therefore blends theory, law, policy and practice.

The analytic approach of the research design might best be described as critical social science (CSS), although the study retains positivistic and interpretative characteristics (Neuman, 2006). CSS is defined as a “critical process of inquiry that goes beyond surface illusions to uncover the real structures in the material world in order to help people change conditions and build a better world for themselves” (Neuman, 2006: 95). It regards interpretative social science as overly subjective and relativist, and positivist social science as failing to address social context and the real lives of people. CSS researchers “link subjective understandings with ways to analyse objective conditions to reveal unseen forces and unrecognised injustices” (Neuman, 2006: 100). It is also worth briefly mentioning here that the expression ‘drug worker’ is used to refer to all the people interviewed whose work involved ‘treating’ young people although, as further explained below, their individual roles varied.

Methods

Semi-structured interviews were identified as the best means of collecting data on the subjective experiences, attitudes and beliefs of the informants. The defining characteristic of semi-structured interviews is that they are flexible and fluid, as opposed to structured interviews, whereby the same questions are asked of the interviewees in the same way (Mason, 2004). An interview guide was used so that topics and themes could be addressed without imposing the rigidity of a formal interview structure. This allowed for flexibility in terms of how and when questions were asked, and allowed for the interview structure to be adapted according to the different nature of individual interviews. A main benefit of this method is that interviews could be shaped by the interviewee's own understandings.
Questions were general, and intended to promote further dialogue from which questions could be drawn about the nature of risk in the lives of the young people, and how drug workers understood and approached questions of risk. Although the interviewer had a series of questions to be asked of all the young people, and of all the drug workers, they were not asked in any set order, and the interviewees were asked to expand on particular themes or observations that seemed relevant to the topic. This approach was favoured because it minimised the extent to which respondents had to express themselves in terms defined by the interviewers and encouraged them to raise issues which were important to them. Questions for the young people included:

- How do you feel about seeing X (drug worker)?
- What do you think about how people view/respond to cannabis?
- Do you ever encounter problems because of your cannabis smoking?
- Have you ever come into contact with the law/police? Tell me about it.
- Do you feel that you are ever judged by others? And for what reason?

Questions for the drug workers included:

- What are the biggest problems faced by the young people you treat?
- What are the barriers to treatment?
- What kinds of young people do you treat?
- How do you see your role?

Questions for the young people also included how they felt others perceived them, and how they experienced their interactions with adults. The intention was to investigate whether, and how, their perceptions of how they are perceived by others might be influenced by risk discourses. The interviewer encouraged interviewees to talk more about particular issues or experiences by asking open-ended follow-up questions, for example “that’s interesting – could you elaborate more?” and so on.

It was hoped that the interviews could be augmented by further ethnographic work conducted within drug treatment settings. However, it became clear that few young people visited the
drug treatment centres, and that almost all counselling activities took place at clients’ homes or at cafes/within the community. As such, a first limitation of the study was that it relied only on one method of data collection. Other methods, such as participant observation or further ethnographic fieldwork, would have generated ‘thicker’ data (Geertz, 1973). Nevertheless, the semi-structured interview format was well suited to the attempt to discover respondents’ own meanings and interpretations (Bryman, 1988; Cornwell, 1984). Although the sample for this research was not statistically representative of any population, it was consistent with the aim of taking a ‘tentative, hypothesis-generating, exploratory look at patterns’ (de Vaus 1990:77).

Neuman (2006: 15) writes that: “Qualitative researchers begin with a self-assessment and reflections about themselves as situated in a sociohistorical context”. In respect of the young people interviewed, I would position myself as an ‘outsider’, predominantly, because I am over the age of 18, middle class, identifiable by my accent, education, occupation and dress/appearance, and because I have never received drug treatment or counselling. Although firm distinctions between the insider/outsider category are problematic (Dwyer and Buckle, 2009), there were many more characteristics that set me apart from both the young people than created common ground.

Initially the interviews were analysed to look for key themes relating very broadly to the risk, responsibility and regulation theoretical perspectives. Initial open codes were developed. Examples included: ‘feeling treatment positive’, ‘feeling negatively perceived’, ‘seeing treatment as essential’, ‘ascribing responsibility’ and so on. After this initial analytic process, codes were combined into broad categories including, for example, ‘attitudes to treatment’ and ‘beliefs about service users’ (Charmaz 2006). These categories were then sifted according to the research questions, and included for example ‘risk perception’, ‘risk identification’, ‘stigma’, ‘treatment experience’, ‘attributions of responsibility’ and so on. The categories were then related back to a small sample of the interviews in order to check the fit with the data, and were subsequently developed and honed into more specific categories. For example, in the context of stigma, these were ‘drug-related stigma’, ‘age-related stigma’ and so on. Selective coding was then used for the entire data set until it was felt that a ‘saturation’ point had been
reached, in other words where new data did not alter any of the existing categories (Charmaz, 2006; Neuman, 2006). There followed a rigorous ‘back and forth’ process of selecting codes to match the data, and refining the codes accordingly. This supported Neuman’s (2006: 15) assertion that: “The qualitative researcher is likely to collect, analyse and interpret data simultaneously, going back and forth between these steps”. I did not use a computer programme designed specifically for the purpose; rather, I collated the interview data into tables using Microsoft Word and coded using multiple columns within the table.

The analysis of the interviews was shaped by my knowledge of the existing literature, and my preliminary knowledge of the subject, although the coding process was also open and, to some extent, inductive. My analytical approach could therefore be described as adaptive coding (Layder, 1998). I also took field notes in the form of a diary. These notes were used specifically for data analysis, although they helped to reflect on the interview environment, the nature of the locations in which treatment was undertaken and any difficulties that arose during interviews in case my manner, approach and questioning could be improved upon in future interviews.

**Sampling**

Purposive sampling was used to select informants. This method is defined as a “non-random sample in which the researcher uses a wide range of methods to locate all possible cases of a highly specific and difficult-to-reach population” (Neuman, 2006: 222). As this description suggests, this method was chosen out of necessity because it is difficult to gain access to young people and children, particularly in the UK where concerns about ethics can inhibit the production of data on children’s lived experiences (Graham and Fitzgerald, 2010). There are even greater concerns, therefore, about interviewing children and young people who might be considered particularly vulnerable, such as those identified as having drug problems. My goal was to locate as many cases as possible, and so I called or emailed all treatment agencies within London boroughs and surrounding counties that specialized in the treatment of young people. I made contact with all at least twice, some of them three times, and through individual email
addresses or telephone numbers. Restricting the sample to London and its environs may have skewed the findings since the area is not necessarily representative of England and Wales. Although chosen for convenience, given limited time and resources, this limited the study’s generalizability. I interviewed individuals from a breadth of drug treatment providers, but these do not necessarily represent all services. The services were limited to two London boroughs and one in a peripheral county adjoining Greater London. These sites are referred to as ‘A’, ‘B’ and ‘C’ – the latter being the adjacent county – within the proceeding discussion.

Arranging interviews with young people thus proved difficult. The drug projects contacted were no doubt rightly concerned about protection and ethical issues and were therefore not minded to provide contact details for their clients. The drug workers themselves, therefore, selected the interviewees although they were asked to find people of different socio-economic or class background, race/ethnicity, gender, sexuality (if possible) and age (although all clients were under the age of 18). It was clear that the drug workers themselves found it difficult to find willing informants, and to arrange appropriate times for meetings. The young people found it difficult to stick to specific meeting times, and the drug workers, in all cases, became less and less enthusiastic about their role as gatekeeper as time went on.

Nonetheless, 13 young people were interviewed, with interviews taking between 30 and 55 minutes. It was expected that informants would find it difficult to concentrate for long periods, whether due to age, cannabis use or other factors, and the drug workers said on a few occasions that 30 minutes interview time would likely be the maximum. All young informants were presented with a £15 music voucher to compensate them for their time; the amount was calculated to avoid acting as an inducement so potent that it rendered informed choice questionable (Ritter, Fry, & Swan, 2003).

Eight of the young people were male, and five were female. They ranged in age from 15 to 17. Three of the males were Black British, one identified as Polish-British and the other four were White British. One of the females was Black British, the rest were White British. Three of the young people were attending drug treatment services because they had been ordered to by a
Court. Two others were attending because their social workers had referred them to the service. The others were all receiving counseling because they had been identified as having needs, or as potentially having a drug problem, at the institution they were attending (see below). Either teachers, or drug workers, may have identified use as problematic since drug workers operated an outreach service and visited the school on a regular basis.

In respect of the drug workers, four of the informants were women and two were men. The age of the interviewees ranged from 29 to 48. One of the men was Black British, the rest were White British. Five of the drug workers specialized in young people’s drug and alcohol treatment. A sixth was employed to work with the parents of drug using children and did not work with young people directly. One of the specialist young people’s drug workers was seconded to a Youth Offending Team (YOT), and worked out of the office of the drug treatment charity. The drug workers were not given a music voucher to compensate them for their time due to limited resources and since this was not considered necessary. Interviews with the adults lasted between 50 and 80 minutes.

The setting

Given that interviews could not take place within the drug treatment services, since drug workers performed outreach work, as discussed above, they were conducted in a variety of settings. The location was not always ideal. One interview took place in a ‘neutral’ environment – a public library – whilst the rest took place in either a Pupil Referral Unit (PRU), an Education & Youth Services (EYS) school or, in one case, the young interviewee’s own house. Pupil Referral Units (PRUs) offer short-term alternative education for children who are excluded from school, or who are not attending school for other reasons. Many pupils have been identified as having challenging behaviour and/or special educational needs. Education & Youth Services (EYS) is a private company that offers vocational and academic training for pupils needing extra support, and those who are not attending, or have been excluded from, mainstream education. In the home setting, the interview was conducted in the garden, out of earshot of either his
mother or the accompanying drug worker. Whilst neutral settings for all of the interviews would have been preferred, the drug workers were not willing, with the exception of one interview, to allow the interviewer to meet young interviewees in more relaxed, neutral, non-institutional settings because of child protection concerns. The interviewer was equipped with a Criminal Records Bureau check, but the drug workers were unsure about their child protection responsibilities, and nor were there any obvious alternative venues in which to conduct the interviews.

The fact that the interviews largely took place in institutional settings, therefore, may have affected the interviewee’s responses. Although the role of the interviewer was explained, it was sometimes clear that the interviewees were not able to fully understood the role and purpose of a ‘university researcher’, and to distinguish this role from that of a social service provider, or general institutional figure. Many of the young people were already accustomed to being interviewed by a variety of institutional agents, for example social workers and drug workers. This may have affected the ways in which informants answered questions. In both the EYS school and PRU, quiet administrative offices were located in which the interviews with young people could take place. These were conducted in the absence of drug workers or other people besides the interviewer. Interviews with drug workers were conducted in the offices of the drug treatment agencies.

**Ethical considerations**

Before the interviews, I explained to the interviewees that I was conducting a research project on the experiences and attitudes of young people in drug treatment, and drug treatment workers. I explained that the interviews were anonymous, and that the interviews would be stored safely only as long as necessary, and would be erased in due course. I also emphasized that I would make the research results and conclusions available for them to read, should they wish to do so. I made it clear that I would be able to communicate the results in more accessible terms if desired.
It was also made clear that the interviewees were free to leave at any time if they felt uncomfortable. All interviews were conducted with the written, informed consent of participants. The study was approved by a multi-disciplinary research ethics committee at the University of Vienna.

I explained to all participants that I was going to ask them some questions, but that I hoped they would see the interview as an informal conversation in order to engender as relaxed an environment as possible. The interviews were recorded using a digital data recorder. I explained the purpose of the recorder to informants, and explained that the data would be kept for a maximum of five years on an external hard drive before being deleted. I also emphasized that this data would not be shared with anyone besides my supervisor, and that the interviews would be stored under pseudonyms in order to protect the identities of the informants. It was explained that the interviews would be transcribed and that, once again, these documents would be deleted after five years and would be anonymised to protect the informants’ identities. I explained prior to beginning the interview that I was interested in everything the informants had to say, and that I was especially interested in their experiences, views and values. I indicated that I did not expect the interview to take longer than one hour, but reiterated that interviewees were free to leave at any time they felt uncomfortable.

**Youth-specific methodological considerations**

With the young people specifically, attention was paid to their developmental stage and questions were modified accordingly. As interview questions were not developed by youth themselves, I attempted to structure the questions according to specific life experiences or events which then prompted discussion on thematic areas, or offered the opportunity to ask more specific questions as per the interview guide (Miller, 2000; Mauthner, 1997). The questions in the interviews were adapted to avoid making assumptions and to be in line with the verbal language of the participants (De Roche and Lahman, 2008). Terms including ‘risk’,
‘responsibility’ or ‘rights’ were not referred to. Rather, the aim was to tease out experiences and attitudes that might offer insights into these conceptual constructions.

Management and analysis of data

As discussed above, it was made clear to all informants that the data gathered would not be shared with anyone, save my supervisor if necessary. The interviews were anonymised so that no participant could be identified from the transcripts of the interviews. Protection was given to the informant by changing any details that might lead to their identification, for example the name of the drug treatment organisation, the area in which the informant lived, and so on. This process also included changing names. A subject identifier code was drawn up, and this was kept separately and securely within locked draws at the researcher’s office in Vienna and, while in the UK, at a locked draw at the researcher’s temporary place of residence. No real names, or any other information that might lead to the identification of the subjects, was used during any discussion of the data. In the thesis write-up, the names used are fictional. Although the drug workers were, due to the sample selection process, aware of the young people interviewed, it was made clear that the content of the interviews would in no way be made available to the workers. All data was carefully stored on my personal computer equipment, and access was not given to any other party. The subjects were assured that they could not be identified from any publication or dissemination of the results of the project. The data will be stored for a maximum of five years from the completion of the interview, and will be discarded by digital deletion of the files.

Protection issues

I was aware that young people may find it difficult or uncomfortable to talk about issues in their lives that have affected them emotionally. A counsellor was identified in case any of the interviewees needed professional help and support as a result of the interviews. It was made
clear that if a sensitive subject was broached, the subject did not have to continue talking about it if this would cause him/her undue emotional distress. Furthermore, the researcher asked ‘follow on’ questions sensitively, understanding that such questions might cause distress if they touch on difficult aspects of the young person’s life. The informed consent of the research subjects was obtained before any interview took place. Information sheets were handed out to both the young people and the drug workers in order to explain the research process, and to give reasons for gathering the data. My contact details, and the contact details of my supervisor, were passed to all informants in case they had any questions about the research. All informants were assured they would be sent copies of the research outcomes upon request.

**Ethical issues arising during the research**

The power relationship in the interviews with the young people was uneven, and it was particularly influenced by the stigma of receiving mental health treatment (De Roche and Lahman, 2008). Christensen (2004: 167) reminds us to view “power as embedded in the process, that is in this case the doing of research”. However, De Roche and Lahman (2008: unpaged) also caution that “it is questionable whether it is legally and developmentally possible to achieve equal power relationships in a research setting when youth participants do not even have their own legal rights”. Initially, the intention was to offer the young people an opportunity to present the results of the research findings to policy makers, for example a local Member of Parliament, or senior staff at the drug treatment agencies, in order to help avoid the impression that the young people were being exploited for the benefit of the researcher’s career (Morrow and Richards, 1996). However, it became clear that the young people were only likely to be in contact with the treatment agencies, and the schools, for short periods of time. The drugs workers discouraged this idea and felt that it was impractical. They did not wish to provide contact details for individuals, and I was unsure whether it would be ethical to ask the young people for their contact details, although I did provide my own. The fact that young people were given a gift voucher for their time went towards assuaging my fears that the
research process was, to some degree, exploitative. However, it would have been ideal for the research to have had some participatory component in respect of outcome.

Given that I was from a very different cultural background from participants, including in respect of race for many, but particularly in terms of class, I assumed that my forms of communication and worldview would be very different from the participants (Liampuntong, 2007). When conducting qualitative data analysis, I was therefore open to different interpretations of the meaning of statements according to different cultural perspectives.
CHAPTER FOUR

“EVERYONE LOOKS AT US LIKE WE’RE YOUNG, STUPID DRUGGIES”: YOUTH PERSPECTIVES ON CANNABIS AND MARGINALISATION

This chapter considers the young informant’s experiences of being positioned at the junction of overlapping risk discourses, or being conceptualised as risk subjects. It is therefore a departure from the question of the regulation of young drug users as part of broader risk strategies relating to late modernity. Instead, it considers the ways in which the young service users explained their experiences of stigma, and the significance of these findings for understanding the relationship between risk and stigma. As well as discussing how young people experienced stigma both as a result of cannabis use, and as a result of treatment, as well as their attempts to ‘deny’ the risks of consumption (Perretti, 2003), the analysis will also consider how stigma can be described as ‘intersectional’, and not just related to crime or health statuses. An overarching aim is to foreground young people’s self-perceptions, and experiences of marginalization, in the context of subsequent discussions on the ways in which young people in treatment are identified and managed.

The stigma of drug use

As noted earlier, Robin Room (2005) argues that there is a correlation between adverse outcomes from heavy substance use and poverty, but the evidence of an association between poverty and heavy substance use per se is much weaker. He also argues that stigma and marginalisation related to drug use are important components of such adverse outcomes. Individuals with greater access to resources are better placed to conceal their behaviour from social reactions. Nonetheless, there is also no necessary link between psychoactive substance use and stigma or marginalisation. This is most obvious in the case of alcohol, which may be
associated with high prestige activities, although receiving treatment for drug or alcohol problems is generally understood as a failure of self-control, and thus potentially humiliating. As such, writes Room (2005: 144), “substance use can serve as an instrument of social inclusion or social exclusion”.

All of the young people interviewed, in response to questions asking how they felt others perceived them, and how they experienced their interactions with adults, believed they had either experienced negative treatment or judgement because of their drug use, or might do in the future. One young service user felt that he had broken a cardinal rule: just saying ‘no’ to drugs. The ‘just say no’ to drugs mantra became a recurrent feature of government-sponsored advertising campaigns in both the US and the UK in the 1980s and 1990s (Buchanan and Young, 2000). He said:

I was scared of my Mum and Dad finding out, not because they’d judge me, I knew they’d help me, but because, you know...like I’d just broken the biggest rule. You know, like all parents say, you know, if you’re ever offered drugs “just say no”, you know? [Site B, William, 15]

Although he states that he does not fear his parents’ judgement, he clearly feels he has transcended a moral dictum, and may be perceived accordingly. Another said that her mother had called her a ‘junkie’ prior to undertaking drug counselling. She said

[L]ike it’s not really upset me, it’s just got me angry...like if I’m high, she’s called me a junkie, I’ll be like ‘I’m not a junkie. You’re talking to the wrong person about junkie innit’. I’ll be like...cos she don’t, she’s never touched drugs [Site A, Cath, 15].

The ‘junkie’ label is usually used to refer to people dependent on ‘hard’ drugs, particularly heroin. According to Radcliffe and Stevens (2008: 1066), it reflects the close association between drug use and criminality, as well as associations with both ‘dirt’ and ‘danger’. The junkie identity depends on how much other pursuits are subordinate to drug-taking (Room, 2003), and it therefore refers to lives in which time and space are orientated around drug use.
The word thus encompasses the stigma associated with both legal and non-legal technologies of control: the criminality associated with drug use; drug use as ‘unclean’ or perhaps unhealthy; and the ability to exercise self-control (Valverde, 1998). Radcliffe and Stevens (2008: 1066) note that the “notion of addiction is only meaningful in a culture where the self-control of individuals is valued above all, especially the ability to keep time”. The use of the word in the context of drug use is prevalent in UK newspapers, notably in the recent coverage of the death of singer Whitney Houston (Tinney, 2012; UKPDC, 2012). Public discourse emphasizes ‘rocketing’ rates of addiction due to ever-stronger strains of cannabis, which works to blur the distinction between different types of drugs and various levels of use (Hull, 2007).

A service user explained how he experienced felt stigma because of the judgement of fellow pupils about his cannabis smoking. He said:

I find it quite offensive when people call me like...I get called druggie and that off [fellow pupil]. I know they’re only joking but it does, like, it does mean something. Yeah...makes it sound so criminal, if you will [Site C, Jason, 15].

For Jason, it is the criminal stigma of drug taking, also attached to the ‘junkie’ label, resulting from legal mechanisms of social control, that most affects his self-concept and identity. In both Jason and Cath’s cases, labels that might be associated with ‘harder’ drugs are used in respect of ‘softer’ cannabis use. This observation has implications for the ‘normalisation thesis’ (Parker et al., 1995) and will be returned to below.

Another user acknowledged the (unjustified, he argued) stereotyping that resulted from knowledge of drug use. He suggested that he might be discredited, his identity spoiled (Goffman, 1963), because people who use cannabis are perceived as ‘bad’ or ‘mental’.

Like, just ‘cos people might see everyone who smokes as bad, or if you take drugs you’re some kind of mental guy or something, but...if you don’t take drugs yourself then you ain’t going to know [Site A, Jon, 16].
Perceived stigma was thus a result of the sense of either moral inadequacy (‘bad’), which may result from perceived criminality or loss of self-control. But it was notable that cannabis use itself carried a perceived mental health stigma (‘mental guy’) – not merely treatment for (excessive) cannabis use. Like Cath, Jon also argued that other people’s misplaced presumptions resulted from their lack of knowledge about drug taking.

Claire wanted to resist the perception that smoking cannabis might have made her less ‘stable’ by emphasising her ability to begin college and her intention to eventually quit.

Int: Yeah? For what reasons do [people] judge you, do you think?
Claire: I think for doing, like, drugs and alcohol and all of that...I think they judge you different to others because they think ah, maybe you’re not stable because you’re doing it, and other people are...and then [inaudible] but same time as I’m doing all of this I’m starting college again. You still can...you still can...even though you’re doing it, you can still set your mind to things and still, like, follow it through. That’s what I’m doing, I’m still doing it, but eventually while I’m going through that, then I’m going to quit [Site A, Claire, 17].

She also felt that people should not be stereotyped for experimenting.

I think you experiment. You experiment in life, you experiment it...so it’s not really good to stereotype people.

Billy’s feelings highlighted how different educational settings, mainstream and those for ‘excluded’ pupils, resulted in different opportunities for identity spoiling and management.

Cos here, there’s a little circle. Cos in school when you smoke they will laugh at you maybe, they will just...I don’t know, it’s just different. But here, everyone does their own thing, like. No one really cares, like.

But obviously like you see them year sevens, like little boys, like little youths, they think yeah when you smoke, you’re just a crackhead cos you smoke weed [Site A, Billy, 15].
For Billy, managing his discreditable identity was integral to employment. He said he would not tell colleagues he smoked because “I’d be hated throughout work, because of smoking it. And then honestly I probably wouldn’t go in no more”.

**Risk denial**

The young people interviewed also deployed ‘techniques of neutralisation’. Such techniques are deployed in order to defuse social values to which individuals do not conform (Peretti-Watel, 2003; Sykes and Matza, 1957). According to Peretti-Watel and Moatti (2006: 676), following Becker (1970), “one fundamental aspect of the process of becoming a deviant is gradual learning about justifications that help people to consider that dominant stereotypes condemning their behaviour are wrong”. The theory of neutralisation, therefore, which was developed by Sykes and Matza in 1957, but honed by Peretti-Watel (2000, 2003) in the context of drug use and ‘risk denial theory’, suggests that people adapt their beliefs rather their behaviours in order to affiliate with social norms. They use techniques in order to justify their deviance according to norms that might be valid for their own deviant group, but not to society as a whole or the legal order. Goffman (1963) similarly argues that there is a tendency for stigmatised individuals not to internalise the attitudes of ‘normals’, but to “differentiate themselves from the more conspicuous stigma-bearing persons in that group” (Hathaway et al., 2011: 464).

Peretti-Watel (2003: 22) updates neutralisation theory to take account of “the growing place of risk and risk profiling in contemporary societies”. He links labelling with the ‘moral requirement’ of ‘risk culture’ (Giddens 1991), in which “traditional notions of fate fade away and everyone is exhorted to manage his own ‘reflexive project’ by developing a calculative attitude to the open possibilities of action, by staying continuously aware of a growing number of risks and opportunities, in order to colonise and secure the future” (Peretti-Watel 2003: 23). Risky behaviours, and failing to heed messages about risk and abide by moral codes, subject the
individual to stigma. Risk profiling in general leads to the stigmatisation, and scapegoating, of deviant groups. ‘Risk factor epidemiology’, therefore, “moves the locus of control of health issues from factors outside human control to factors inside personal control. This privatisation of risk ‘gives primacy to personal autonomy and action and seeks to induce personal behaviour change rather than to promote social interventions” (Rockhill 2001: 365) (Peretti-Watel 2003: 24). Cannabis users attempt to avoid the ‘risky’ label through the techniques of:

- scapegoating ‘hard’ drug users,
- emphasising their own ability to control their consumption,
- and comparing cannabis and alcohol risks.

Scapegoating involves drawing “a border between the stereotyped ‘them’ (risky people) and ‘us’ (safe people)” (Peretti-Watel 2003: 27). Peretti-Watel (2003: 27), following Sykes and Matza (1957) calls the emphasis on one’s ability to control consumption ‘self-confidence’, which:

is congruent to the contemporary trend towards individuality and self-determination emphasized by Giddens (1991) and Beck (1992): today the self is conceived of as something consciously constructed and reflexively monitored in relation to constraints and opportunities provided by its social environment.

Extensive research by Andrew Hathaway and colleagues among users of cannabis in Canada similarly found that consumers used ‘disidentifiers’ to distance themselves from disparaging labels, as well as “standard stigma-management techniques [to] emphasise discretion and respect for moderation” (Hathaway et al., 2011: 464).

In general, the testimonies of the young people were consistent with Peretti-Watel’s discussion of risk denial.
Scapegoating

Young informants emphasised their disapproval of other ‘harder’ drugs, whilst cannabis was constructed as ‘natural’ and less harmful:

I don’t know, cos I think, like, I think weed yeah is a plant, like, so it’s not really like other drugs...I know I would never take coke or nothing like that [Site A, Billy, 15].

Cath similarly said:

I think they should just really mind their own business and let us...let weed smokers do what they’ve got to do. But yet when it comes to coke, heroin, crack, like, pills like, I don’t agree with that [Site A, Cath, 15].

Young people could exhibit anger at those they found to be transcending informal rules on drug consumption. Billy expressed a violent disapproval of harder drugs. He said:

If I ever see someone taking crack next to me, I’ll break his nose. I’ll do something to the guy. I might even maybe phone the feds on him. I’ll be like: “Listen, that guy got crack. Take it.”

Another service user also portrayed harder drugs as more damaging, and users as ‘greedy’. He said:

Other people doing them, that’s up to them. If they want to ruin their life, that’s cool....but them other drugs, they are quite harmful and I stay away from all them....I reckon they’re low lives. Them people that do that. It’s just greed, that’s all it is [Site C, Jason, 15].

He added that consuming drugs besides cannabis meant “stepping over the line”, and that “you don’t want to be doing that. Nothing that trips you out”.

Another felt particularly unsympathetic towards people dependent on heroin. He felt that users, even those within his own family, were at fault for becoming dependent.
Well, like, I’ve had family members addicted to heroin. And it’s not very, it’s not very nice to see them going through it because it’s just horrible. But...I...I feel sorry for quite a few of them. Sometimes I just...sometimes it’s very hard to have sympathy for certain people. You know, you look at them and you feel like they’re doing it to themselves [Site B, William, 15].

**Control**

The young informants emphasised their control over their use of cannabis, as the exchange below demonstrates.

Billy: I haven’t got a problem with weed or nothing...I mean I smoke, but I ‘aint...I can control it, yeah.

Int. Do you have a smoke every day or...

Billy: Yeah, but still, I know I can control it. If I don’t...for example if I ain’t got a spliff, yeah, I’m no going do some crazy things, or... ‘Cos is only a spliff (laughs)

[Site C, Billy, 15].

The informants also wanted to emphasise that the nature of cannabis meant it could be controlled. One user was frustrated by signs of dependence in others because this challenged his own view of cannabis. He said: “It’s just...I find them more annoying than anything, because I smoke as well so when I see someone that looks like they’re addicted it’s like ‘why are you acting like that?’ [laughs] because it’s not that addictive” [Site B, David, 17].

Another also wanted to refute the suggestion that cannabis could be addictive. He said:

Erm, it’s only to be used with cannabis in a mental way, like I was saying earlier. It’s not an addiction really. It’s a big word, addiction, like it’s quite strong. It’s not an addiction. It’s something less than that, something like...it’s a want, it’s not an addiction [Site C, Jason, 15].
Failing to control use, as well as the use of harder drugs per se, was again associated with ‘greed’. Cath said:

I’m not being funny, like I don’t agree with people that do, say, they sniff a bit of coke, inject theirself with a bit of heroin, and smoke a bit of crack. That I think is just so mad, ‘cos you’re mixing stim....what are they called? Stimulants...[Site A, Cath, 15].

Similarly, appearance could denote being out of control and a failure of responsibility. Cath said:

But people that are addicts, they need to get, like, they need to go, like, cold turkey or something. I swear to God, they should just like lock ‘em in a room, give them a toilet and some food and just like leave them there until they sober up and sweat it all out cos, like...I know, like, it’s none of my business. Like yeah if they want to take it they can take it, but at the end of the day at least be a bit presentable, you know what I mean? Like if you’re gonna go smoke your weed or inject yourself or whatever, at least make sure you can, like, handle it and you’re not going all loopy over it and everything, you know what I mean?

Robert emphasised his ability to restrict use. He said:

I’m smoking weed. Obviously that’s damaging me but I ain’t one of those people that go out, go get an eighth [of an ounce], rip it all and then go out again and get another one. If I went out and got an eight I could make that last me two weeks.

The risks of developing mental health problems due to cannabis were also put down to a lack of ability to control. The risk was thus rendered manageable. For example, when discussing drug classification, one service user said: “So for class B I think yeah, it’s suitable for class B because some people take it and they end up going schiz [schizophrenic], and they all go mad because they don’t know how to control it” [Site A, Claire, 17]. Another similarly said: “I’ve seen some people that can’t handle it, but if you can’t handle it you shouldn’t smoke” [Site A, James, 17].
Billy also wanted to disassociate from those who were perceived to have lost control. He said:

I know people that smoke, yeah, and they just get addicted to it quick. Cos I know a couple of...they’re not my friends yeah...but I know a couple of people that will do everything...everything. They’re just fiends [Site C, Billy, 15].

He added that if he saw people who “couldn’t handle it”, he would “punch them”. In this way, exposing the risks of cannabis use was seen as behaviour that required violent suppression.

**Comparison**

The young people interviewed also compared the relative safety of cannabis use with alcohol which was, they argued, more dangerous. Perreti-Watel (2003: 28) claims that comparison with other risks, such as alcohol, is the least efficient mode of risk denial because it “reveals a rather fatalistic mind”. One said: “Alcohol, you just want to fight. You get over excited. Cannabis, you get OK when you smoke weed, yeah” [Site A, Sandra, 15]. For David, the spectre of young girls drunk typified the problem of alcohol consumption. He said:

[A]cohol yeah. Alcohol’s a big problem. You always see people drink at night [laughs]. Like young girls and stuff always drunk, and everything [Site B, David, 17].

This observation reflects public anxiety about binge-drinking by girls which, notes Day, is “cast within the media in various, negative ways, for example, as the price of women’s so-called emancipation and as an unfortunate breaking down of clearly defined gender roles in society” (Day 2010: 242).

Cath said alcohol is “a bad thing cos it just plays with your emotions” [Site A, Cath, 15], while James said: “[A]cohol is much worse and alcohol is legal but, that’s what I think, to be honest...Yeah I’m sure more people die of alcohol than smoking weed” [Site A, James, 17]. For Lucy, “you’re less in control with alcohol than you are with weed” [Site C, Lucy, 15], whilst
religion was a factor for Billy. He said: “Maybe when you drink...you see Muslim yeah [shows necklace]...you see in my religion you can’t drink, ‘cos it makes you stupid” [Site A, Billy, 15]. He said being able to drive while high illustrated that cannabis is less harmful than alcohol: “’Cos you see if you drive or something. When you smoke a spliff and you drive, it’s like, you can drive innit?”

The stigma of treatment

As distinct from mere consumption, it was clear that drug treatment, and the ways in which cannabis was used, were potential sources of stigma. Entry to treatment could expose the user’s cannabis use as shaming and signify a loss of control on the part of the young person. As discussed in due course, the blurring of the boundary between treatment and education, such as one exists, meant that young people tended not to regard themselves as in receipt of treatment. This assumption often had merit since, although cannabis use for many of the young people could be described as heavy, they nonetheless described treatment as “seeing their drug worker” or “drug education” and never in terms such as ‘counselling’, ‘therapy’ or ‘treatment’.

A drug worker in Site B said: “Even when they kind of have recognised that there is a problem, or if we are talking about cocaine or ecstasy...things like that...they don’t really, necessarily want other people to know because in asking for help it’s kind of seen as a bit of a weakness I think with young people” [Site B, Paula, Drug Worker].

The boundaries between education, or the provision of information, and ‘treatment’, or counselling, were in some cases deliberately blurred. This partly reflected the varied identity of the drugs workers, who may be labelled or defined as educators or counsellors/drug workers, often depending on the severity of the client’s self-reported drug use and whether they had been referred specifically for treatment. Drug workers were conscious of the possible stigma of using the service, and made efforts to avoid stigmatising clients. The drug workers employed
strategies in order to militate against the possibilities for shaming. When asked if young people felt labelled as a result of accessing drugs services, one drug worker said:

Erm, not really. I think because it’s very confidential, erm, I mean I had it when I was in a classroom doing a workshop the other week...last week...and there was a boy that I’d seen a couple of times just to give him some information, like his Dad was worried so I went round the house give ‘em some information, and I saw his, and I knew it was him, but I just pretended like I didn’t know him. And he was like “have I met you before miss?” and I just looked at him and went “yeah”, and he went “oh yeah” and then I heard him going “yeah, she came round my house like, cos she’s giving me loads of information on cannabis”. Like, but...that was his choice to tell [Site A, Rachel, Senior Drug Worker].

She added that she thought young people tended to emphasise that they were being coerced into seeing their ‘social worker’, not drug worker, or they attempted to manage the stigma of ‘help seeking’ by describing seeing drug workers a means of avoiding lessons, thus appealing to a ‘bad boy’ status.

I don’t think there is any stigma attached to it because they’re all young and the majority of the time, because they’ve been referred, even though it’s their choice to come and see me, it’ll be like “oh my social worker makes me come and see her” or, yeah, “oh yeah, I see Rachel. I get out of lessons, like, so I can see her”, do you know what I mean? It’s like I don’t think, yeah I don’t think...they know, especially in the pupil referral unit, “ah there’s the drug lady”, you know? So they all know who I am so they know if someone’s talking to me, it’s to do with drugs or alcohol.

A YOT substance misuse worker thought that drug counselling carried stigma at school where children were able to identify those pupils accessing services, but not elsewhere.

I know I’ve spoken to some of my clients have said at school to see like a counsellor or
drug worker is kind of embarrassing. Other people know about it because you’re kind of taken out of class and things, and it...there’s stigma attached to it there. But if you’re coming to a youth offending team, well first of all a lot of the kids think it’s cool to come to the youth offending team [Site B, Tamsin, YOT substance misuse worker].

Similarly, a drug worker in Site C said that the stigma was apparent in schools, but elsewhere accessing drug services could be perceived as generating a positive social status because of the ‘bad boy’ identity.

It’s usually kept quite quiet. Especially in the schools...erm, I think because there is still stigma attached to it. And they do realise that. You’ll get people that are in, sort of, the educational youth services and they will wear it as a badge of honour. But others are quite ashamed of it [Site C, Drug Worker].

He argued that services needed to be brought to the young people.

[B]ecause the young people they don’t drive or whatever, we go to them...and meet them in schools or coffee shops or youth centres, but we do not have one big accessible building that they can come to, and a lot of them wouldn’t want to come to it either because if people saw them go into it, they would know why they were going there.

Rachel’s role was unclear for many of her clients. Her role was explained as either an educator or ‘social worker’, but only one young informant referred to her as a drugs worker. When asked if they knew what Rachel’s role was, or which organisation she represented, many of the interviewees were unsure. As well as being considered an educator or social worker, she was also identified as a friend. One service user recognised that Rachel had been her drug worker, but thought that the relationship had moved towards friendship. She said:

Erm, with Rachel...was because I was here and I kept coming in with hangovers and stoned and stuff...(laughs)...so erm they just asked Rachel to see me, and me and Rachel got on like a house on fire (laughs)...So I done all me counselling with her and stuff.
We’ve done a lot of things together since then. We’ve got quite close and that [Site A, Abigail, 16].

As mentioned earlier, drug counselling or education could take place within schools, at an individual’s house or at the drug service premises. It was agreed, however, that young people were reluctant to come to the building where the drug service was housed.

They fear that someone they know is gonna see them coming into a place like this...It’s gonna sort of raise questions: “Why you going to a drug project? You must be a crackhead or something

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[A] lot of young people...especially coming here to this project and they see, sort of, older...older service users and...they just see how they look and so forth. I think it’s quite daunting, and it’s also, sort of, being classed in the same bracket as them almost, like “ah I can’t believe I’m in the same place as that person”, you know? [Site A, Graham, Drug Worker].

“They think all teenagers are the same”: The stigma of youth

Young people experienced forms of stigma that were both unrelated to, and correlated with, the use of drugs. Indeed, the ways in which the young people described stigma were multivariate, signifying their position at the juncture of various risk discourses. As well as social class, race, and drug use, young people also described experiencing stigma because of their age and the school they attended. In particular, age has generally remained outside of the scope of literature on stigma, felt, perceived or enacted.

For Mark, “[b]eing young is...just being classed as a nobody”. He said that youth is “misunderstood” and that adults “just look at you for how you look, and like what you dress like” [Site C, Mark, 15].
Jon, speaking about adults, said that: “[T]hey think all teenagers are the same. They’re all up to no good. They all carry knives, guns, they’re all involved in violence, drugs, dealing, up to no good” [Site A, Jon, 16]. He thought that teenagers were treated “like we’re criminals”. Another said: “It’s all the older generation, it’s none of us youngers. We understand each other. The older generation just think we’re youths, hooligans. Yeah. We’re not like that” [Site C, Jason, 15].

For the young people, perceived stigma and discrimination on the basis of age and race or ethnicity were almost universal – particularly in respect of police treatment – a belief shared by both black and white interviewees:

Sometimes when I’m with them and the police stop us, they can walk...there’s been situations where you’ve been in a group, and the police have stopped us, and the white people have walked away like they’re not part of the group and the police don’t recognise it, so...but when we separate, like when the police come, and we separate the police will always go after the black ones but when they see the white ones they’ll just think it’s a normal person walking past, and not do anything, so...I think race has a lot to do with it...I just...it’s a usual routine for me...[Site A, Jon, 16, Black]

Sandra agreed. She said:

I kind of feel like in a way they stop more black people...they look for trouble for us, than other people...like the white people than black. But I know they stop white people too, yeah, but they kind of look for more trouble for us than others because, like, we’re just walking down, they’ll pull over, stop everyone, search us...for no, exactly...for what? [Site A, Sandra, 15, Black].

Another said: “Like for example Wednesday...cos I’m white...and I was with one of my black friends, yeah, and the officer he shifted him not me” [Site A, Billy, 15, White].

It was felt that young people in general were subject to disproportionate policy attention. Lucy said: “I think police do treat youths like shit. Like they get arrested for literally no reason and I’ve seen that first hand, and it’s just stupid” (Site A, Lucy, 15). Similarly, Abigail felt that “police
have something against us...all us teenagers. I think that they all think we are going to be violent like straightaway” [Abigail, Site C, 16].

There was also the feeling among the young people that social class, signified by dress and accent, influenced policing.

Int: So you think people’s background makes a difference then [in getting stopped by police]?
Abigail: Yeah, yeah, I think it does because, like, I’m quite I’m quite street ‘innit, but like one of my friends she’s proper she talks proper posh ‘n proper English, like, and they’re properly like “alright, then, on you go” like what? You’re taking the piss (laughs), yeah, so I do think that makes a difference.
Int: Right
Abigail: So she’s always in a nice dress or something, so she’s all girly girly, like, but yeah...otherwise the rest of us always in trainers, tracksuit...or jeans. She’s always in a skirt or a dress...sandals (laughs).
Int: Does it make a difference elsewhere, like in public or whatever?
Abigail: I don’t know, like it depends. Like, if I go shopping and that, yeah, because of the way I dress, security guards’ll watch me.

‘Hoods’ are hooded sweatshirts. Teenagers in hoods are thought to be disproportionately responsible for street crime and often vilified in the media (see, for example, Daily Mail, 2008; Garner, 2009). The ‘hoody’ has become heavily identified with young people from deprived or lower class backgrounds, and is correspondingly considered a trademark of ‘chavs’ – a derogatory term used to refer to people from lower class backgrounds. The term ‘chav’ has been criticised for stigmatising individuals from poorer backgrounds. Hayward (2006), a cultural criminologist, suggests that the ‘Chav’ label is now used instead of ‘underclass’, and that it has come to signify social exclusion in a time of consumption and celebrity. Alongside other empirical observations, the ‘hoodie’ stigma will be discussed in more detail during the discussion section below.
For Abigail, the risks of being apprehended, and the risk she embodied, were also gendered. Traditionally feminine clothing was perceived by police, according to Abigail, as an expression of the law-abiding, non-risky citizen. Transcending gender norms was therefore a risk factor in being apprehended and potentially criminalised.

Some of the young people also felt stigmatised because of the school they attended. One who attended a Pupil Referral Unit said: “...like people’ll think “oh he goes to a PRU, he’s a bad kid. If you see him beware of him” [Site A, Jon, 16].

Abigail also felt that attending the EYS resulted in stigmatisation.

Abigail: Well ‘cos we was going to have a centre in [inaudible place name], but literally everyone there opposed against it because we’re ‘unruly children’. So they say. But we’re not. Well I don’t think we are anyway. I’m not. I don’t really get into trouble with the police or anything

Int: S. What does that make you sort of feel when you know that other people have that reaction to you?

Abigail: I think it’s a bit pathetic because, at the end of the day, they don’t take the chance to get to know us, and think “ah, they’re actually all right people”...But it’s the fact they just think “ah, they go to a behavioural problems school, they’re delinquents” and all that bullshit.

There was concern about the effects of various characteristics and behaviours on the young people’s employment prospects. When asked about his job prospects, James said: “I’m black. I’m young, I smoke, I’ve been arrested, like all those things are not good for a job” [Site A, James, 17, Black].
“Everyone looks at us like we’re young, stupid druggies”: Intersecting stigma

Although race, class, age and so on were perceived as sources of stigma and discrimination among the young people, it was apparent that the social locations occupied by the young people could not always be separated into such discreet strands, and nor was it always possible to identify the precise cause of perceived stigma and/or discrimination. Clothing, for example, could signify both youth and/or social class. Youth and race/colour were together perceived as risk factors for police discrimination. As such, it was difficult to ascertain whether the felt or perceived stigma described by a young person was a result of their age or class, race or age. Rather, stigma might result from age and class, race and class, age and drug use, and so on. Moreover, qualitatively different forms of stigma resulted from the confluence of different identities.

One service user, for example, felt that: “…everyone just looks at us as young, stupid druggies” [Site C, Mark, 15]. For another, the use of drugs was one of a number of behaviours and characteristics that, he felt, might give people a negative perception of him and his family.

[P]eople do get an idea of you, you know? If you hadn’t met my Mum already, and me, you know been to our house and seen everything and then they said you know you’ve got the Dad whose got a previous criminal record, you know a past of crime, a son whose had a drug problem, er...an elder brother whose...an elder brother who, er, smoked cannabis and has been kicked out of his Mum’s house and lives with his girlfriend and they’ve got a Staff, and the Mum smokes weed...I can tell you now, I know this cos this is what I think and this is what everyone I know would think...you think of scum right there (Site B, William, 15).

Clothing was mentioned by all of the young people as heavily influencing other people’s perceptions. Mark said:
[D]ressing smart and maybe someone will look at you being like well brought up or whatever, and just appreciating yourself. Or you can walk around in trackies [tracksuit trousers] and just get called a dick. People just look down at you.

Like hoodies, tracksuits are indicative of social class, age and often gender. Angela McRobbie writes that: “[The hooded top] is one in a long line of garments chosen by young people, usually boys, and inscribed with meanings suggesting that they are 'up to no good'” (Hall and Jefferson, 2005)

According to Jon, being both black and young was considered reason for social aversion.

Jon: Sometimes I’ll be walking down the road and people will cross the road, like, they’ll cross the road to try and avoid us, like when they’re walking past they’ll grab their bags tighter, like, just...they just stereotype me, like. Sometimes it annoys me.

Int: Why do you think they stereotype you?
Jon: Because of what’s said about young black teenagers. They probably think we’re going to do something to them. But most times I don’t even notice them

Int: And how does that affect you?
Jon: It affects me like...it just makes me...it doesn’t make me want to do them something, but it makes me think like if they’re thinking of me like that then why I am I just leaving them? [Site A, Jon, 16, Black].

All the informants felt that negative stereotyping resulted in police discrimination, particularly a disproportionate risk of being stopped and searched.

Int: Do you think that some people like get more in trouble with the police than others, like?
Jon: I just think any young teenager...black teenager with a hoodie or something. Or if they look like...most young black teenagers I think. That’s who the police target.

Another said:
I used to... they used to be stopping me every day and searching me. Everyday. When I... ’cos we sent letters to the House of Parliament, something like that, that woman that’s our MP or whatever, sent letters to her cos one day I was walking yeah with my mate... five times we got searched in one day. And the last people to search us were the first people to search us [Site C, Robert, 15].

Sandra thought that adults were more likely to evade arrest for smoking cannabis. She said:

‘Cos now, like, big men yeah, can go smoke their weed and officers won’t talk to them on the road. And officers won’t talk to them. And now officers will come arresting us, jumping up, handcuffing us, yeah. There was a guy smoking on Wembley high road, there was officers. The officers did not say nothing [Site A, Sandra, 15].

Billy said: “…if you’re older, like, they will treat you different, like they will just respect you. If you are younger they will just treat you as a little kid... chat shit to you... Cos they know you’re young. You can’t really do nothing. But if you’re older you can actually do something” [Site C, Billy, 15].

As well as race, addressed further below, it was felt that there were gender disparities in policing.

Like, I can be walking down the road with a group of friends and, like, none of the girls will get stopped but me and the boys

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I know a lot of young black boys that’ll be driving round in their cars and the police’ll stop them. I think that sort of takes the piss. I don’t really see no young white boys getting stopped [Site A, Abigail, 16].

As such, being male and a teenager and black and wearing a hoodie were grounds for perceived discrimination. The risk factors for being stopped tended to be multiple and intersecting, rather than independent. Just being young, or only being black, or solely wearing a hoodie and coming from a certain class background, tended not to be mentioned as isolated risk factors for stop
and searches, or arrests, by themselves. However, any two of these factors in combination were seen as indicative of vulnerability to police attention.

The hoodie, in particular, which could signify both age and class background as discussed earlier, was consistently cited as a risk factor. A service user said:

[The police] don’t like the way we all act. They don’t like us. That’s how I look at it. They don’t like the way we are. ‘Cos we walk round that’s it. He’s doing something wrong...he’s got his hood up, he’s obviously been doing something wrong. [inaudible] that’s it...we’re in the back of a police car straight away [Site C, Robert, 15].

And Lucy said:

Like if you’re wearing like tracksuit bottoms or if you’re wearing a hat then they’ll stop you...I know so many people who’ve been literally just walking down the road and they’ve been stopped cos they’re wearing trackies....And wearing a hat, whether it’s a straight hat or a woolly type thing. It’s just stupid. You can’t literally go out of the house without the police staring at you or something, or about to like search you [Site C, Lucy, 15].

Being in a group was also perceived as a risk factor, leading to the ‘false’ stigma of gang activity. Becker (1963) termed those who are labelled without breaking a rule as ‘falsely accused’.

Int: What sort of people do you think, then, that they go for the most, the police?
Robert: Yeah, like teenagers in like big groups and that...Yeah, it’s what they’re wearing and how they’re wearing it, and how they act when the coppers are around. That’s why when I’m like getting stopped and searched every day, every hour, it’s stupid man [Site C, Robert, 15].

Abigail also felt that her age and dress meant being falsely accused of gang activity.

Int: [A]nd you think it’s because it’s teenager...partly because they’re worse with teenagers. Are they worse with any other young people, or...?
Abigail: I think it’s...I don’t know. I’ve been arrested for wearing a hood before... I think they’ve just got something against people that are on the street. They just completely say to you yeah alright that’s a gang. Like they misunderstand everything, like...and they all think it’s all this...like my friend got stabbed and died the other day in Kilburn, like, erm...and he was playing football. And because there was a few of us there, they tried to say it was gang related [Site A, Abigail, 16].

It is not only the police or members of the public who have been accused of making false assumptions about gangs. Although their research was based in the US, Katz and Jackson-Jacobs have highlighted the lazy and misleading descriptions of gang activity ascribed by criminologists. In so doing, much more complex processes are neglected in favour of simplistic assertions (Katz and Jackson-Jacobs (2004).

Young people also recognised the relevance of class background, independent from clothing, in stop and search policing.

Int: Why do you think you get stopped and searched so much?
Jason: One, because I’m a youth [interruption from other pupil (P)]
Jason to P: Don’t you reckon?
P: What?
Jason: Youths get stopped more innit?
P: Yeah. [inaudible]. And where you’ve been brought up in the wrong area.
Jason: Yeah... Mmm. See my area is [inaudible]. There’s a lot of drugs and everything going about, and well yeah I get stopped in my area...most places in [my area]...that’s where I live...erm, yeah, erm, I don’t reckon there’s much police anywhere else in [my area] except for my area. They mostly hang about there ‘cos that’s where all the crime is [Site C, Jason, 15].

Jason thought that people from lower class backgrounds were treated worse. Being white was equated with being middle class and therefore having the power to complain. He said:
If they’re like [inaudible] black people or this, like, I don’t know...sort of like on the streets and stuff like that they will still treat you like, I don’t know, [inaudible] black boy [inaudible]. But if you’re like posh and stuff like that they’ll obviously treat you much better, innit? They know cos you’ll make complaints and things like that.

For Jason, being known, or having previous contact with particular officers, led to police labelling. He said:

[C]olour...clothing...and, well, past experiences...that’s how people...like, first impressions, they do make a big thing. When it’s a new police officer or something and they pull you over, and their colleague is being, well, a bit of a knob yeah, they’ll try and do the same just to fit in. And then...you wouldn’t like that copper, and then you’d know him, like, until he leaves the force and, well, it does put labels on you because he’d know you from that experience...that first time he met you [Site C, Jason, 15].

Jon said:

Yeah, the local ones...whenever they see me they...it’s not that...well I see it as causing trouble cos they’ll stop us unnecessarily when they see us, like three or four times a day, and they’ll stop us every three or four times a day knowing that they’ve stopped us before so we’re unlikely to have anything on us but they’ll still stop us and do what they do. They say they’re doing their job, but...[Site A, Jon, 16].

Mark said that, in his residential area, “you can just walk through the street with a spliff in your hand” because of little police presence. In contrast, Jason said that in his area, “like the police they stop and search us a lot innit, so...nothing much I can really do” [Site C, Mark, 15].

Abigail felt that ‘having a name’, and having family members with criminal records, resulted in stigma and discrimination. She said:

It’s unfair. I think if you’re known to the police, if you’ve got a name then they’re going to harass you anyway...They know where I hang around, where I live, who I hang around
with...who I’m related to. They know everything about me... Everything. (elongated to emphasise)... Yeah, like my cousins and that are known to the police, like “ah yeah you’re this one’s cousin, so you must be that bad”.

Robert, like drug worker Rachel, suggested that the response to perceived police discrimination and harassment was to offend. He said: “But because they’re arresting people for nothing everyone’s just going...everyone’s just thinking “right, fuck this, we’re going out there...lets just get in trouble” ‘cos that’s all we can do”.

Discussion
Stigma and risk

A cursory examination of the explanations and perceptions of stigma will be useful for the section that follows in order to understand the significance of the data for theory on risk. Whereas sociological accounts of stigma in relation to drug use have concentrated on the discredited or discreditable identity of the user in respect of the substance itself, the subsequent section will consider the significance of how drug use intersects with other characteristics or behaviours of the young people in order to potentially further entrench their marginalisation.

Risk and stigma

It has been argued that ‘felt’ stigma is a potential feature of technologies of governance (Scrambler and Craig, 2006), but very little scholarly attention has been paid to the theoretical implications of this suggestion. Goffman’s (1963) seminal work on stigma addressed circumstances in which the characteristics of a person waver from the ‘norm’, and are therefore judged negatively. He wrote that stigma occurs when negative information about a person emerges as a result of social interaction leading to “a special discrepancy between virtual and actual social identity” (1963: 12). ‘Virtual identity’ is understood as the person he or she might
be, whilst ‘actual identity’ refers to who he or she is. Stigma, as a specific form of deviance, can have a ‘discrediting’ effect that ‘spoils’ a person’s social identity or sense of self. The stigma of the ‘discredited’ is visible or apparent, whilst the ‘discreditable’ include those whose stigma may be hidden or not immediately apparent. Whereas the discredited may be confronted with problems of ‘impression management’, the discreditable may experience the challenges of ‘information management’. Since stigma is constructive or interactive, Goffman (1963: 17) recognises that individuals internalise the pejorative judgements of broader society. There is a distinction between ‘enacted stigma’, or “discrimination against the discredited solely on the grounds of their socio-cultural unacceptability”, ‘felt stigma’, which is “a sense of shame and fear of encountering enacted stigma” (Scambler and Craig, 2006: 1116), and ‘perceived stigma’ which concerns the beliefs that members of a stigmatized group have about the prevalence of stigmatizing attitudes and actions. Perceptions of stigma, and feelings of shame and so on, may result in delays in treatment seeking, diminished self-esteem and other negative mental health outcomes (Corrigan and Watson, 2002; Link & Phelan, 2006).

Theory on stigma has been critiqued for offering description, but little in the way of explanation. Scambler and Craig (2006) argue that such theories, including Goffman’s focus on the structure of interaction, “fail to explain how the discourses that underpin stigma comprise a system of oppression that is gendered, raced and classed” (2006: 1117). Michele Tracy Berger (2006) is one author who attempts to bridge this gap between structural circumstances and stigma as a manifestation of social processes. She writes that stigma can be conceived as evidence of marginality and can help to illustrate aspects of it. She cites Cohen, who suggests that “to understand the true impact of a marginalised status we must search out the subtle ways in which inequalities are defined, maintained and heightened.” (1993,60, cited in Berger, 2006: 24). Gilmore and Sommerville (1994: 1342) argue: “Power relationships are central to stigmatization. Stigmatization is an exercise of power over people and a manifestation of disrespect for them”. As such, stigma helps us to understand informal mechanisms of societal exclusion, and to illustrate features of marginality. It can therefore enable an understanding of how relationships of power work to marginalise young people.
Taking this a step further, Scambler and Craig (2006), in their paper on maternal feeding, suggest that the emphasis on coping and adaptation in stigma theory ignores the regulatory aspects of mothering and feeding. They further argue that felt stigma represents the oppression wrought, in part, by features of governmentality. They write: “Concepts of coping and adjustment, enacted and felt stigma might usefully be reformulated as modes of oppression, and often as derivative of such relations of gender and command (in the form of governmentality)” (2006: 1123). They suggest that descriptions of stigma fail to explain how individuals, in this case mothers, are formulated as ‘culpable’ in expert discourses. In the context of health-orientated drug policy, and in particular the regulatory and security-orientated governance of ‘problematic’ drug use among adolescents, expert voices that emphasise empowerment, education and ‘informed choices’ potentially render those individuals who fail to heed the messages as responsible and ‘culpable’. Harm reduction discourses, therefore, may have hitherto unexplored consequences for stigma. Moreover, risk-orientated modes of governance within the youth justice system, as discussed earlier, that emphasise personal or family responsibility over structural factors, conceivably play a similar role. Young people in drug treatment are therefore at the crossroads of potentially stigmatizing health and crime discourses. This is discussed further in the analysis that follows.

There are analogies to be drawn between Goffman’s work on stigma and Foucault’s on self-governance. For Foucault, the latter is a form of regulation whereby power is exerted through individuals and institutions to instil discipline and encourage behavioural conformity. Goffman, meanwhile, similarly considered how ‘normality’ is invoked to impose preferred behaviour. However, although order is kept through instilling social guidelines, “one’s sense of self to some degree is gained in their resistance” (Hathaway et al. 2011: 455, citing Rogers and Buffalo, 1974). Douglas argues that the ubiquity and attractiveness of risk as a ‘forensic resource’ is partly a result of its apparent moral neutrality and the scientificity of its language. Moreover, she claims that the language of risk plays the same role in contemporary society as stigma and taboo in pre-modern societies (Douglas, 1966, cited in Hudson, 2003). As a result, writes
Hudson (2003: 66), “The morally neutral scientific, actuarial terminology of risk disguises the condemnatory pariahdom created by the classifications”.

**Young people, cannabis and stigma**

In respect of how the young people talked about stigma in general, it was often a combination of actual or perceived attributes or behaviours that contributed to the perception of negative opinions or unfair treatment. In respect of drug use, a mixture of both legal and non-legal forms of stigma were elucidated, reflecting Foucault’s (1977) warning against separating formal and informal, legal and non-legal or public and private mechanisms of social control. Hathaway et al. (2011: 463) write that: “Authoritative legal and medical discourses also shape the user’s own perceptions of the practice, self-concept, identity, and status. The moral dictum to be ‘healthy’ can be a powerful source of stigma and force for regulating use of drugs”. The young informants identified mental health, in particular, as a source of stigma. They felt that others perceived them as ‘unstable’, although this could be a result of knowledge of cannabis consumption per se, and not just drug treatment. As discussed in the introduction, recent years have seen a flurry of interest in the mental health risks of cannabis consumption, particularly among the young (Patton et al., 2002). This may have influenced young people’s perceptions of stigma.

These experiences of perceived and felt stigma also raise questions about the ‘normalisation thesis’. According to this relatively novel sociological approach to drug use, “[w]hereas illicit drug use was once widely attributed to individual or social pathology, it has increasingly come to be seen as an unremarkable feature of young people’s lives; part of the broader search for pleasure, excitement and enjoyment framed within consumption-oriented leisure lifestyles” (Shiner and Measham, 2009: 502). However, critics of the thesis have argued that there has been a tendency towards overstating the prevalence of drug use and the extent to which non-users deem drug use non-problematic (Shiner and Newburn, 1997). Indeed, it might be assumed that the stigma of using cannabis would largely have diminished in line with the
growing social acceptance of consumption. But the young people’s testimonies would tend to support Hathaway et al.’s (2011: 453) more nuanced interpretation of the normalisation thesis:

The social status of marijuana and its users might alternatively be viewed on a normative continuum that has shown signs of shifting in the theorized direction of greater sociocultural acceptance (or indifference) of the practice, while retaining vestiges of social disapproval that contribute to maintaining a ‘culture of control’

The authors, following in depth research with cannabis users in Canada, note that the use of the drug still carries stigma, reflecting cultural ambivalence about the use of drugs. This finding, they argue, is important for discussions about the normalisation of cannabis use, and they distinguish, following Goffman, between normalisation and normification.

Deviants present themselves as normal in the latter, ‘normifying’ by performing the expected (normative) behaviours that keep social interactions flowing. Conforming presentation of oneself as ordinary is not the same as normalizing stigmatized behaviour. Full ‘normalization’, for Goffman, requires that others be accepting of the stigmatized individual and the treatment of such persons as if they have no stigma (Hathaway et al., 2011: 465).

Young informants recalled being called a ‘junkie’ or a ‘druggie’ by parents and non-drug consuming peers, suggesting that normalisation is either incomplete, dependent on context as Hathaway et al. (2011) and others have observed, or has not – at least so far – led to a diminishment in the stigma afforded to the use of cannabis. It is also instructive to consider the extent to which recent counter discourses emphasising the relative safety of cannabis, or its medicinal benefits for example, have perversely contributed to its greater stigmatisation, and indeed a possible retraction of its ‘normalisation’. Much cannabis harm discourse has in the recent past concentrated on cannabis as a ‘gateway drug’, potentially leading to the consumption of more risky, ‘harder’ drugs (Ferguson et al. 2000). Although the risks of cannabis
have always been acknowledged in scientific literature, the normalisation thesis was largely
developed before the growth in concern about the prevalence of the synthetic production of
stronger ‘skunk’ varieties of cannabis containing higher levels of tetrahydrocannabinol (THC)
(see, for example, BBC, 2008; Alleyne, 2009). Fears over the powerful effects of skunk were
cited as reason for the re-classification of cannabis to a class B drug in 2004 (Stevens, 2007),
which may in turn have led to greater disapproval of it use. The reclassification could also be
understood as an “ideological symbol to justify policing of certain social groups” (Stevens,
2007).

According to the drug workers, drug ‘treatment’ offered the potential for stigmatisation, but it
also may be the source of status - a badge of honour - depending on how it is framed, and the
social location in which it is framed. There were no correlating testimonies from the young
people themselves about their perception of status accrual as a result of attending treatment
or criminal justice services. But Collison (1996), who conducted research with young, male
offenders who were also drug users, invoked risk society terminology to refer to his informants
as ‘reflexivity losers’. Reflexivity, as defined by Giddens (1991), concerns the monitoring process
by which individuals make continual adjustments as new information becomes available and
knowledge is revised in the uncertain society of risk. The process is described in contrasting
terms to the relative rigidity of tradition and religion. Bauman (2000) similarly invokes the
concept of ‘liquid modernity’.

Scott Lash (1994: 127) argues that ‘reflexive modernity’ arises in part through information and
communication industries in which human agency is delinked from structure. He coined the
term ‘reflexivity losers’ to describe the underclass, in contrast to the middle classes who are
‘reflexivity winners’. As ‘reflexivity losers’, the young, ‘underclass’ youths interviewed by
Collison were “those left behind in our ‘brave new world’ of competitive individualism. Their
‘magical resolution’ involved a refusal of the ‘sadness’ of being losers in favour of securing
reputations for being ‘bad and mad’” (Hall and Jefferson, 2006: xxvii).
In general, there has been an increasing interest in the stigma and discrimination experienced by ‘problem’ drug users (UKDPC, 2010). Once again, as discussed in the Introduction, the ascription of ‘problem drug user’ is a difficult one in respect of young people in drug treatment for cannabis use. Moreover, as discussed further in due course, drug workers approached drug ‘treatment’ tangentially in order to reduce the potential for stigmatisation. Rachel, for example, even preferred to avoid using the work ‘problem’, whilst it was often difficult to ascertain the boundaries between drug education, treatment and counselling. It is self-evident that cannabis treatment for young people is, in the main, unlike that for adults, not least because most adults receive treatment for drugs other than cannabis. It is one technology within a myriad of surveillance mechanisms designed to discipline and reform ‘problem’ youth, as much as it is about addressing ‘problem’ drug behaviour. As such, discussions about drug user stigma should not be detached from the power relations and governance technologies that nurture the development of discrediting and discreditable identities.

Risk denial

The interviews accorded with Peretti-Watel’s (2003) theory of risk denial, with the informants deploying techniques of neutralisation – namely control, scapegoating and comparison – in order to ‘neutralise’ the risks of cannabis consumption. Hathaway et al. (2011: 465) also draw on Peretti-Watel’s research, to suggest that the ‘assimilative agenda’ of drug users, which involves deviants trying to pass as normal as part of their attempts to manage stigma, draws on “the cultural construction of illicit substance use as indicative of failed or flawed neo-liberal subjects”. They mention emphasising self-control, in particular, as constituting a “claim to membership in mainstream society despite the use of drugs” (ibid.). The authors also found a difference between the ‘practical’ demand for responsibility and rational behaviour among cannabis users, and the external onus for self-control emanating from negative cultural perceptions of drug use.
The appeal to the ‘naturalness’ of cannabis, as well as its medicinal benefits, was particularly prevalent in the young informants’ accounts. Drug workers also remarked that young people ‘justified’ their use according to these asserted characteristics of cannabis. These remarks could be said to fall within either the ‘scapegoating’ or ‘comparison’ categories of risk denial, according to Peretti-Watel’s revised typology. It was also noticeable how the young people emphasised their control of drug use by distancing themselves from both people who used excessively, and those who “couldn’t handle it” and had developed mental health problems as a consequence. Anyone who lost control, and therefore exposed cannabis consumption as potentially risky, drew aggressive and even violent responses from some of the young people.

While young people in this way emphasised their control over consumption, this might also be understood as ‘scapegoating’ harder drug users, so defined not simply because they use different, stronger drugs, but because they use cannabis in excessive quantities. Peretti-Watel (2003: 29) indeed notes that individuals may simultaneously deploy different methods of risk denial.

As discussed in chapter Five, the young people did not engage in a blind denial of risk. They recognised the risks of cannabis consumption and in some cases modified their behaviour accordingly, for example by choosing to consume less. At the same time, the drug workers were prone to exaggerating the risks of cannabis use, although at times they also recognised that use may not always carry significant risks.

**Brands of stigma and intersectionality**

The informants spoke of a range of perceived discrediting identities with the result that different discredited or discreditable characteristics seemed to be coalescing in the body of the teenage ‘problem’ drug user. The ‘hoodie’ stigma was particularly prevalent in the informants’ accounts. Fears over hoodies have led to their high profile banning in shopping centres in some parts of England. The reasons given included the claim that hoodies ‘intimidate’ people and are linked to crime (see Archer et al. 2007). The media preoccupation with the meaning of the
hoody, and its stigmatisation, mirrors past concerns with personifications of problem youth: the teddy boys, the mods, the rockers, the skinheads, and so on (Hall and Jefferson, 2006). Such ascriptions similarly lead to the generation of ‘moral panics’ characterising society’s ‘quarrel with itself’. Archer et al. (2007: 223) write that:

[Y]oung people’s performances of ‘style’ and consumption can in fact be read as taking place within struggles for recognition. Thus, whereas their consumption of ‘Nike style’ (e.g. wearing trainers and hooded tops) may be positioned by the middle classes as negative, tasteless and signifying danger or threat, the young people themselves used it as a site for generating value and worth. In other words, they used appearance as a means for generating capital.

However, in attempting to generate value, performances of style can also be constraining. For example, continue Archer et al. (2007: 226) “they also played into oppressive social relations and contributed to bringing pupils into conflict with schools. As a result, their investments contributed to keeping them in marginalized and disadvantaged social positions.” In addition to school conflict, the adoption of specific styles also creates conflict with the police who, according to the young people and drug workers, stop and search individuals on the basis of their dress. As this discussion suggests, the hoodie is a signifier of age, and all the young informants spoke of feeling labeled or judged for being a teenager.

Young people, particularly those who are economically and socially marginalized, are perceived with fear, hostility and suspicion. Adolescents and older children, in particular, are constructed as dangerous and intimidating; they embody the risk posed to others and perhaps themselves. Lianos and Douglas (2000: 263) write that:

Their committing an offence is a matter of secondary importance to those parts of society that define what deviance is ... What is important is their perceived probability of being dangerous and this can be associated with completely legal behaviour, like that of adolescents gathering together at the entrances of buildings in which they live. Such behaviour is a major cause of fear of crime even though it is open to observation. It is
almost as though poor young people should pretend that there is a job waiting for them in the morning and go to bed early, and children from the housing estates should ‘keep out of trouble’ by staying indoors as if they had departed on a language exchange scheme abroad (cited in Hudson, 2003: 69).

As discussed elsewhere, although discourse and scholarship on youth and stigma has addressed, for example, racial or mental health stigma, little has considered the stigma of being young itself. Similarly, the issue of age discrimination in respect of under-18s has remained largely off the academic radar. There are a number of possible reasons for this. One convincing rationale is that, if people are stigmatized for being under the age of 18, it is a stigma that passes relatively swiftly. Unlike, say, an older person who may be stigmatized for many years, or a disabled person who may always be stigmatized, the potential negative associations with being a teenager last only until an individual reaches adulthood (or, by definition, the age of 20). And, of course, youth stigma is largely confined to the potentially errant or deviant teenager, rather than younger children (at least for the most part). Nevertheless, once acquired, stigma is difficult to shake off. Moreover, it may have “a temporal dimension in that they [stigmas] are ineradicable and irreversible as the terms ex-mental patient or ex-convict imply. In fact, stigma may follow us through the life cycle” (Alonzo and Reynolds, 1995: 304). As such, the long-term repercussions of teenage stigma should not be underestimated, even if they remain largely un-researched.

Second, stigma and discrimination on the basis of age may have been largely ignored because young people are generally missing, as a group, from political discourse and roles that allow them agency (Freeman, 2007). They cannot vote, nor can they assert many of the rights available to adults. They therefore have little recourse for complaint. McRobbie and Thornton’s (1995: 559) claim that ‘folk devils’ “are less marginalized than they once were; they not only find themselves vociferously and articulately supported in the same mass media that castigates them, but their interests are also defended by their own niche and micro-media”. If one of the 21st century British folk devils is the teenage (black) hoodie-wearing teenager, it is difficult to argue that they find support in the mass media or anywhere else, save for the odd article in
left-of-centre newspapers (Braddock, 2011). Moreover, as one report has noted, the Press Complaints Commission website is not accessible for children and young people since “the code is written in a legally framed language that would be impossible for children to understand and there are no youth friendly versions available on the site” (Giner, 2012). Efforts to engage with hoodie subculture, or to reintegrate hoodie-wearing marginalised youths, can be met with derision, and the majority of newspaper articles continue to vilify teenagers who wear hoodies with no right of reply. In response to the call by a government minister for businesses to hire more ‘hoodies’, a columnist in the Daily Mail wrote that:

The problem being, of course - as anyone who has worked with the hoodie brigade knows only too well - that many hoodies have rendered themselves quite frankly unemployable by any right-minded, intelligent mainstream employer because of their lack of grammatically correct spoken English, inappropriate choice of apparel, surly demeanour and faux-macho, “street tough” attitude (Johns, 2012).

As discussed further below, age is here clearly bound up with class, evidenced by reference to “street tough” attitudes and poor education. But there is also no doubt that the hoodie stigma remains one almost entirely carried by teenagers, or at least those who might pass as teenagers. Following the riots in England in August 2011, although it was later established that 10 to 17 year-olds were prosecuted for approximately 25 per cent of the crimes committed (Ministry of Justice, 2012), large swathes of the media identified teenagers to be the main culprits. An article in the Daily Mail on the riots in Manchester began by claiming that:

Manchester city centre was torn apart by looters as young as nine in the worst riots in the city for 30 years. Hundreds of youths and ‘feral’ children stormed through the streets smashing windows and stealing clothing, mobile phones and jewellery (Narain, 2011).

The article was accompanied with three photos of groups of hooded teenagers. The captions read, for example, “hooded youths spill out of the damaged store”. Other newspapers carried similar stories, focusing on the societal scourge of problem teenagers in hoodies. Pictures of youth in hoodies were routinely accompanied with headlines decrying the ‘yobs’ and ‘scum’
who, the articles either expressly or implicitly suggested, were largely responsible for the riots. The narrative was one of social breakdown and ‘feral’ behaviour among the criminal underclass, and the tabloid press were particularly keen to highlight stories of young children running amok (see, for example, Pettifor, 2011, Phillips, 2011). Although there has been little theoretical focus on stigma and discrimination based on age, at least in respect of young people, a number of organisations have drawn attention to the negative portrayal of children and young people in the media (Giner, 2012). Moreover, in 2008 the UN Committee on the Rights of the Child urged that the UK government take “urgent measures to address the intolerance and inappropriate characterization of children, especially adolescents, within society, including the media...” (CRC, 2008: paragraph 28).

Besides the hoodie, which generally marks the bearer according to both age and class, both white and black young people identified race as a discrediting identity. Informants were particularly aware that black youth were more likely to be targeted by police, and more likely to be labeled ‘dangerous’ or ‘criminal’. ‘Moral panics’ about street crime as perpetrated by marginalised black youth are not new. In 1978, Stuart Hall and colleagues, of the influential Birmingham School of Cultural Studies, published Policing the Crisis, a seminal work that considered the centrality of race in tracking the evolution of moral panics about deviant youth in the 1970s. Nonetheless, there has been little investigation of the instrumental effects of moral panics or risk discourses concerning particular ‘folk devils’ (Cohen, 1972).

It is also unsurprising that young black informants felt particularly targeted by police. Barbara Hudson (2003: 71) notes the racial inequality in security provision. She writes that, for many years, researchers have observed that:

...white neighbourhoods are over-protected and under-policing, in that the criminal activities that take place behind close doors in affluent white neighbourhoods go undetected, whereas the street crime of poor – especially poor black – neighbourhoods is vigorously prosecuted while residents are inadequately protected against racial violence and other dangers.
Race itself may be difficult to isolate in explorations of discriminatory attitudes and behaviour. Stevens (2011: 99) argues that: “The confluence of race and class makes it very hard to examine any ‘independent’ effect of being black on the likelihood of harsher treatment”. He cites studies to suggest that, although black people are more likely to be stopped and arrested than white people, this difference can be explained using a multivariate analysis “by other variables such as unemployment, being out on the streets and having friends who are in trouble with the police” (ibid.). Caution should be exercised in generalizing from such a small data set, but it is interesting, at least, that both white and black informants, all of whom were from similar class backgrounds, thought that race rendered individuals more vulnerable to police stop, search and arrest. Moreover, given that those risk factors identified as correlating highly with offending, including low family income, large family size, and poor housing are also more prevalent among black and ethnic minority populations (Stevens, 2011), it is also possible that more black and ethnic minority people are identified, through systems of risk evaluation, as requiring drug treatment.

The ways in which young people experienced intersecting forms of stigma merits further discussion. Berger (2006) coined the term ‘intersectional stigma’ to describe how sex workers with HIV experience stigma and exclusion according to the different social positions they occupy. She writes:

Intersectional stigma is a theoretical framework composed of the recognition of and attention to intersectionality (or acknowledgment of race, class, and gender subordination as interlocking forms of oppression), and stigma (or the ways in which people become socially defined as "other") Furthermore, intersectional stigma represents the total synchronistic influence of various forms of oppression, which combine and overlap to form a distinct positionality (Berger 2006: 14).

Considering intersectional stigma, in relation to intersectionality, thus helps to engender an understanding of how marginality might be experienced. The theory of intersectionality purports to signify the varied and complex effects which ensue from the intersection of
multiple axes of differentiation, such as economic, political and cultural, in specific historical contexts. Initially deployed in response to feminism's failure to engage with exclusions other than those of gender, such as race (Crenshaw, 1995), and in particular in the context of violence against women in response to the assumption that ‘black means male and female means white’, the theory is rooted in the understanding that identity categories, such as race, ethnicity, age, class and so one, are mutually constituted and cannot simply be ‘added’ together. The result is that “[r]ace and gender cannot be defined in terms of strict dichotomies—either black/white or male/female—when race is ‘gendered’ and gender is ‘racialized’ in such a way that it creates distinct opportunities for all race-sex groups in various contexts” (Simien, 2007: 265). Although the theory has been criticised for failing to adequately encompass the fluid and historical nature of identity, and perversely assuming identity can be separated out into distinct strands,22 it has nonetheless spawned a considerable amount of literature, much of it concerned with how to apply the theory in specific empirical contexts (McCall, 2005). Intersectionality has thus far focused almost entirely on (female) gender, and race. There has been very limited discussion of intersectionality as it might relate to age.

Research projects have placed particular emphasis on the “simultaneity of oppression and stress[s] the need to move beyond simple, additive models” (Simien, 2007: 265). In quantitative analyses, this might include, for example, adding a dichotomous variable such as race or gender to a regression model and controlling for its effects statistically. Through the prism of intersectional stigma, it is possible to say that the young people were already socially positioned as ‘deviant children’, and that the addition of drug use, and potentially drug treatment, may combine with existing social marginality. It was also particularly evident that being both young and black meant that the informants experienced a qualitatively distinct form of stigma from being either young or black. The disproportionate targeting of black and ethnic minority youths has received considerable attention in academia and the media (see, for

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22 Kimberly Creshaw, largely credited with developing the theory, has herself noted that it was only ever intended to be a provisional model that needed development in order to overcome such shortcomings (Kwan 1997:1276).
example, Bowling and Phillips, 2007; Townsend, 2012). But the issue is invariably identified as being one of race, and not one of being young as well as racially other.

Returning to Steven’s observation that the confluence of race and class makes it difficult to isolate race as a marker of discrimination, it is similarly problematic to attempt to separate any of the young people’s identities from their social class. Problem drug use, crime and police surveillance are concentrated in areas of deprivation and inequality (Stevens, 2011). It is therefore difficult to separate any of the potential sources of stigma for the young people (age, race, drug use) from the characteristic of social class. Would a 16 year-old in a middle class area of London also feel that teenagers are “treated like criminals”? Joanna’s account of the difference in perceived discrimination between her friend and herself is striking in this respect. Since her friend dresses “girly” and speaks “posh”, Joanna felt that she escaped police attention. It is therefore important to recognise these interdependent and mutually constitutive relationships between marginalized social identities and inequities.

**Conclusion**

The aim of this chapter has been to better understand young drug service users’ experiences of marginalization, and in particular their consequent perceptions of stigma and how this corresponds with risk discourses. For the young people interviewed, Illicit drug use did not necessarily constitute their ‘master status’ (Becker, 1963). However, there was an especially pervasive perception of stigmatisation of the kinds of young people who had been identified as in need of drug treatment. Age-related stigma, in particular, is rarely addressed by either policy makers or within academic discourse, and there appears to be little appetite for understanding the stigma and discrimination that young people may experience on the basis of their age. For example, children were excluded from age discrimination provisions in the UK Equality Act in 2010 and, although a campaign was waged by a coalition of children’s organisations (Young Equals, 2009), the issue attracted little in the way of political or public discussion.
Nevertheless, young people’s experiences of intersectional felt stigma help to explain their position at the crossover of multiple risk discourses, and the ways in which they are identified as risk subjects. Perceptions of drugs, crime, race, gender, age and social exclusion suggest a simultaneity of oppression, and help to illustrate aspects of marginalisation (Berger, 2006) and it is here worth revisiting Gilmore and Sommerville’s (1994: 1342) argument that: “Power relationships are central to stigmatization. Stigmatization is an exercise of power over people and a manifestation of disrespect for them”. In the subsequent chapters, this thesis will turn to the ways in which drug treatment acts as disciplining technology for mostly marginalized young people, and the ensuing consequences.
CHAPTER FIVE

“WE’RE CATCHING A REALLY RISKY AND VULNERABLE GROUP”: DISCIPLINING YOUNG CANNABIS USERS

This chapter will explore the approaches to drug treatment taken by the drug workers, and young people's approaches to cannabis consumption. It will then discuss the findings according to theory and policy addressing risk in respect of young people, cannabis use and drug treatment.

Constructing the cannabis risk

Drug workers wanted to stress that cannabis use carried significant risks. The following account, from a drug worker who felt that ‘problematic’ cannabis use led to profound effects on personality, and damaged life opportunities, was typical:

I have one whose been smoking for a long time who’s trying to give up, and he talks about the fact that it’s really messed...you know, he’s not as outgoing and confident as he used to be and wants to be. He just feels like it’s had a huge impact on him...Stopped him doing things ‘cos he was just sitting in smoking, rather than going out doing stuff. And I’ve got a couple of kids who actually, or one, who could have been at the Olympics. He was an amazing athlete, but cannabis has taken over [Site B, Tamsin, YOT Substance Misuse Worker].

Another drug worker felt that the consequences of problem use were stark, particularly affecting mental health and social skills:
Not many of them are dropping out of school because of alcohol use, you know, but a lot of them it affects their behaviour and social interaction skills...Erm, I think depression and self-esteem are certainly affected by it. I think that these issues were there to begin with and cannabis may have been a crutch, you know, to release them from these issues, but I think it does certainly amplifies it and makes it worse [Site C, Adam, Drug Worker].

Adam also characterised some clients’ problematic use in terms of dependency:

I think there’s a... huge psychological dependency. Most of the young people I speak to, when we’re talking about cannabis, I will ask them how much they’ve thought about it since they last used it and a lot of people will say it’s, you know, virtually hourly that they’ll think about where they can get cannabis from and use it, so it’s...it is a controlling element.

When discussing the point at which cannabis use becomes a ‘problem’, the drug workers suggested varying and sometimes contradictory benchmarks. Only one drug worker identified a specific amount or level of use, suggesting that more than two ‘spliffs’ a day is “definitely bad for you” [Site A, Graham, Drug Worker]. Although this might be considered quite a generous indicator for problem use, he in fact suggested that this figure might be rather modest, adding: “maybe I’m a bit biased ‘cos I’m a health professional”.

Paula identified broader risks that characterised ‘problem’ use.

Int: ...at what stage do you think it becomes problematic?
Paula: I think it depends from individual to individual, obviously...I suppose that things like sex is obviously a big thing, erm, so pregnancies, unwanted pregnancies. I had that very recently with a young person...I think the percentages are around 60 per cent of young people engage in unprotected sex when they are under the influence of drugs or alcohol [Site B, Paula, Senior Drug Worker].

Like other drug workers, Paula noted that the response of others, such as parents or the police, presented risks for users of cannabis. Criminalisation was a major concern. She said:
I think that can have a knock on effect. I think...I’ve seen with a lot of my kids, once they’ve kind of been through it, if they go through it at quite a young age it’s not such a big deal... And then once you kind of start down that road things snowball. And your first custodial, it’s not such a big deal.

She suggested that cannabis might only become a problem once parents found out. She said:

When their parents find out, that’s when it can become problematic...Erm, so unwanted pregnancies when their parents find out, that’s quite a big deal because some of them completely freak out and want to kick them out. They want to call the police...

...we’ve worked with a lot of parents who completely lose the plot and actually end up calling the police...they end up trying to get their kids sections and all sorts.

Several of the drug workers pointed out that it could be a young person’s family who is most affected:

[S]ometimes it’s not the young people that it’s affecting the most. They might be quite happy, they might, you know, be fine with their drug use or alcohol use. It’s the parent or the nan [grandmother] or, you know, the guardian whose feeling the most effects from it...they’re most worried.

...a lot of the time it would be that the parents don’t understand the young generation so they just [inaudible] “oh my God they’re on crack or heroin” when really they might just be smoking a bit of weed, you know?” [Site A, Rachel, Drug Worker].

Jo, who worked with parents with drug-using children, suggested that cannabis use among the young could be part of growing up, although parents may find this difficult to accept:

[I]t’s quite tricky because the child is usually well adjusted, and quite normal, and is making a little break for freedom which is a natural progression. But the parent, no. They don’t want to listen or hear anything [Site B, Jo, Family Drug Worker].
She emphasised that mere ‘experimental’ or ‘recreational’ use could lead to damaging responses from parents:

They perhaps even want their children removed from the family and put in care, unbelievably...Yeah, they want them taken, they want them put into care, they want the problem cut out from the family and removed. You know, because they’re not equipped to deal with drug taking, substance misuses that kind of thing...And we’re not talking about addiction here, or anything, we’re talking about experimental and recreational use.

Jo thought that problems began once young people fell into a culture of cannabis use:

[I]t becomes a problem whereby the person has lost the motivation to engage with life, other than cannabis life...so...you’ve got your cannabis group that you smoke with, that you meet with daily, that you talk about with and cannabis induced conversations, you know, of espionage and all sorts of theories that young boys talk about in cannabis groups, and they lose the desire to go to school...they don’t want to be involved in sports...you know, everyone in the world is wrong except for them and their opinion within their group. That’s when it’s a problem.

She added that use was not problematic if the “child was on track and doing the normal things, looking after their physical health, they were washing, going to school, they have ambition and things like that, then I don’t think they would see it as as much of a worry”.

Jo was most concerned about young people becoming ‘outsiders’ through their membership of specific social groupings. This would accord with Howard Becker’s seminal work on labelling, in which he describes deviance as the creation of social groups rather than the quality of an act or behaviour (Becker, 1963). Jo’s concern is therefore with young cannabis users’ lifestyle and their social marginalisation, rather than the problems directly attributed to the consumption of the drug itself.

Drug workers emphasised that all aspects of the young person’s life needed to be taken into account when assessing problem use:
I would definitely say...when the drug or alcohol is in control of them and also it’s impacting their life in a negative way, erm, which it could be to do with their relationships with family, friends, their health, erm, all the different aspects, and that’s what we look at, is all the different aspects...So it’s about kind of looking at every aspect and seeing if the drug or alcohol is contributing to that [Site A, Rachel, Drug Worker].

Another agreed that:

A lot of it is what they’re doing, how it’s having an impact on them, so are they going to school? What kind of groups are they mixing with? Is it impacting on their relationships? Is it impacting on their offending? So I look at, kind of like, holistically how it’s affecting them [Site B, Tamsin, YOT Substance Misuse Worker].

Similarly, Paula said that problem use often only became apparent because of sudden, knock-on effects on relationships or housing: “They get arrested...their family breaks up...they get evicted...and then they realise”.

In considering whether cannabis use had become problematic, then, the drug workers conducted a thorough examination of young people’s lives, including assessing friendship circles, relationships, family life, housing and so on. Both Rachel and Tamsin felt that their clients should consider dropping friends who were smoking cannabis routinely. Tamsin said: “I think it comes to a point where they have to realise they have to make some significant changes to their lifestyles or friendships”. For the drug workers, treatment provided an opportunity to address other concerns about young people’s lives, discussed further below.

**Making the ‘right’ decisions: drug counselling and abstinence**

For the drug workers, the key to addressing problematic drug use among adolescents was greater intervention and more expansive education. Paula thought that drug education should be provided early. Indeed, all of the drug workers felt that it was important to treat children
and young people in order to avert risky behaviours down the line, thereby addressing ‘pre-risk’. She said:

We very recently had the lower age limit removed, which is really good because it means we can do a bit more preventative work. ...You know, we work out of pretty much every high school in [this borough], but sometimes it’s not that that’s come too late...but you’re kind of trying to get your foot in there when it’s actually already started. So to actually get in with the primary school kids...a lot of people are like “no no no, that’s way too young” but actually I don’t think it is too young [laughs] [Site B, Paula, Senior Drug Worker].

For another drug worker, early intervention meant avoiding problems ‘down the line’. He said:

We can’t individually keywork every young person with a drug and alcohol issue but what we can certainly do is promote early intervention so that in years down the line we do eventually decrease the number of young people needing, say, Tier Three\(^{23}\) psychosocial interventions and we do that through our drugs awareness, going out to schools and helping young people to realise the adverse implications of drug use, getting them to think twice about their behaviours [Site A, Graham Drugs Worker].

It was, however, not only important to intervene with young people themselves. Jo, who said her role was to “influence change through the parents”, thought that educating parents was necessary in order to protect children from adverse and disproportionate reactions:

[M]y work is very much about protecting a child from the adverse reaction from a parent when they are starting to cope with their young person experimenting with drugs or alcohol or going out and things like that because, erm, a parent who isn’t equipped for it emotionally or rationally can cause damage with their reaction [Site B, Jo, Family Drugs Worker].

\(^{23}\) According to guidance from the Department of Health, drug treatment is divided according to different ‘tiers’ or levels. See Department of Health (2002).
Drug workers said they practised a ‘harm minimisation’ approach to counselling, and emphasised that they did not insist on abstinence. However, they did encourage abstinence through the provision of education and information. They did not (indeed could not) impose abstinence, but this was clearly advocated. There was a belief that young people should be convinced to make the ‘right’ choices.

For example, Tamsin said that prevention work was about “...giving them lots of information so they can make better, informed choices, and trying to encourage them to think differently about things”. Jo felt that educating children enabled them to have “some control over their decisions and the parents are looking at them in another way”. She added that children “have to be allowed to make their own informed decisions and choices, you know? And I think that’s the healthiest way of approaching it...and, erm, accepting it really”. Children are therefore allowed to make their own choices and decisions, but only ‘informed’ ones.

This balance between harm reduction, including a non-judgmental approach to drug use, and drug workers’ personal beliefs in abstinence, was clearly a difficult one to strike. It led to some struggle and contradiction in the drug workers’ testimonies. One said: “I’m not here to say “you shouldn’t do drugs”, that’s not my place. I want to educate you so you can make your own decisions” [Site A, Rachel, Drugs Worker]. But later she said that she felt her job was to “make them realise that actually I don’t want to reduce I want to stop”. Decisions are expected, she said, to be made “based on the work we do”; in other words, they should be the ‘right’ ones – the informed decision to abstain. Rachel considered it “important to kind of get the workshops out there and go round and give them the drug and alcohol education, so then they can actually identify it with themselves”. She added:

I always tell the parent if the young person doesn’t want to do anything about it, erm, you can try and make them come here and, like, I can given them some drug education, but I can’t physically stop them from say for example smoking weed or drinking alcohol….hopefully if they can get the young person in at least a couple of times where I’m giving them as much education as possible, then they’ll come to their own conclusions.
However, she reiterated that support would still be provided for those clients who refused to stop. She said:

[I]f they don’t want to stop smoking cannabis or whatever drug it is that they’re taking, or drink alcohol, I can’t make them. So sometimes the sessions can be...once you’ve gone through all the drug education, they can be quite difficult and I think that’s when you have to kind of just let them know that you are there for the support if they want it.

So while adopting a supportive approach to those who wanted to continue to consume, sessions could become ‘difficult’ if young people did not want to accede to abstinence.

Tamsin emphasised that it was the young person’s responsibility to change his or her behaviour. She said:

I don’t have to impose these sanctions on them, but I do have to do some work with them, but I do make sure that they understand that my job’s not there to make decisions for them. I’m there to help them think maybe a little bit outside the box, think differently, and then they can make the decisions based on the work we do [Site B, Tamsin, YOT Substance Misuse Worker].

For Paula it was a matter of pragmatism. She feared ‘losing’ the young people, and was worried they would not ‘come back’ if their experience was a poor one:

It’s quite a tall order to sit in front of a 15 year old and say “I don’t think you should ever smoke cannabis again. You should never, you know, binge drink” because they are going to. So rather than give them advice...if you are going to do it, maybe think about this that and the other, rather than “don’t do it” because then they just won’t listen to you anyway. And they won’t engage, they won’t come back, and then you’ve lost them [Site B, Paula, Senior Drugs Worker].

Paula was once again concerned with pre-risk. Moreover, the ‘harm minimisation’ approach was again pragmatic because, said Paula, there was a “kind of mass hysteria over young people going out and trying things”, which could result in “pushing them” towards cannabis:
I think the more people that freak out about it, the more you’re kind of pushing them. You know, making it this big mystique, you know, whilst if you’re just honest, give them the facts, they can make a more informed decision and they feel more in control of their decision.

Adam agreed that mystifying or condemning drug use made it more attractive. He said that “the more you say “no don’t do it” the more they are just going to go and do it, and you’re just somebody else that’s being directive and trying to control their life” (Site C, Adam, Drugs Worker).

Like other drug workers, Adam’s conception of cannabis smoking allowed little autonomy for young people. If young people shunned the advice of prescriptive drug workers, or drug educators, and continued to consume, it was because they were resisting attempts to ‘control their life’, or because they were told not to. Within the drug workers’ testimonies, there was scarce room for the possibility that young people continued to consume after weighing up the benefits and costs of consumption, and deciding that the pleasures were worth the risks. This observation will be returned to in due course.

The drug workers thus considered the lack of knowledge around cannabis use as a main factor contributing to problematic use. In particular, the feeling that young people did not consider cannabis as a ‘drug’ was a recurrent theme. A major goal of treatment and education, therefore, was to instil in young people the notion that cannabis is a ‘drug like any other’. For example, Paula said that “a lot of young people don’t see cannabis as a problem, I think it’s quite a good thing to identify with them at an earlier age that actually it is a drug”. She added:

I think, erm, because there’s this whole issue about cannabis not really being a drug, or being seen as a soft drug, it can kind of get brushed over a bit and kids are not really aware of what they’re getting into, and before you know it the kids are sort of saying they need cannabis to get to sleep, they need cannabis to relax, to chill out, to kind of not think about things.
Paula therefore links a lack of knowledge about the risks of cannabis, and a failure to identify it as a drug, to subsequent dependence and mental health problems. She said that young people tended to only recognise that they had a drug problem when the drug use was ‘higher end’ and had caused significant disruption, for example by leading to an arrest.

Paula also felt that it was difficult to “draw the line” between different types of drugs, and see some use as acceptable, when the risks could still be so high. She said:

I’ve got a young person at the moment [laughs] whose in the Priory for cannabis because it’s just sent him off the Richter Scale, whereas I’ve got other young people who are doing the same but it’s not resulted in the same...so to kind of say cannabis is a soft drug and heroin is going to result in more...confusion [Site B, Paula, Senior Drug Worker].

Tamsin agreed that “a lot of the young people don’t see cannabis as a drug and they find it very bizarre that it is classified. And also the fact that not many people die from cannabis”.

Rachel thought cannabis “tends to be seen as not a drug”, which affected the chances of young people seeking treatment. She said: “They’re surrounded by people that will just tell them the positives, you know, so if they are experiencing negative effects they’re not necessarily linking it to their drug use”. She wanted to emphasise that all drugs were harmful: “It might be the fact that the drug changes, or something, but the issues would still be sort of the same. You know a drug’s a drug, whoever takes it”.

**Young people’s drug decisions**

Although the drug workers suggested that the only rational approach to cannabis consumption was to desist, and were hopeful that young people would do so once aware of the risks through education, the young informants were cognizant of the risks but made the decision to continue smoking, albeit in lower quantities. They had in all cases been counseled by drug workers, had learnt new information about the potential harms of cannabis, but were not prepared to
abstain from consumption.

Cath’s account was consistent with other testimonies. She was aware of the potential risks of consumption, for example to cognitive function, although she overestimated these24, but she also experienced benefits from smoking and thought that concerns about consumption were disproportionate. She had therefore made the decision to cut down, rather than stop smoking entirely. She cited the side effect of possible memory damage as a primary concern: “I need to cut down, cos…that’s what I’m, I don’t want to be 25 and be, like, every five minutes ‘what was you talking about?” She was also concerned about cutting down in order to concentrate on education. She said:

I’m still doing my, like, work and everything but I think if I don’t cut down, like, this time next year, when it comes to my GCSEs, I’m going to literally sit there with the exam paper in front of me and think what the heck did I learn all year? Like, and I don’t want that to happen because the GCSEs are just like…my GCSEs are my future really [Site A, Cath, 15].

But, at the same time, she also felt there were benefits. She said: “You know, like, that’s what I mean, like, it just gets you high, you don’t think about your worries”. Later she added: “Do you know what weed does to me? It, like, gets me high, right? So it’ll put me in really good spirits if I’m with really good company, and then, like, it will motivate me for a bit”.

She thought that concerns about cannabis were disproportionate:

And I think that all these people are like “yeah, weed turns you into, like, a psycho”. No. You need to go smoke a spliff yourself and, like, chill out [laughs].

Her plan was therefore to cut down, rather than stop entirely. Although Lilly was concerned having been told by her drugs worker that cannabis could contain traces of heroin, ecstasy, people’s urine, sand and glass, she suggested that this information would not discourage her

24 There is evidence of links between cannabis smoking and short-term memory loss, but the association with long-term memory problems is much less clear (Riedel and Davies, 2005).
consumption. She said: “I’ll just think of it as just weed. ‘Cos it looks like weed, it’s green, it smells like weed, and I just think it’s weed”.

Claire also said she had chosen to cut down rather than stop entirely. She said:

I used to smoke...before to how I was now, I used to smoke cannabis all day everyday...But now it’s just...I just smoke occasionally innit?...I cut down a lot to how I used to, but it’s still going to be...I think it’s still going to be a part of my life for a bit, but after a time I will cut it all out [Site A, Claire, 17].

As a result of ‘harm minimisation’ advice from her drug worker, she said she has switched to ‘commercial’ cannabis, rather than the stronger ‘skunk’ varieties most closely associated with the development of mental health problems.

Many of the young people compared cannabis to alcohol, an observation that was addressed in more detail in chapter Four. One informant said:

When you smoke weed you can still, you can still function your brain. I don’t know, when you drink alcohol over a certain limit then it’s, I don’t know, it’s like you don’t even function your brain any more, innit? It’s like it’s not even you doing it” [Site A, James, 17]. Another similarly said that “weed’s proper chilling and you can just like...sit and watch TV and that. Just chill and whatever. And then alcohol just...is worse [Site A, Lucy, 15].

They also did not see reason to stop smoking cannabis if they were not suffering severe side effects. James said:

Nah, me I’m alright...I don’t get the effects but I see other people get like... I’ll just be high and then I’ll go back to normal. Some people, I don’t know...I don’t know...they’ll be acting crazy and stuff like that. There’s nothing like that for me [Site A, James, 17].

Billy was aware of the potential side effects of smoking, and described how a friend had developed mental health problems as a result. However, he planned to continue smoking despite the risks. He said:
[It might just affect me tomorrow or today. I might just smoke a spliff and I must just [inaudible] argghhhh. I don’t know...[Site A, Billy, 15].

David said he had cut down on the amount he smoked to twice a month in order to have more stamina when playing football, and “‘cos I find it easier concentrating in class and exams and stuff”. He also said that people:

...need to get more relaxed about it... Because nothing really bad happens when people smoke cannabis. It’s just, you smoke it and then...like, I've never seen fights happen because of cannabis or...people, like, dying because of cannabis [Site B, David, 17].

William, who had been given multiple diagnoses in the past, including Attention Deficit Hyperactive Disorder, said he was concerned that cannabis “was in the family” and he wanted to stop his nephew from “going down that route”. He felt that cannabis was the main source of his problems, including previous offending behaviour. He had, at the time of interview, been excluded from several schools and was not enrolled in any educational programme. At the same time, he said that the dangers of cannabis were overstated, and that he had had good experiences as a result of smoking. He said:

You know, the idea that drugs kill people, it’s true but I smoked a lot of weed, you know? ... I didn’t crash any cars...I didn’t get kicked out of school because of it. I didn’t kill anyone, I didn’t hurt anyone because of it, until it got out of hand obviously. And I had a good time, you know?...Yeah, I really do think that people worry about it too much [Site B, William, 15].

He also said his mother’s cannabis smoking was acceptable because she only used it to “calm down” and “not get high”. By emphasizing that she was not smoking for pleasure, he was defending her from moral culpability, a theme that is discussed further below.

Whilst other young people interviewed inferred that cannabis could be a pleasurable activity when explaining their decisions to smoke, the drug workers did not cite pleasure as a possible rationale. Tamsin for example, when asked why young people smoked, said: “A lot of them put it down to boredom, peers...wanting to be part of a group, other people do it...I think it’s all
about peers and things, and influences” [Site B, Tamsin, YOT Substance Misuse Worker].
Rather, personal, social or family pathology tended to be cited as the cause of cannabis use: family breakdown, poor parenting, individual immorality and so on. Adam said:

I think it’s just maybe their social standing, yeah. A lot of them have behavioural issues because of their family background. And I think it’s… it’s also more socially acceptable with them, because they have no parental boundaries, they’re not told off at home for using it, so, yeah, why not use it?… family history has a lot to do with it. I think self-esteem also has a lot to do with it... a lot of them do see it as a lifestyle choice and it’s something that is just done by their friends [Site C, Adam, Drugs Worker].

One of the young informants suggested that drug counselling had been revelatory: “I didn’t know nothing... I literally didn’t know nothing. I used to just smoke. I didn’t even know I was smoking till now”. Nonetheless, she also thought the harms of cannabis were exaggerated. She knew the risks, but had chosen to smoke anyway:

Er, weed is bad. Are you dumb? Weed is not that bad. Other drugs is worser…. Weed only fucks up your brain cells... and it makes you paranoid, confused... it makes you confused.... Alcohol, you just want to fight. You get over excited. Cannabis, you get, OK, when you smoke weed [Site A, Sandra, 15].

She favourably compared cannabis to tobacco when she found fellow school pupils smoking:

Everyone used to have cigarette but I was like “you lot are going to die more. I’m going to smoke weed, I don’t die that much. Only my brain cells fuck up. But you lot. You lot are going to die earlier than me”.

Similarly, Jason was keen to emphasise that he was ‘done’ with cannabis as a result of drugs counselling. He said. “I thought it was the best thing I ever did. But obviously it weren’t. Just... ruined my life, pretty much. It’s been affecting my school as well. Smoking so much of it, it’s like...” However, he went on to say that he still smoked daily, although less than before. He said:
I didn’t think it was that bad really. I thought it was just normal. But then I saw Paul and he was telling me about it...how many people smoke it, what the effects are and everything, and I thought I’m smoking too much really. So I just cut down a bit. It’s good [Site C, Jason, 15].

Again, he thought the response to cannabis was disproportionate:

People frown upon it. They think it’s a really, really bad drug. It’s actually not as bad as people make out it is. And it’s not a physical need, it’s a mental need. People don’t understand that...these posh people that don’t do nothing [inaudible] and everything, they think weed is like heroin.

**Intervention by stealth: Changing drug using behaviour**

The means of intervention was considered to be very important. It was felt that you could not ‘tell young people what to do’, and that it was better to avoid talking about drugs directly. Methods were used in order to ‘get the message across’ and influence behavioural change. The picture painted by the drug workers was of soft counselling: the subject of drugs had to be broached carefully, and young people might be counselled because they were coming to the YOT anyway, or because seeing a drug worker was a required part of their criminal justice order, or an alternative to seeing another social service agent. Young people did not self-refer, in general, and, according to the drug workers, were not responsive to upfront talk of drugs.

Paula said that: “[I]t’s about changing your language...Erm, you know, it’s how you kind of put it to them as to whether or not they’ll accept it” [Site B, Paula, Senior Drug Worker]. Another drugs worker used a recent example of how he broached the subject of drug use indirectly. During an art class, he used the opportunity to illustrate, through drawing, the “myths and truths” about drugs. He said:

[I]t was thoroughly engaging, but it wasn’t done in a formal setting, it was just talking and, you know, everyone throwing in their tuppence worth and stories that they’d
heard as they were going along, and I would occasionally tell them the facts about a few things here and there, erm, yeah and it’s just...so that that’s how I work. I don’t just walk in, set my drugs box down and go “you will now learn about drugs” [Site C, Adam, Drugs Worker].

He felt that he needed to be trusted by the young people in order to talk about drugs:

[Y]ou have to do a bit of youth work almost to build up a trust, erm, and engagement with them. If you just walk straight in and said “lets talk about drugs” they’ll all turn in another direction.

All the drug workers felt young people would not listen if they were prescriptive. Tamsin said: “It wouldn’t work if I told them what to do. They would just be like ‘nah, I’m not interested’” [Site B, Tamsin, YOT Substance Misuse Worker]. Another saw her role as making young people realise they were, to some extent, dependent, or ‘being controlled’ by cannabis. At the same time, she wanted to avoid using the word ‘problem’ when addressing cannabis use because she saw ‘problem use’ as relatively easy to overcome:

I might sit there and speak to them about it and they are convinced “no no no, I’m controlling it”, spending a couple of weeks and hearing what they’ve been up to during the week and how their relationship is with it, and actually making them realise, actually no, it’s controlling me, you know, that’s when I would say that there’s an issue, erm, I don’t like the word ‘problem’ I like the word ‘issue’ [laughs]. Only because it’s like, you know...problems, it’s like...when you say problems it’s like it’s really hard to solve [Site A, Rachel, Drugs Worker].

Tamsin thought that place was important, as well as language, so that young people did not have to experience the stigma of attending drug counselling. This was avoided at the YOT, she argued, because young people thought it “cool” to attend. Once inside, she could begin work.

So they think it’s cool to come there, ‘cos a little bit hard ‘cos they’ve got in trouble. But it’s kind of...there’s an anonymity because no one really knows who they’re seeing when they come. So once you’re through the door, you could be seeing a counsellor, you
could be seeing a drug worker...your case worker. No one really knows, so it’s more subtle there, I think, than being asked to leave the class to go and see so-and-so in school [Site B, Tamsin, YOT Substance Misuse Worker].

Tamsin felt that, once at the YOT, young people preferred to see substance misuse workers rather than other social service agents. She said:

[T]he fact is they’ve got to come anyway, maybe some of them have to come five times a week, some have to come three, once a week, and if they...if it means that they see me, then they don’t mind. It means that they don’t see somebody else.

Similarly, Rachel said that young people would ‘choose’ to see drug workers, but only as an alternative to meeting other social service or criminal justice agents. In this respect, treatment could be described as quasi-coercive (Stevens, 2011: 71). She said:

[I]f a young person is involved with drugs or alcohol, erm, it might be that they’ve been arrested because of it or just that they’ve openly smoked, erm, or drink, erm, the probation officer can do it so that they see me once a week and herself once a week. Erm, that can be quite difficult as well because again it’s the young person being forced to come and see me, you know, “if you don’t go and see Jenna” you know... Well they do kind of have the option in the sense of, like, well you can either see me or probation officer twice a week or you can see Jenna once a week and me once a week. They tend to always say “OK I’ll see Jenna once a week and you once a week” just so, you know, it’s a different person, you know?

Peer work was felt to be a good means of getting the messages across:

We’ve got a young person’s peer support group and it’s growing exponentially in the space of a year. We get upwards of 40 young people who come in and...it’s good because it’s a space where they can share their experiences and they come out feeling empowered. They come out feeling as “wow”, you know, as I said “I’m not alone in this” [Site A, Graham, Drugs Worker].
Jo also championed peer group work with parents. She said:

[T]he most effective interventions I’ve found is, erm, I think are peer influences, so if you can get parents with other parents. You know, so they get can each other’s opinions, and understanding, on it. They learn more from that than an individual such as myself...The ones that are over controlling from the upper end, they get a more realistic view of life. And then the ones from the other end get a more realistic view of their power and influence [Site B, Jo, Family Drugs Worker].

‘Sharing’ among parents thus enables the exchange of information leading to the adoption of the ‘right’ ‘view of life’. Jo’s role was interesting because she aimed to protect children through the re-education of parents. She felt her aim was “to try and shore up the bit that’s missing from the parent basically”. Her parental clients were not “of a normal emotional and social model” and so children needed to “be given that within school”.

For the drug workers, addressing drug use provided an opportunity to address other concerns. Paula said that support from the drugs service was, as a consequence, holistic and reached into all aspects of a young person’s life:

We’ve got quite a wide reach, erm, in supporting young people not only around their drug and alcohol use but in terms of, you know, of everything actually like abuse, housing, sexual health. I think we’ve got quite a wide net [Site B, Paula, Senior Drug Worker].

Graham felt that his role as a drug worker included addressing many aspects of a young person’s life, including gang activity, or ‘postcode rivalry’:

[T]ypical interventions we offer are employment workshops, erm, life skills, helping them to be able to communicate better, especially non-verb...not verbal communication so it’s gonna stand them in good stead when they do, say, go for an interview. Erm, we try and, erm, make available lots of, erm, positive diversion activities that promote community cohesion and, you know, young people from all across the borough, all
across the borough accessing the project and, you know, try and minimise the issues of, yeah, postal code rivalry [Site A, Graham, Drugs Worker].

**Networks of surveillance: ‘Catching’ risky young people**

Drug workers noted that many of their clients were involved with various social service agencies. Rachel thought that drug treatment was less stigmatised as a result. She said:

> [W]hat you've got to remember is that the majority of young people in [this borough] are engaged with some service or another. Sometimes you’ll get one that’s engaged with every....they’ll have to go and see social services one day, probation the other day, you know, Connexions that day, this...they’re constantly going from service to service, so it’s not seen as an issue [Site A, Rachel, Drugs Worker].

Like other drug workers, she saw the amount of intervention and range of services as positive. She said: “Any kind of service they want they can get access to very, very easily”. Rachel said that referrals could come from multiple sources: “Anywhere where there’s young people in [this borough] they can...any service can refer them to us and we get referrals from different services”.

She echoed the views of other drug workers who felt that the criminal justice system was a good means of ‘catching’ young people who may have drug problems, and releasing them into the network of intervening services. She said:

> When they bring the young people in, if they’ve been...say for example they’ve been arrested, erm, cos they had some weed on them... It’s just a way of them not kind of slipping through the gaps, you know...It’s us working in partnership, do you know what I mean?... so any crime could be because of drugs or alcohol... so it just kind of gives them the opportunity to kind of access support after they’ve, you know, after they've been released.
Jo felt that the youth justice system was ‘brilliant’ because young people could be caught before being criminalised. She said: “I’ve worked with the youth offending team for years and it’s a brilliant system, and this is just taking it one step back so they don’t even have to get arrested and appear in court before we can try and do some intervention” [Site B, Jo, Family Drugs Worker].

Tamsin also felt that being arrested and referred to the YOT provided the opportunity for intervention by substance misuse workers. The idea of pre-risk was once again important. She said:

So that’s why it’s always been seen that this role is really important because we’re catching a really risky and vulnerable group that would not necessarily engage... I just think there’s an opportunity with young people that’s really amazing. And maybe it might not happen when you’re working with them, but hopefully down the line it will click [Site B, Tamsin, YOT Substance Misuse Worker].

Jo described the quasi-coercive mechanisms through which young people are channelled into drug treatment following arrest. She explained that individuals on drug possession charges would be given a warning on the condition that he or she engaged in weekly ‘Triage’ meetings. The Triage is a custody-based risk assessment process which aims to “prevent young people from offending or reoffending” by bringing a YOT practitioner into police stations at the earliest opportunity (YJB, 2009: 18). Jo said that young people could then be required to engage in an intervention, for example weekly substance misuse meetings, in order to avoid prosecution. She said it meant that, for the young people,

at least they know that they’ve had an intervention then. Whereas if they take them to court they’ll get a fine, or get a community award, it’ll cost us a lot more money and there’s no real evidence that we’ve put the information into them [Site B, Jo, Family Drugs Worker].

Arrest, perhaps for a minor offence such as cannabis possession, thus gives a range of agencies the opportunity to “put the information into” the young person following an ‘assessment of
needs’ and a perhaps lengthy programme of intervention. Jo also advocated intervention prior to arrest once ‘intelligence’ has been gathered to indicate risk. She said:

Now where there are serious concerns, I would put children on the early intervention panel, you know, if they haven’t yet been arrested but I know that they are on the edge of criminality or ruining their education, or changes in behaviour, or health, I’ll put them on that panel which’ll mean they’ll look at all the interventions they could possibly do, they’ll be monitored by the police, they’ll use intelligence to see who they’re hanging around with. If they’re hanging around with older people who’ve got drug links or crime links and things like that, and then we’ll get to them that little bit earlier on.

Early Intervention Panels operate under the Common Assessment Framework – a framework for assessing children and young people ‘at risk’ within local areas in England. They coordinate services in order to meet the needs of individuals identified as at risk, and can involve or be used by everyone who works with children, young people and families (DfE 2011). Jo said “anybody who contacts anybody who knows about the intervention panel will see it as a possible solution”.

Adam noted, however, that referrals could result from more informal mechanisms. He said:

It’s also communication between different agencies....there’s one father that only got to me by default because he came across somebody who knew of me and knew the company I work for. You know, we’ve done a referral for his son, erm, and for him and his wife to have some work with the family team about how to live with their son’s drug use [Site C, Adam, Drugs Worker].

According to Adam, the assessment tools used for the young people included considerable scrutiny of the life of the young person. He said:

We have something called a Doss tool, which is a series of questions that we ask the young people, bearing in...that goes along the lines of what substances they’re using, erm, whether they’re injecting or not, whether they hallucinate or not, whether they pass out or get aggressive, and then we ask them questions about their family life, erm,
sexual life, er, and that sort of things, er, and you know whether they’re in housing or not. And then we ask a series of questions on physical or mental health [Site C, Adam, Drugs Worker].

Jo felt that young people and parents were unable to address problems associated with drug use without the intervention of services. She said:

In the families and young people I work with they use the term addiction, and they fully believe in addiction in terms of cannabis use, that they are an addict. The person who’s using it, the child who’s using it believes they’re an addict, and the parent also views that child as an addict. But they are powerless to break that situation without a larger intervention, you know?

Nonetheless, Paula recognised that drug workers and others working with young people may feel obliged to “throw everything” at particular individuals. She said:

Some of them are overloaded with help, and can’t kind of see the wood for the trees because obviously we’re in a kind of society now where if you’re...as a professional if you’re involved with a young person and you think there’s a problem you’ve got to throw everything at that young person. I’m not being horrible, but to cover yourself as well, if anything were to go wrong. So some...I’ve got a couple of kids who actually could do with a bit less...more quality, less quantity [Site B, Paula, Senior Drug Worker].

**Young people’s ‘treatment’ experience**

For many of the young people, drugs counselling was not about addressing a ‘drug problem’. Rather, they said they voluntarily chose to see a drug worker, for example, as a way of passing the time, or in order to avoid school lessons. Alternatively, they may have been identified as exhibiting ‘problem behaviour’, with drugs counselling offered as a possible solution.
The following exchange took place between the interviewer and a young person who attended an Education & Youth Services (EYS) school.

Int. And how...can you tell me a bit about how you first started seeing him?
Mark. I saw one of these lot talking to him so I just asked if I could start doing it with them
Int. Yeah. Why did you want to start doing it with him?
Mark. Something to do
...
Int. So why then do you go and see Pete?
Mark. 'Cos he takes me out
Int. Oh, does he? So you get out the centre?
Mark. Yeah. It’s why most of these [fellow pupils] do it
[Site C, Mark, 15].

Jon said that the reason he began seeing a drugs worker at the PRU he attended was because a teacher had identified problem behaviour. He said: “The PRU thought that my behaviour was going off point, so they started telling me to speak to her to see if it would help. And then, I started speaking to her and it continued from there” (Site A, Jon, 16).

The young people also described sessions as opportunities for general counselling, rather than discussions about drugs or alcohol. Jon said:

Most times when we talk, like, you don’t talk about alcohol because I don’t drink but if you talk about drugs only like, she’ll ask me do I still smoke and why, like, she’ll just try and convince me to, but most times we just speak about [pause] general stuff... what I’m doing with my life, like things at home... like if there’s anything going on at home then we’ll talk about it. Or, how’s school going...just random stuff.

Jon, along with all the young people, was positive about the services being provided. He said:

I think of all the people I spoke to I think Jenna’s been the best, like. She just straightforward. Like other people will come in...I think Jenna’s just...most people I see
them as they’re just here to do their job. But Jenna I see it as she’s here cos she cares like.

The individual relationship with the drug worker was important, and it could provide the opportunity to discuss problems and address general mental health needs:

Like, it keeps me a bit sane cos now, I ain’t got no social worker...no one to talk to really. Me and my Mum don’t got along, like...just don’t get along...so I just come here, I can tell [drug worker] yeah... Cos I think if you don’t talk about how you’re feeling or don’t talk about, like, stuff then you’re just...you’re heads going to explode [Site A, Cath, 15].

Discussion

Treating young cannabis users

Drug workers were keen to emphasise the value of education, and they hoped that young people would abstain from cannabis use once in receipt of appropriate information. Young people were being ‘empowered’ to make ‘informed choices’, and this language resonates with neoliberal technologies of governance, as discussed in Chapter One. It is important to avoid adopting totalising analyses that reify surveillance and oppression and disregard other relevant rationalities – a tendency that, for example, Keane observes in the context of harm reduction (Keane, 2003: 232); see also chapter One). Teaching individuals to make the ‘right choices’, ‘putting information into them’ so they can come to the ‘correct’ conclusions and adjust their behaviour accordingly, and encouraging responsible self-management are all what Rose (2000: 334) considers to be part of professional attempts to reconstruct the “relations that humans have with themselves”’. Young people, from a governmentality perspective, are thus being *shaped* through drug treatment intervention to become autonomous, drug-free individuals. A specific kind of subject is being constructed under the guise of autonomous decision-making. Rose (2000: 334) argues that “empowerment – or the lack of empowerment – codes the subjective substrate of exclusion as lack of self-esteem, self-worth and the skills of self-
management necessary to steer oneself as an active individual in the empire of choice”. Individuals are thus ‘empowered’ to become ‘free’ from exclusion. The language of empowerment, appearing to reject paternalistic approaches to the alleviation of difficult circumstance, encourages and even requires subjects to be in control of their destiny. The sharp edge of these professional interventions is that the failure to modify one’s behaviour appropriately, the failure to heed the messages or to act on instruction, is constituted as a failure of personal responsibility on the part of the young person.

The avowal of peer work by some of the drug workers, whether among parents or young people, can be understood as attempts to ‘govern’ individuals through their own participation and by teaching each other self-responsibility. Again, Rose (2000: 329) has written about such logics of self-responsibility extending into the community, so that neighbourhoods and local groups become responsible for their own security through rationalities and technologies of ‘empowerment’, ‘participation’ and local management. As a result, community becomes a “means of government” (ibid.). In the context of youth justice, Muncie (2009) has argued that multi-agency work in the youth justice systems reflects such a dispersal of power. He argues that theory on governmentality enables consideration of the ways in which governance is achieved ‘at a distance’, including “where a language of risks and rewards has transformed that of care and control...and where partnerships, communities and families have been ‘empowered’ and ‘responsibilised’ to take an active role in their own self-government, but where some citizens may also have been ‘abandoned’” (2009: 241). He describes how new modes of governance also include: devolving responsibility for government to individuals and families; creating the ‘active citizen’ and ‘negotiated self-governance’; nurturing the individual desire to govern their own conduct with freedom; involving civil society in the process of governance; and regulating devolved governance through fiscal accounting, audit and evaluation research (Newman, 2001; Muncie and Hughes, 2002).

At the same time, there was a recognition among the drug workers, at other times in the interviews, that some level of cannabis use was inevitable and even acceptable. Some of the drug workers felt that significant risks of cannabis consumption were related more to the
reactions of others, particularly parents. Jo, for instance, said that parents could refuse to accept or acknowledge that the use of cannabis might be a “natural progression”. Paula said that “[w]hen their parents find out, that’s when it can become problematic”. While the role of the drug workers might thus entail changing behaviour by ‘informing choice’, the personal experiences and opinions of the interviewees suggested a more equivocal approach to cannabis use – even if this was not necessarily conveyed to the young people. This points to a possible tension between the ways in which rationalities characterised as ‘neoliberal’ or risk-orientated at the policy level may also operate variably within professional practice. This will be discussed further in the context of harm reduction below.

Drug workers delivered drugs messages by stealth. As well as the championing of peer work, drug workers felt that approaching the topic of drugs directly failed to elicit the desired acquiescence. Using subtle language was thus considered important in generating compliance. Moreover, young people, rather than self-referring, were often seen by a drug worker only because they were already caught up within the network of criminal justice agencies and social services, or because they attended a school for excluded children. The care taken over language, in particular, might be reflective of young people’s mistrust of drug education. According to Swift et al. (2000: 108):

The paucity of information on correlates and consequences of cannabis use among adolescents, particularly its relationship to co-morbid psychopathology, have allowed an ill-informed and polemical community debate around cannabis to flourish. As a result, young people are increasingly skeptical about public messages on the harms associated with cannabis use

Instead of top-down approaches to education, peer work offers the promise of ‘empowering’ members of populations at risk through participatory means. Instead of being taught about risky behaviours from individuals who occupy ‘other’ social spaces, the premise is that those at risk are more likely to listen to, and identify with, members from their own social groupings. Although such ‘bottom up’ approaches have been found effective in, for example, community HIV prevention work (see, for example, Pearlman et al. 2002), peer education programmes may
also act as a means for dispersing ‘top-down’ messages in a more effective way.

For example, Shoveller and Johnson (2006: 52) argue that sexual health peer education programmes may advance a particular discourse – that of risky behaviour. As a result, they found, of changes in Canadian sex education discourse in the last 30 years,

young people themselves were now engaged (although probably not in a conscious way) in Foucauldian practices of dividing. Ultimately, by the early 1990s young people had taken on the task of dividing their peers and themselves into categories (e.g. un/safe and ir/responsible) based on adherence or disobedience to the risky behaviour discourse. Until this time, most of the power to judge and divide rested with adults; youth peer educators represented a much more potent source of judgement for many youth—their peers.

In explaining problematic drug use among young people, Adam thought that “self-esteem also has a lot to do with it”. Shoveller and Johnson argue that such discourse on self-esteem in respect of sexual behaviour has led to a focus on risky persons, rather than risky groups or risky behaviour. They write that:

The line of reasoning follows that youth who engage in risky behaviour must naturally possess lower self-esteem, otherwise they would behave more positively (i.e. remain abstinent) or at lest behaviour more safely (e.g. use condoms)... Our data, albeit exploratory, suggest that the potential exists for a well-intentioned focus on self-esteem and sexual health to imply ultimately that some types of youth who engage in particular sexual behaviour must possess character flaws or personality deficiencies resulting from low self-esteem (Shoveller and Johnson (2006: 54).

There is therefore the potential for self-esteem discourses to further locate the management of cannabis-related harm solely within the individual, to the exclusion of structural contexts and
social forces which may also help to explain young people’s potentially problematic cannabis use. Similarly, as discussed further below, drug workers cited individual, pathological reasons for drug taking: family breakdown, poor parenting, trauma and so on. The consequent focus on changing young people’s attitudes, knowledge and risk behaviour is supported by a paucity of research on the ways in which young people’s problematic drug use is shaped or influenced by social contexts and structures, rather than by their own apparent deficiencies. As a result of the discourses of empowerment, self-esteem, and correct decision-making young people in drug treatment are accorded the status of ‘entrepreneurial actor’, whose prudential decision-making, according to the drug workers, was expected to result in abstinence. Nonetheless, drug workers’ perceptions of cannabis use might at the same time contrast with this belief in abstinence. Cannabis consumption was also understood as ‘natural’ and part of growing up, whilst the distinction between acceptable and ‘problem’ use was not clear.

The promise of harm reduction

The drug workers said that while in practice they adopted a ‘harm minimisation’ approach to smoking cannabis, and did not insist on abstinence, they also felt that “no amount is a good amount”. This approach is not necessarily inconsistent with approaches to drug use within harm reduction discourse. Harm Reduction International explains that:

Harm reduction refers to policies, programmes and practices that aim to reduce the harms associated with the use of psychoactive drugs in people unable or unwilling to stop. The defining features are the focus on the prevention of harm, rather than on the prevention of drug use itself, and the focus on people who continue to use drugs...Harm reduction complements approaches that seek to prevent or reduce the overall level of drug consumption (HRI, 2009).

As discussed in Chapter One, harm reduction policies have largely been associated with efforts to derail the HIV/AIDS epidemic through the provision of safer sex and drug-using practices, although their origins stretch back well beyond (Seddon et al., 2012). There has been much less
discussion, although more so in recent years, about harm reduction approaches to ‘softer’
drugs, such as cannabis and alcohol (Beaglehole and Bonita, 2009; Swift et al., 2000; Warburton
et al., 2005). Nonetheless, one of the central tenets of harm reduction approaches to ‘harder’
drugs, including heroin and cocaine for example, is that information on safer drug-using should
be provided to prevent harm (Seddon, 2010; Swift et al., 2000). Toby Seddon (2010: 85) thus
argues that harm reduction technologies are “based on the notion that if drug users were
supplied with the right materials, resources and information, they would tend to make more
responsible choices about their consumption practices, that is choices likely to reduce risk”. In
line with drug workers’ descriptions of their approaches to treatment, harm reduction
programmes are therefore characterised by the provision of information that ‘empowers’ users
to make ‘informed choices’ about drug use, replicating neo-liberal rationalities concerning risk
and responsibility.

Rachel’s preference for the word ‘issue’ rather than ‘problem’ is particularly instructive in this
context because it could be understood as an attempt to describe behaviour that young people
are quite capable of modifying. She said: “When you say problems it’s like it’s really hard to
solve”. As discussed in Chapter One, according to the ethics of harm reduction, words like
‘addict’ and ‘abuser’ should be replaced by ‘drug user’ in order to denote a consumer “quite
capable of making rational choices and of discerning between advantageous and
disadvantageous commodities and behaviour” (O’Malley and Valverde, 2004: 36). ‘Addicts’ and
‘alcoholics’, or indeed problem drug users, thus become “ordinary people in a high-risk
situation” (ibid.). The discredited ‘disease model’ of addiction (Drew, 1987) assumes that
dependent behaviours are progressive and chronic, in the same way that other conditions such
as cardiovascular disease or diabetes would be similarly described. It is premised on the idea of
a physical loss of control, and thus diminished capacity to make choices. This ‘medicalised’
model has been criticised because of its deterministic outlook, and its propensity towards
stigmatising those afflicted. There is thus a tension between the harm reduction and disease
models because harm reduction invokes a greater capacity to make choices. O’Malley and
Valverde (2004: 36) write that social transformations, and neo-liberal rationalities, have
accorded more weight to the latter model in recent years. They write that “the convergence of consumer society and neo-liberalism transforms the compulsion of addiction into a freedom of choice”. But freedom of choice has a “rather sharp edge” because “individuals are rendered more personally responsible for the governance of harm” (O’Malley and Valverde 2004: 39).

It could be argued that the harm minimisation approach advocated by the drug workers was a weak one. As noted above, according to HRI the defining focus of harm reduction programmes is the prevention of harm, rather than the prevention of drug use itself, even if such programmes ‘complement’ approaches that seek to prevent or reduce consumption. The main aim of the drug workers, on the other hand, was to promote abstinence. Harm reduction advice, including for example how to manage ‘whities’ or smoking ‘commercial’ forms of marijuana rather than ‘skunk varieties’, which carry more potential risks, was therefore secondary. Informed choices do not lead to abstinence by definition. The drug workers at times condoned moderate cannabis consumption, say only at the weekends, in order to reduce the possibility that use may, for example, lead to poor school performance or reduced motivation. However, they all considered an informed choice to be the decision to abstain. A crucial aspect of the harm reduction ethic is retained, however, in that the provision of health advice did not seem to be expressly conditional on moralised norms around abstinence (Race, 2007). Indeed, as discussed above, drug workers did not necessarily morally oppose cannabis use, and even perceived consumption as an inevitable or natural part of growing up, even if they considered abstinence to be the primary goal of treatment.

Rose (1990) maintains that advanced liberal democracies are organized through the use of persuasion rather than coercion. Accordingly, “[t]he avoidance of force underpins the production of the rational (male) autonomous individual and reflects the core cultural values of liberal democracies—freedom and choice” (Scrambler and Craig, 2006: 1121). Drug workers have little power to enforce abstinence, and they acknowledged that young people would not be responsive to abstinence messages, nor ‘being told what to do’. Their role is rendered somewhat redundant if they do insist on abstinence and their clients fail or refuse to comply. It
is certainly possible that many young people would choose not to continue using the service if they felt that their choice to smoke was being judged negatively, unless of course in situations where a treatment programme is attached to a youth justice order, as discussed in Chapter Two. Individuals handed a Drug Testing Requirement, attached to a Youth Rehabilitation Order, would, of course, also have a greater interest in abstaining from drugs since evidence of continued consumption will be taken into account “in the context of the young offender’s overall progress on the order” – even if abstention is not required (YJB, 2010: 7). However, for the majority who are not tested, it would not be difficult to continue attending treatment, and fulfil their YRO requirements, whilst withholding the fact that they continue to use. This therefore casts doubt on whether such treatment could in practice constitute ‘governing the soul’ (Rose, 1989) since, as discussed in chapter Two, young people may simply be choosing the lesser of two evils, rather than ‘self-responsibilising’. It is also questionable whether the harm reduction approach favoured by the drug workers was based on an ethics, including a non-judgemental approach to drug consumption, rather than a pragmatic imperative. In this respect, the harm reduction paradigm is perhaps rendered redundant in respect of children and treatment for cannabis use. Rather, treatment becomes a matter of health education informed by a strong abstinence ethic. According to Kane (2007: 419), harm reduction:

[r]esists those processes that pathologize individuals on the basis of their behavior, or police or neglect them on the basis of their deviance, seeking instead to provide resources for their care and safety, irrespective of their imputed moral status. It does not engage in a moral decipherment of individuals, this is not its mode of operation.

There are a number of possible reasons for this abstinence-focused approach. As mentioned above, there is much less information about, and research on, harm reduction approaches to softer drugs such as cannabis compared with harder drugs. Hathaway and Erickson, (2009: 138) argue that: “Harm reduction rarely has considered interventions appropriate for sensible, continuing, controlled use that still may carry risks and long-term harms”. One consequence is that cannabis harm reduction advice is rather more nuanced than for drugs such as heroin or
crack cocaine, particularly when these latter drugs are injected. It is, for example, relatively straightforward to argue that injecting rooms and needle sharing facilities, which constitute an acceptance that drug taking will take place, are required in order to curtail the spread of HIV. The harms caused by such drugs are potentially much greater, and so it is reasonable that preventing such harms should be a primary consideration. With cannabis, the harms are more nebulous, including in the eyes of the drug workers. If a person is not one of the very small minority already experiencing grave mental health problems, it may be difficult to identify the harms caused by, for example, daily cannabis smoking. It might be argued that drug workers therefore feel able to promote abstinence because there is less of an immediate health imperative, and less of a risk that abstinence-only messages will deter drug users from profiting from potential life-saving interventions. Harm reduction involves the setting up of a priority of goals (O’Hare and Riley, 2000: 2,) but for cannabis, drug workers may feel prioritisation is not so important.

There is another issue to consider here, that of the social construction of childhood and adolescence. As discussed in the introduction, understandings of childhood/adolescence as a time of vulnerability and innocence may be incompatible with the use of drugs or alcohol. Indeed, this view is to some degree backed up by epidemiological research suggesting that cannabis and other drugs may have a particularly harmful effect on still-developing human bodies (Jager and Ramsey, 2008). It is therefore perhaps particularly difficult to accept that adolescents might make autonomous, ‘responsible’ decisions to consume drugs that carry certain, limited risks, a point returned to below.

Drug workers may also be worried about appearing to condone drug use. The various contradictions and controversies pervading the public drug education website FRANK demonstrate the problems with advocating approaches to drug use among young people that do not prioritise abstinence and prevention. In fact, the website has been criticised from both sides of the cannabis prohibition/liberalisation divide. It has been accused of inaccurately confusing the harms caused by cocaine use with those caused by prohibition (Transform, 2008) and at the same time criticised for “failing” on prevention and education and “instead
progressively focussing on harm reduction and risk minimisation, which can be counter-productive” (DEF, 2010). At a meeting of the UK parliamentary Home Affairs Select Committee on the subject ‘Drugs’, in April 2012, Mary Brett, of EURAD (Europe against Drugs), claimed that FRANK’s harm reduction advice in respect of cannabis had directly led to instances of psychosis among young people (HOC, 2012). Indeed, it was children who were frequently used by the pro-prohibition panel of speakers, also including newspaper columnist Peter Hitchens and former media executive Kathy Gyngell, to emphasise the dangers of drug liberalisation.

Perhaps as a result of the criticism of its advice on harm reduction, the section of the FRANK website dedicated to cannabis, called ‘On the ‘Cannabis: Mess with Your Mind’, now errs significantly on the side of abstinence. One image asks the visitor to “take a look at yourself. There’s an embarrassing side to using cannabis. You can go pale, start to sway and feel like you really need to puke” (FRANK, undated). Once again, this might be understood as abstinence-informed drug education rather than harm reduction.

The wish of the drug workers to instill in the young people an understanding that cannabis is a drug, like any other, can be understood as an attempt to resist or overturn its ‘normalisation’. To summarise, the ‘normalisation thesis’ was outlined by Parker and colleagues (1995: 26) who claimed that “for many young people taking drugs has become the norm”. Characteristics of the thesis include easier access to cannabis, higher rates of use, and greater tolerance of drug use by non-users (Parker, Williams and Aldridge, 2002). Coffield and Gofton (1994:3) argue that while drug use is largely perceived as unproblematic by most young people, it is seen as an issue by “their uncomprehending parents...their largely uninformed teachers and...the police”. The thesis shifts the focus of drug studies from ‘subcultures’ to mainstream practices, but it has also been criticised for oversimplifying perceptions of drug use among young people (Shiner and Newburn, 1997). Drug workers were concerned that cannabis was being equated with alcohol, and that young people were unaware of its risks because its use had become widespread. The drug workers also emphasised the dangerousness of cannabis, and equated its use with the consumption of other drugs such as heroin. After all, argued Rachel, “a drug is a
drug”.

The accounts of the drug workers, therefore, tend to accord with a variable notion of harm reduction that suggests its value neutrality, as discussed in chapter One, may be somewhat specious. As discussed in Chapter One, Keane regards the ‘technical’ approach to harm reduction, “as a fruitful basis for imagining and working towards a particular style of ethics which supports open-ended debate and respects the freedom and difference of others” (Keane, 2003: 232). This ‘open-ended’ dimension also allows room for value judgements about cannabis consumption, and the outward promotion of abstinence, as well as for more equivocal beliefs about whether it is acceptable for those under 18 to use cannabis. While, then, young people were encouraged to make the informed choice to abstain from consumption in treatment – and indeed were ‘empowered’ or ‘responsibilised’ to do so – this was a technology that was believed to be uniformly applied, but the associated rationality operated differentially. Of course, it was not possible to ascertain, from the data, whether the the ways in which drug workers professed to operate accorded with their actual practice. But the interview accounts pertaining to abstinence and harm reduction do suggest that observations about the logic and deployment of risk as sites for struggle and inconsistency, rather than areas of uniform convergence of policy and practice.

**Webs of surveillance**

Drug workers spoke of a myriad of ways in which young service users were caught up in mechanisms of discipline and surveillance. As a result, it was felt that this made it easier for young people to get help, and that they were less likely to be stigmatised as a result. It was agreed that the criminal justice system offered a good means with which to ‘catch’ young people and address both substance use needs, and other needs as necessary, even when it meant young people were treated more harshly than adults. There was support for ‘intelligence gathering’ and the sharing of information between agencies. It is perhaps not surprising or unusual that risk agents will tend to support the complex of surveillance mechanisms that serve
to cultivate specific subjectivities (Garland, 1997; Rose, 2000). Indeed, Paula recognised that drug workers and others working with young people may feel obliged to “throw everything” at particular (marginalised) individuals.

But it is important to problematize the commonly-held assumption that diversion into community programmes through the criminal justice system must be a ‘good thing’, particularly when compared with the prospect of prosecution for criminal offences. As discussed in chapter Two, intervention may have a sharp edge. Siobhan McAlister argues that risk technologies have the “potential to further marginalise and criminalise young people living in economically deprived areas” through, for example, stigmatisation (McAlister, 2008: 25). McAra and McVie (2007: 184) suggested that those interventions experienced as punitive and/or stigmatising serve to increase rather than reduce offending. It is worth revisiting their argument that their research was

the first pointer to a labelling process which underpins agency decision making, namely that those who are sucked into the juvenile justice system from an early age are not always the most serious and prolific offenders and, once in the system, this can result in repeated and amplified contact (2007: 190)

White and Cuneen (2006: 19), moreover, argue that intervention and ‘community-targeting’ can lead to discrimination in the job market, while Koffman and Dingwall note that: “[t]he majority of young offenders will attain greater maturity eventually and outgrow their law-breaking, if they are not adversely ‘labelled’ and confirmed in their criminal identities” (Koffman and Dingwall, 2007: not page numbered). Evidence from a confidential survey where young people self-reported their offending showed that once young people had been warned or charged they were much more likely to be arrested again than those who committed similar offences, but were still unknown to the police (McAra and McVie, 2005). Goldson (2011) has argued, moreover, that theoretical critiques of intervention in youth justice are informed by interactionist, social reaction and labelling perspectives that question the common sense assumption that early intervention serves to offset future offending.
Rachel thought that it was easy for young people to access services, yet it is almost always marginalised individuals who end up within the tendrils of social services or criminal justice agencies. Following interviews with 150 serving police officers before cannabis was classified down to a class C drug in 2004, Warburton et al. (2005) found that officers tended to ignore cannabis possession offences. However, good reasons for arrest included whether the person was a known offender, whether they were appropriately apologetic (the ‘attitude test’), or if they otherwise appeared to be the kind of person who should be arrested (a ‘usual suspect’ (McAra & McVie, 2005). Police still have much discretion in deciding whether to arrest and push for the prosecution of a low-level cannabis offender, and the process is highly selective (ACPO, 2009; Stevens, 2011). According to Stevens (2011: 95), “[t]he deliberately inflicted pains of drug control have usually fallen most heavily on the poor and on visible minorities… the development of drug controls can partly be explained by the fear of immigration and the desire to control the activities of people who are seen as threatening to the ethnic and cultural mainstream”. In the past, the targeting of black cannabis dealers has been found to be a “substantial factor influencing the number of black persons in the prison population” (Hood, 1992:181, cited in Stevens, 2011: 95). Research has found that black people are disproportionately represented at each stage of the criminal justice system. Accordingly, notes Stevens (2011: 96), “black people in England and Wales are 6.1 times more likely to be arrested and 11.4 times more likely to be imprisoned for drugs offences than white people”. Nonetheless, Stevens also suggested that the difference in stop and search rates between black and white people may be explained by other variables including unemployment, ‘being out on the streets’ and having friends who are also in trouble with the police. Race is closely linked with social exclusion.

Besides expressly-identified criminal justice interventions, intervention into the lives of young people according to risk categorisation has been critiqued in general. Hilary Kemshall (2008: 9) notes that the increasing concern with the marginalisation and vulnerability of young people has led to the early identification of ‘problematic’ children, and the implementation of programmes targeted at addressing risk factors. Although such interventions are framed as care
and support, they also serve a demand for social cohesion and economic performance (Kelly, 2006).

The idea that ‘hard-to-reach’, excluded young people who may be experiencing harms as a result of cannabis use, or for that matter any other behaviour, may be able to access mental health or life skills services as a result of ‘intelligence-gathering’, or being ‘caught’ by criminal justice or social service agencies, is an intuitive one. Indeed, it is possible that many young people have positive experiences, and avoid criminalisation, as a result of diversionary youth justice mechanisms or intervention by social services. This reflects the idea that the means of government may be “authoritarian at one time, welfarist at another; delivering discourses of responsibility as well as rights; and driven by a deeply imbued moralisation as well as pragmatism” (Muncie, 2009: 241). But it is also important to assess all the consequences of ‘common sense’ schemes of intervention, as well as asking whether these technologies, particularly criminal justice interventions, are the best means of ensuring mental health service provision for young people. Possession of a small amount of cannabis, on two separate occasions, could lead to the issuance of a final warning and the triggering of a range of possible interventions. This would seem to offer the possibility for a rather intrusive assessment, and feasibly disproportionate mechanism of intervention for a minor offence.

**Autonomy, pleasure and pathology: Young people’s drugs choices**

Drug workers judged cannabis use as risky per se, and allowed limited space for alternative accounts, for example those offered by the young people themselves, involving moderate cannabis consumption – even if drug workers were more equivocal about the *morality* of drug use. The young people interviewed all recognised, at least to some extent, the possible risks of smoking cannabis. Moreover, several reported that they were grateful for the information they
had learned from the drug workers. Nonetheless, whereas the drug workers wanted young people to be abstinent, and not simply cut down their consumption, all of the young people interviewed were intent on reducing, not stopping.

As such, the idea that all young people needed was the ‘right’ information in order to make the correct decision to stop smoking is difficult to reconcile with the decision made by the young people to continue smoking in lesser quantities. This is not to suggest that the young people interviewed were not experiencing harms as a result of cannabis use. Indeed, several described the ill effects they had experienced because of heavy use, including loss of motivation and difficulties concentrating. Moreover, as discussed above, other young people, although none were interviewed, have developed severe mental health problems which may have been triggered by cannabis use, particularly stronger varieties of the drug. But the informants had weighed up the harms and risks of cannabis, and the pleasure they derived from smoking it, and concluded that they preferred to carry on smoking, albeit in smaller amounts.

One could therefore conclude that young people’s moderate cannabis consumption is perfectly responsible, given the relatively small chance of suffering severe mental health problems as a result of use, although recent evidence suggests that smoking cannabis is more harmful for adolescents than it is for adults (see Boseley, 2012). Young people prefer to experience the pleasurable effects of cannabis, despite the risks. Moreover, given the lack of clarity about the definition of ‘problematic use’, it would seem reasonable, and indeed rational, that many young people would not determine regular use to be problematic.

But from the workers’ perspective, there was very little room for young people’s autonomous decision-making in respect of cannabis consumption. It was generally agreed that all young people needed was the right information, or the right education, in order to make the correct decision to abstain. Drug workers repeatedly emphasized that young people were allowed to make their own choices and decisions, although these had to be ‘informed’ ones. There was thus a false promise of autonomy.

The issue of the young people’s professed decisions about cannabis does not only raise questions of autonomy. Mythen and Walklate (2011: 104) have written of the ways in which
risk practices, steeped in professional ‘expertise’, including clinical and actuarial assessment methods, can deny the subjects of risk the “possibility of doing otherwise”. As well as denying people agency, a particular problem with this approach, note Mythen and Walklate (2011: 103), is that the evidence informing the basis for clinical assessments may be based on historical data. The research methods for this study did not allow for scrutiny of the assessment methods, but it was clear that the young people’s construction of the cannabis risk differed from that of the drug workers and that, although this may be a question of ‘risk denial’ as discussed in the preceding chapter, it could also suggest that the young people ‘knew otherwise’; that is that they understood that they risks may have been overstated and took the decision to smoke in moderation. However, the drug workers allowed limited space for such agency.

The belief that young people merely need the right education in order to abstain from the catastrophic effects of cannabis use is one that is widely shared. The quote from MP Charles Walker at the start of this thesis resulted in the following response from the Undersecretary of State:

Our position on cannabis use is clear: we will continue to focus on young people because if they are protected right from the start, they will be safer throughout their lives. Not only will their mental health be safeguarded, but their exam results and social development will benefit, their future options will remain open and their chances will remain bright. It is terrible to hear about young people who are struck down by poor decisions that are often made through ignorance (Hansard, 9 Jun 2011: Column 393).

O’Malley (2004: 295) claims that: “Ironically, while government can appear morally neutral in this process, the individual’s failure to govern risks becomes morally reprehensible or irrational. Risk is often a gateway to blame”. When young people refused to heed the messages, there was the potential for conflict. Peretti-Watel and Moatti (2006: 678), following Lupton (1995), write that: “According to mainstream health-promotion models of behaviours, if people do not properly respond to health-education messages, it is either because they lack the appropriate information or the required level of personal control, or because they are addicted, apathetic,
illiterate or malfunctional”. Alternatively, an individual refusing or failing to be abstinent in the face of prevailing drug risk discourses is consequently determined to be irresponsible. Resisting risk thus leads to potential conflict. As noted by Rachel, sessions could be ‘difficult’ when young people said they did not plan to stop smoking cannabis, despite having been informed of the harms of cannabis use. Similarly, Rachel also argues that smoking cannabis is always a ‘gamble’ because the logical response to cannabis risks is to desist entirely.

Elisabeth Beck-Gernsheim (2000: 124) distinguishes between the modern notion of health, which she calls a secular “expectation of earthly salvation”, and an idea of illness and death in previous centuries that was understood as part of God’s plan. In the latter conception, reason was ascribed to sickness and suffering; illness could be, for example, purifying, whilst death was merely a gateway to the afterlife. Today, the health of the body in the here and now is the ideal, and

in order to stand up to competition and to succeed in the labour market, people have to display health and fitness...Given these conditions, health is no longer so much a gift of God but rather the task and duty of the responsible citizen. S/he has to safeguard, control and care for it, or else s/he must accept the consequences (Beck-Gernsheim, 2000: 124).

As such, an individual who fails to heed the health messages is labelled ‘irresponsible’ and blameworthy. As Beck-Gurnsheim (2000) notes, there may be a failure of responsibility to society, to parents, or to family in general, but arguably the greatest failure of responsibility is towards the self. As such, there are a number of potential avenues for social reproach in the face of irresponsibility. But who defines what makes us responsible? What is responsible use/consumption? And whose version of ‘healthy’ do we ascribe to? It was notable from the interviews with the young people that they had both defined their past drug use as problematic – with some going so far as to say that their lives had been “ruined by cannabis” – and at the same time, at other points in the interview, argued that the risks of cannabis were exaggerated.
Although, as discussed in Chapter Four, this could have been part of young people’s strategies of risk denial, it was also perhaps the case that the ‘responsibilisation’ strategies used by drug workers, and the emphasis (perhaps overemphasis) placed on the harms of cannabis use, had been effective in influencing the ways young people talked about drugs. However, it is questionable whether this had resulted in any change in the ways in which cannabis was valued by the young people who continued to engage in the risky practice of consumption.

A major barrier to the recognition of autonomous risk-taking among adolescent cannabis consumers is also the silence of pleasure, as discussed in chapter One. Mugford (1993:28) notes: “...unless one can defend pleasure and with it moments of non-rational hedonistic risk-taking (and possibilities of irresponsibility), any cost-benefit analysis of drug use will inevitably drift toward evaluation of the costs alone” (cited in Hathaway et al. 2011: 131). Whilst the young people interviewed explained the pleasurable effects of cannabis, the drug workers largely ignored pleasure. Pleasure only rarely features within harm reduction advice and literature – perhaps a consequence of advocates wishing to avoid straying into drug liberalisation territory, or appearing to condone drug use in general. O’Malley and Valverde (2004: 37) write that “if a corollary of harm minimization’s assumption of the rational user is the felicity principle, then even to mention pleasure might be to encourage use rather than ‘neutrally’ to inform choices”. The authors make an analogy with sex education discourses, in which pleasure is also silenced:

[Peter]leasure is encoded as ‘risk’ in many contemporary public health discourses. This might also help explain why, in the closely linked governance of sexually transmitted diseases, ‘safe sex’ discourses likewise fail to raise the basic point that sex is – or at least can be – pleasurable, Discouragement of any engagement in risky practices reduces risk (O’Malley and Valverde, 2004: 37).
The absence of pleasure is particularly instructive given the mass of consumer advertising, for example for alcohol and other potentially harmful activities, in which it is promoted. Moore and Valverde (2000: 528) write that:

People, after all, go to parties, drink, take drugs, and engage in erotic activity not to monitor or minimise risks but to enjoy themselves. Pleasure is of course incited and discussed in endless streams of advertising and consumer-orientated material, but pleasure, however ubiquitous, has no calculus comparable to risk.

Related to the issue of ‘pleasure’, notwithstanding the problems inherent in understanding and defining it, the notion of responsible risk taking was also largely eschewed by the drug workers. Indeed, taking responsibility meant being risk-averse – not managing risks. But, as Mugford argues, were users to think that their use was heavy, and potentially creating problems for them, this would not necessarily discount the possibility that they would continue to take risks. Risk theorists such as Ulrich Beck (1992) have focused their interest on prudential risk taking and risk-aversion, but many researchers of youth criminality in particular also recognize that young people like taking risks (Plant and Plant 1992). Collison (1996) remarks that risk is a common part of adolescent life, and that risk taking is concerned with attaining and displaying ‘independence, identity and maturity’. He writes that:

For individual risk behaviours such as smoking, drinking, drug taking, fast driving, unprotected sex and so on, the vitality of adolescence underpins two common attitudes to risk; either the expertly known risk does not apply in my case, or, the risk is a future, and therefore, unknowable one (and cannot be, nor needs to be for the present, guarded against). It is fortuna. There is, of course, another attitude - the experts have got it wrong. All adolescents more or less seek to push it to the edge (Collison, 1996: 434).

Many young people, therefore, take drugs because it is risky, and not because they do not know the risks. It has long been suggested that delinquency may be linked to the subterranean values
of hedonism and a search for adventure (Matza and Sykes 1961), and criminologists have mused on the relationship between pleasure and criminal offending in adolescence (see, for example, Campbell 1993; Collison, 1996). Young people may also use drugs as a means of resisting or challenging cultures of control and discipline, and in order to have a sense of personal control (Hayward, 2002), as well as in order to deal with anxiety, risk itself, and to feel secure (Collison, 1996). In fact, pleasure, resistance and control are interlinked and, perhaps, interdependent. Fiona Measham argues that part of the pleasure in performance rests on the potential for simultaneously constructing and challenging conformity and deviant behaviour: ‘[T]he contradictions of conformity and social control, of “losing oneself” and “finding oneself” in drug use, of deviance and rebellion, of restrictions and independence. . .’” (Measham, 2002: 349, cited in Hathaway et al. 2011: 455). As noted by Hathaway et al. (2011: 454), illicit drug use is also a ‘situated choice’ or ‘structured action’ “that conveys meaning about identity, group membership and status”, although cannabis use “no longer designates a sub-group with a distinct ideology or pattern of behaviour”.

**Conclusion**

Although the drug workers professed to abide by harm reduction/minimisation treatment ethics, their concern was by no means only with the potential health risks of cannabis use. Indeed, they were concerned with the risks that might be also be in general associated with the kinds of young people using cannabis ‘problematically’, that is to say the risks of social exclusion. Adam, for example, suggested that problems ‘may have been there to begin with’ but were exacerbated by the use of cannabis. The drug workers were keen to look at how the use of cannabis or alcohol was affecting other areas of the young people’s lives.

Treatment, in particular, provided the opportunity to address ‘pre-risk’, as discussed in the context of drug policy in general in Chapter One, suggesting that risk assessment and management are ‘aged’ processes. Drug workers were concerned with preventing slides into future dependence, unemployment and social exclusion, and they felt that ‘catching’ young people early was important even where this might potentially infringe on their rights. The ways
in which people were ‘caught’ through webs of surveillance could be subtle, and young people may be persuaded or coerced into treatment as a result of risk assessment and management mechanisms. At the same time, the young people’s positive experiences of treatment caution against the temptation to view ‘risk’ as totalising and always harmful. The overall concern for risk management took the form of responsibilising young service users, and this observation will be explored further in the next chapter.
CHAPTER SIX

“IT’S UP TO THEM TO GET RID OF THE LABEL”: STRUCTURING DRUG TREATMENT

This chapter focuses on the drug workers’ conceptions of responsibility, and how this relates to theory concerning risk, class and inequality. Hathaway et al., in the context of cannabis use specifically, note that although use of the drug does not correspond to a sub-group with a “distinct ideology or pattern of behaviour”, it is important to recognise that people’s choice to smoke cannabis is shaped and variously constrained by everyday realities in bounded situations; drug use cannot be understood apart from structural conditions that foster shared identities and practices or lifestyles. Illicit drug use is a ‘situated choice’ or ‘structured action’…that conveys meaning about identity, group membership and status (Hathaway et al., 2011: 454).

The cultural rules and resources we draw upon to make our life choices should be understood according to an individual’s ‘habitus’ (Bourdieu, 1977). Drug problems, rather than drug use per se, are associated with deprivation and inequality – although it is important to again emphasise that people from poor or marginalised backgrounds do not turn to drugs in general, and nor should we assume that all those who develop problems with drug use come from poor or socially excluded backgrounds. Robin Room (2005) cautions against drawing swift conclusions given the different ways in which social exclusion, marginalisation and poverty (which might be relative or absolute) are measured. He emphasises that the adverse outcomes of heavy substance use tend to be more associated with poverty, rather than the heavy use itself. Similarly, Alex Stevens (2011: 32) writes that “the most damaging patterns of drug use and their worst consequences are concentrated in deprived neighbourhoods and groups”. Moreover, he notes that links between structural factors and the harms of drug use tend to be ignored in
favour of responsibilisation: “Too many quantitative studies have shown that inequality is associated with important harms and then failed to draw the logical conclusion that inequality itself should be reduced. Instead, they call on the poor to fix their broken windows and to change their feckless ways” (ibid.).

De-classing the risk subject?

Drug workers were keen to emphasise that clients came from a range of backgrounds, and that the danger of problematic drug use was blind to structural inequalities related to class, race, poverty and so on.

Int.: Are they usually from a similar, say, I suppose class or wealth background? Do you get any more, I dunno, suburban kids or middle class?
Paula: I’d say it’s a pretty even mix. We’ve got a couple who are, you know, erm maybe a little bit more wealthy than others... But no it’s really diverse. Lots of different situations.
[Site B, Paula, Senior Drug Worker]

However, later on, when asked about differing attitudes to treatment from different clients, she said: “the majority of them are not very wealthy but you do get the odd ones there”. Another drug worker’s response was similar.

Int.: Do you get...how about in that sense, do you get different...are people from the same sort of background?
Adam: No, very, very different. Erm, two examples I can give is one person is from a background with an older brother and sister have both recently come out of prison. One is, er, a drug dealer that it still...who is being looked for by police at the moment. His mother allows him to smoke cannabis in the house, erm, and pretty much do whatever he likes so he’s always in trouble with the police. Police are always raiding the house looking for certain members of the family, erm, and he has no boundaries or guidelines
to what he does. Another young man is from a private school background, erm, boarding school, erm, and he’s been excluded from the boarding school for cannabis use and he’s returned back to his parents’ home which is on a military base, so very... where there are very strict boundaries and guidelines and... yeah, parental interaction. So yeah, very, very different... I think people from any background are as susceptible as the others, you know, depending on how much they indulge in what they’re doing [Site C, Adam, Drugs Worker].

But later, when explaining that almost all the pupils at the school for behavioural problems, from where most of his clients come, have problems with cannabis, he said:

I think it’s just maybe their social standing, yeah. A lot of them have behavioural issues because of their family background. And I think it’s... it’s also more socially acceptable with them, because they have no parental boundaries... [it is often the case that] Dad will come home steaming drunk every single night, so what’s wrong with just having, yeah, one or two spliffs when he’s completely wrecked on alcohol?

Similarly, Tamsin said that:

We do have a lot from families where probably people wouldn’t even think that their young person... that that young person from that family would ever get in trouble. It’s a whole mixture really... we have kids from very good backgrounds as well [Site B, Tamsin, YOT Substance Misuse Worker].

Later, she said: “...our kids are usually from the less well-off areas”. Lesley, who works for the same organisation in the same borough, said:

In this borough it’s more about cannabis, you know. I think this is economically a less wealthy borough with a different set of children.

Two other drug workers, who worked in one of the most deprived London boroughs, maintained that most of their clients came from more deprived socio-economic backgrounds. It may be significant that these drug workers explained that they had been raised and now lived
in the deprived areas from which her clients mostly came. In contrast, the other four workers said that they lived in middle class suburbs.

Int.: Do you get...do you get then similar sorts of people, similar sorts of young people coming to the service? Like in terms of background and class and stuff...

Rachel: ...the majority... the majority of young people would be, erm, the kind of more street, street boy, girl rather than, you know, erm...and because there’s, you know, in [this London borough] you’ve got a ...you know a lot of single parents, a lot of, you know...a lot of estates...cannabis is the biggest issue, erm, definitely [Site A, Rachel, Drugs Worker].

‘Street boys’ refers to young people who spend time with other young people in public urban areas, either through leisure or because they are not in employment, education or training. These young people are almost always from lower class backgrounds and, it has been argued, tend to provoke anxiety among adults wishing to maintain spatial hegemony (Valentine, 1996). Rachel here associates problematic use of cannabis with both ‘street boys’ and therefore social class, as well as other class signifiers including lack of involvement in education, and single parenting.

Similarly, Graham describes many of the elements of a deprived or poor background, without making an explicit link.

I mean they range across the spectrum but I’d say lots that are maybe hard to engage, erm, at risk and to [inaudible] it means there might be some elements of gang activity, drug use...they might not be in mainstream educational school settings, they might be in alternative education such as a pupil referral unit, or, erm, involved in the criminal justice system on...maybe a DRR – Drug Rehabilitation Requirement Order – or seeing their probation officer, so... [Site A, Graham, Drugs Worker].

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“It’s up to them to get rid of the label”: Drug workers, stigma and responsibility

All of the drug workers acknowledged that the young people they encountered were subject to stigma and discrimination, according to different attributes and behaviours, perceived or otherwise:

[A] lot of people that don’t know a lot will...because maybe they smoke cannabis will label them or assume they’re a certain way...antisocial, or...druggie or whatnot. They do get a lot of labelling and things like that [Site B, Tamsin, YOT Substance Misuse Worker].

Tamsin added that being at the YOT also led to stigma.

[P]eople might think oh, ‘cos they’re with the YOT it’s dreadful, they’re criminals and things. I think maybe they do have that. But we try and negate that and let them know that it isn’t always a negative thing, they are getting a lot of support and help.

Rachel thought that black and mixed race young people were more at risk of negative social perceptions, particularly when travelling as a group because of the ‘false stigma’ of gang activity. She said:

When I see my own children...going to the cinema like my boys are 13...and there could be ten of them because they’re getting ready they’re going to the cinema. And because, you know, they’re all either mixed race or black boys, I know that when they’re travelling from my house to the cinema, I know how society’s going to be looking upon them [Site A, Rachel, Drugs Worker].

Rachel also agreed that young people experience unfavourable treatment a result of their age. She said:

I think on a whole, young people do get a worse deal...because of all this hoodiness and this, you know, young people are going to stab you [laughs], and they’re going to do this and they’re gonna rob you... guaranteed that if there’s a group of, say, six boys together
walking from one end of the road to maybe like a couple of roads down to go to the [inaudible], if the police go passed they will be stopped and searched.

Adam also implied that young people might be subject to disproportionate police surveillance. He said that they are subject to “a lot of stop and searches” with the result that “they really don’t trust the police at all. They often feel they’re picked on” [Site C, Adam, Drugs Worker].

Nonetheless, the drug workers also regarded stigma and discrimination as ‘natural’, ‘human’ events or attitudes. Moreover, they considered that young people were themselves responsible for being labelled, and for ridding themselves of the label. Rachel said that stereotyping is “for a reason”, and that it is the responsibility of young people themselves to address negative perceptions and unfair treatment. She argued that individuals must also take group responsibility for the stigma of being young and for being perceived as dangerous.

[Society isn’t looking at you like you’re bad for no reason. It’s because, you know, for your peers...I think it’s explaining to them the fact that, OK you could be sitting there with a group of your friends but to an old lady, that is a scary, you know, she could feel intimidated. And it’s not because you’re going to rob her. You know, you might be just sitting there listening to some music on your phone. To you, that’s fine, to her she’s scared of that and the reason she’s scared of that is because other people your age have made it that way where, you know, because they are going around doing the robberies, doing the stabbings, doing the shootings, doing the drug selling, doing the taking of drugs, you know, so you can’t blame...you’ve got to kind of look a bit closer to home and blame the other people your age if you want to blame someone [Site A, Rachel, Drugs Worker].

Similarly, she suggests that it is important to keep young people “thinking positively and make them understand why they’re being victimised”. She continued:

A lot of people label young people in general. Erm, but it’s no one’s fault, I think, it’s just how it is and I think the only thing we can do is advise that young person....I had a group today, actually, of young boys and, you know, straightaway they’re bitching about the
police and, you know, “people see me like this, people...[inaudible]”. It’s like, well, how do you...look at how you carry yourself then, you know? It’s about flipping it round and sort of being like, well, if you don’t want people to judge you like this then you have to make some changes. Or, you know, other people your age, you know. You’ve got to look closer to home... If you carry on ignoring it and just dealing with it and keep on going positively, then that’s the only way it will change.

In other words, young people must take responsibility for their stigmatised status by adjusting their thinking and ways of acting. Otherwise, she argues, “you’re just going to have to deal with the stigma that’s attached to your age group”. Responsibility must be taken to address the stigma and discrimination experienced by young people as a result of societal attitudes and risk discourses. The onus is on the victim of discriminatory attitudes rather than on the social circumstances, discriminatory attitudes, or purveyors of risk discourses, such as news publishers (see introductory chapter). Rachel emphasised that it was “no one’s fault” that young people were labelled. Stigmatisation or discrimination is understood as something natural and inevitable.

Although Adam implied that young people are subject to disproportionate numbers of stop and searches, he went on to say that: “[T]hey are usually committing crime when their picked on [laughing], you know it’s nothing...you know, OK maybe they do get pulled over occasionally a little bit more than everyone else, but it’s usually because they are up to something or doing something” [Site C, Adam, Drugs Worker].

He added: “I do believe the police don’t handle them in the way I would expect them to handle me if I was arrested for something, yeah. I suppose they are quite heavy handed and aggressive with them, you know, which, erm, it doesn’t help”.

For another drug worker, the suggested existence of discriminatory treatment was positive because it provided the opportunity for intervening.

Int. So the young people, do you think, sometimes...the under 18s...treated more harshly than the over 18s?
Jo: Yes they are. But that’s a good thing because it’s an intervention because if a young person was picked up in Harrow and they had cannabis, or were smoking cannabis, what the police would do is they would arrest them, but then they would convert that into a triage situation [Site B, Jo, Family Drugs Worker].

Adam suggested that individual users were to blame for the stigma of drug consumption. He said: “I think they label themselves. Erm, like I said before, and they fall into their own social cliques, and don’t usually socialise with people who aren’t doing that”.

Complaints by the young people about racist policing, in particular, are supported by research evidence. The use of stop and search powers in England and Wales remains disproportionately weighted against black and Asian people (EHRC, 2010). Black people in England and Wales, in particular, are six times more likely to be stop and searched than would be expected based on their numbers in the general population (Bowling & Phillips, 2007). The drug workers, however, tended to downplay or disregard claims of racial discrimination and prejudice. One said:

[A]ll of the young people thought that it was a personal issue that, you know, they were being stopped and searched because they were black, because they were Asian, you know, “the police think I’m a suicide bomber”. Erm, you know, that was rife but obviously we’d always inform them [adopts voice implying going through the motions] you know, you have the right to make a complaint should you feel…but no, “the whole system’s corrupt”. [laughs] They really genuinely feel that. That the whole system’s corrupt and that it’s working against them... I think that maybe it’s easier for them to think that than to actually, for them to sit and think about the fact that what they are doing isn’t OK...they’re not necessarily in a place where they want to stop or where they want to admit that what they are doing is wrong so it’s easier to kind of say “well, it’s the feds. They’re after me” [laughs] [Site B, Paula, Senior Drug Worker].

Paula thought that young people used perceptions of racial discrimination to excuse their offending behaviour. They were, she suggested, failing to take responsibility for their own actions by blaming discriminatory police treatment for their arrest.
Tamsin was keen to discount the relevance of race or ethnicity in either access to treatment services, or to equitable provision once at the service. She said

I know it’s always talked about, about kind of that particularly young, black males are predominantly in the criminal justice system, but I don’t necessarily think in Harrow they get...there’s less of a service for a particular group. I think all young people get quite a, kind of, the same service, so...and when they do come to the YOT they’re all treated the same [Site B, Tamsin, YOT Substance Misuse Worker].

For Jo, the responsibility for labelling, a ‘natural’ process, once again lay with the labelled. She said:

I think that the young black boys and girls for example are targeted a lot more by their peer groups to get involved in gangs and to get involved in drugs, and I think, you know, by human nature, other people perceive them as more likely to be susceptible to those things, so I think they’ve kind of got a label, whether or not they’ve earned it. And it’s up to them to get rid of the label. You know, I very much believe that [Site B, Jo, Family Drugs Worker].

It was not only drug workers who appealed to the ‘naturalness’ of stigma and discrimination. One young person, who is white, suggested that young people are stereotyped “for a reason”. She said:

I think a lot of, like, teenagers these days...I know they are stereotyped. Like, but they’re stereotyped for a reason. It’s not like...if you see a boy walking down the road with a hoodie on, you definitely hold your bag tighter, you know what I mean?...That’s just your instinct, like...he’s black. I’m going to hold on to my bag tightly, like. You just think it...But yet you don’t know, he might be a really nice guy, he might go Church even, you get me? [Site A, Cath, 15].

Once again, stereotyping is considered already determined – it is “just your instinct”. Although the actual reason for stereotyping is not given, the implication is that it is in principle justified, even if such perceptions are substantively misplaced or false.
Denying ‘problem’ use and failures of responsibility

In the context of potentially problematic drug use among young people, the drug workers furthermore considered a failure to ‘admit’ problem use, either before or following appropriate instruction from themselves as professionals, as main barriers to treatment access. Moreover, some drug workers said they would not treat young people who were unwilling to recognise they had a problem.

One said she would not work with young people who did not acknowledge drug use. She also thought that the only barrier to drug treatment was this denial of problematic use.

Int: do you feel that there’s any barriers that young people face in accessing services for drugs and alcohol?
Tamsin: Erm, I think probably the only barrier would probably be their, kind of, view that they haven’t got an issue. Because it’s quite accessible at the YOT to get what they need and to see me. And it isn’t...whereas at school...I know I’ve spoken to some of my clients have said at school to see like a counselor or drug worker is kind of embarrassing. Other people know about it because you’re kind of taken out of class and things, and it...there’s stigma attached to it there. But if you’re coming to a youth offending team, well first of all a lot of the kids think it’s cool to come to the youth offending team...[Site B, Tamsin, YOT Substance Misuse Worker].

Tamsin therefore downplays the role of stigma, for example, and prioritises denial as the prime barrier to accessing services. Failing to make the choice at the YOT to ‘come and see me’ denotes a failure of responsibility on the part of the offender. Rachel did not believe that stigma constituted a barrier to accessing drug treatment, and instead emphasised a lack of personal responsibility. She said: “I don’t think that’s an issue, at all. It’s more the fact that they can’t be bothered... And they haven’t got time for it, you know?” Later she added that those problematic users not in treatment had made the choice not to access services. She said: “But that’s only ‘cos they’re choosing not to access them services... I think the services are available
for all of them” [Site A, Rachel, Drugs Worker]. Problem users had thus failed to take responsibility; they failed in the face of an omnipresent choice.

Tamsin also emphasised that both ignorance and denial prevented young people from recognising problematic use. She said: “I do think for some of them, with the cannabis, there is the addiction element but a lot of them don’t see it and won’t see it...a lot of them do think about the future, and a lot of them are very much oh I’m going to be smoking forever”. Tamsin suggested that the reason young people denied or ignored the problematic nature of their use was because they paid little heed to future consequences. She said: “it’s all fun and exciting at the moment, but I think later on they will see”.

However, Graham thought that there were other reasons. He said

[S]ome are in denial because of the stigma attached. Erm, others, yeah, they don’t see it, you know, I think what’s common is that we often have, erm, “ah I could stop if I wanted to” and then [inaudible], you know, reflect...get them to reflect on their current use and say “well, if you could stop why don’t you?” and they never have an answer to that. So that indicative of the fact that they probably like to think that they could stop but in reality, you know, their use is probably problematic [Site A, Graham, Drugs Worker].

In contrast to Tamsin, then, Adam thought that the stigma of admitting problematic use was a barrier. However, like Tamsin, he also thought that the refusal to stop could itself constitute evidence for problematic use. For Tamsin, the perception that a young person was lying about his or her use was also itself evidence. When asked about how problematic use could be identified in a particular client, she said:

[H]is age, his vulnerability, he has a lot of behavioural diagnoses, erm, well he actually lied about what he’s doing so that says it all really. He’s quite...playful and immature about...and he doesn’t really understand the consequences of things he says, but, you know that’s him really [Site B, Tamsin, YOT Substance Misuse Worker].
Being dishonest and refusing to comply with the rules of treatment – of which the number one canon is to admit (problematic) use - thus “says it all”. A failure to take responsibility was considered by both Adam and Tamsin to be key to determining whether use was problematic – either the responsibility to be abstinent or to ‘tell the truth’ about use. This should perhaps be understood, moreover, in the context of the contradicting beliefs about how problem use should be defined, as discussed in the preceding chapter.

Drug workers did recognise other factors as barriers to treatment in addition to personal responsibility. For example, Rachel spoke of the difficulties young people in marginalised communities and those excluded from mainstream education, who made up the majority of her clients, faced and how this might impact on their engagement with treatment. She said:

[W]e’ll sit down and talk to a young person but he might only be 15, 14 15, 16 even. Erm, but the life he leads outside of that school, that pupil referral unit, is the life of an adult. So if you’re saying “well no you have to come and you have to fill this in, like, your goals and all that”, he’s thinking “that doesn’t interest me”… you know, it’s because he’s living much more of an adult life than, say, someone who might be in one of the secondary schools, the same age on the edge of the borough where there’s not as much trouble, you know?

It’s…a lot of these young people, as I said, a lot of these young people have been through a lot of stuff so if you go up to them and go “I’m going to help you stop smoking weed” they’re gonna think “who are you?”, like, “I don’t want to thanks”, like you know? [Site A, Rachel, Drugs Worker].

Adam felt that labelling and lifestyles were factors when young people failed to recognise they had a problem. He said:

I think it’s something that they don’t want to be labelled with, yeah. A lot of them don’t see using cannabis on a regular basis as an addiction or as a problem. Er, a lot of them do see it as a lifestyle choice and it’s something that is just done by their friends so why shouldn’t they be doing it [Site C, Adam, Drugs Worker].
He added that age and risk-taking among the young could also be factors:

Young people, youth, think they’re invincible don’t they? They think nothing’s going to harm them. And because they don’t see the effects of something immediately, they don’t think of the effects it’s going to have on their bodies in ten years’ time. Yeah, so, yeah, and because they don’t see the effects of it on their friends as well, they don’t think there’s a problem with it.

Paula sympathised with the reasons young people developed problem use. She said:

I think also young people who have been through trauma. I think their personal circumstance can be their own barrier. Because, to be honest, a lot of young people I’ve worked with...I can’t really blame them...for wanting to [laughs] block out some of the things they’ve been through [Site B, Paula, Senior Drug Worker].

But when it came to solutions to drug problems, it was responsibility that was understood as the primary or master factor determining access to treatment, or the success of treatment. Despite the recognition of structural barriers to treatment such as stigma, the ‘hard lives’ of clients, or the cannabis-infused environments in which the young people had grown up, there was an expectation that young people recognise their ‘problem’, and seek treatment. Personal development and behavioural training were then constituted as means for addressing both problem drug behaviours and marginalisation. When discussing how his organisation addressed problem drug use among young people, Graham cited the range of interventions employed. He said:

I know in [this borough] amongst the BME community there’s a high levels of, erm, unemployment. As I said there’s issues of postal code rivalry and so forth, so typical interventions we offer are employment workshops, erm, life skills, helping them to be able to communicate better, especially non-verbal...not verbal communication so it’s gonna stand them in good stead when they do, say, go for an interview. Erm, we try and, erm, make available lots of, erm, positive diversion activities that promote community cohesion [Site A, Graham, Drugs Worker].
For the young people who refused help, there could be consequences. Paula felt that there were “good services...very, you know, engaging, interactive...they’re very flexible because you have to be for young people. You have to bend over backwards because they’re so much harder to engage”. But she felt that failing to access the prevention and treatment services on offer would lead to problems. She said: “[S]ometimes young people don’t want that, and that’s their right as well. They don’t want to access it. But they are going to suffer the consequences of that at some point”.

Rachel reiterated that “the ones that aren’t accessing the services, it’s because they’re choosing not to”. She felt that part of her role was to instil responsibility in the young people.

I always say right, there’s a test for you yeah? I want you to go...say it’s a young person that smokes every day, I’ll say “right, try this out for me. On a Monday, a Wednesday and a Friday, don’t smoke anything”. “Alright, yeah, not a problem”. And the next week I’ll be like...“yeah yeah I smoked, but it was only because, erm, I was sitting there with my friends and they were all smoking so...”, and [inaudible] say “well you ain’t got no willpower then”, and they’ll be like “well yeah, yeah but...” excuse, excuse, excuse. It’s like, OK that shows that you’re becoming dependent on that drug because you can’t sit in a room where people are smoking and say “no” [Site A, Rachel, Drugs Worker].

Jo said parents needed to be rendered responsible – and she also considered a failure of parents to take responsibility as be the biggest barrier to treatment. She said:

So once young people who are using substances the barriers that I encounter are...the number one barrier is apathy. Parent apathy. And denial. So they don’t want to address it so they just ignore it to the detriment of their child. That’s the number one barrier [Site B, Jo, Family Drugs Worker].

Jo recounted the story of a young person who refused help:

[W]e’ve got a young person now, for example, who has refused a triage and in a very short space of time has gone from a grade A student to getting expelled from school for firing a BB gun in a classroom, was moved to another school and within four months has
lost loads of weight, stolen loads of money, he’s absconded from school, he’s taken cannabis, he’s running with a gang, and now we found crack in his bedroom. He’s only 14. He’s never been arrested, and so I’m pushing him to the panel quickly, and in the process of me discovering him and now, he’s already been arrested 3 times and stabbed 5 times in that period, and so he is a child in need. Somebody needs to go in quickly, ‘cos if you’re talking about crack cocaine that’s a serious situation.

Tamsin said she would not work with anyone who refused to accept they have a ‘problem’, whilst Rachel said that she

would never accept anyone from say probation, or the youth offending team, who has to come and see me. I wouldn’t bring them to my cannabis group cos they might not want to be stopping smoking and then it would make it harder if they’re talking to one of the quiet ones about ‘yeah yeah no come, let’s go smoke a spliff after’, you know what I mean? [Site A, Rachel, Drug Worker].

Discussion

The silence of class?

Class became a marginalised issue in Britain and other industrialised nations as the 20\textsuperscript{th} century drew to a close as postmodernism and poststructuralism took hold, interest in economic inequality waned, and the effects of globalisation were felt and assessed (Atkinson 2007). Theorists had already begun to muse on the tendency towards an over-determinative, or reified, approach to social class in Britain and elsewhere (Beck 1992). Class had started to be seen as an older collective identity that had largely run its course – what Beck (2004) calls a \textit{zombie} concept. It has been suggested that Britain has moved towards a more American class structure “more rooted in money and the life-style it can purchase” (Hall and Jefferson, 2006:}
It would be wrong to declare the demise of social class as an important determinant of life opportunities. As Hall and Jefferson (2006: xvi) write:

If we ask whether class has disappeared as a meaningful category in thinking about the social order, the answer has to be a resounding ‘no’. Class divisions not only exist but continue to exert massive influence on life-chances and opportunities in every sphere of life – influences which are transmitted across the generations and become embedded in the social order.

The observations about class, or background, within some of the testimonies were inconsistent. It is not unusual for the testimonies of individuals to be contradictory, nor for individuals to be oblivious to the contradictions – particularly if they arise in different points in the conversation (Gilbert and Mulkay, 1984). But inconsistencies may also be significant. Whilst all of the drug workers at some point said that their clients were largely from ‘lower class’ backgrounds, some were keen to emphasise that the backgrounds of the young people were mixed.

As ‘risk brokers’, people whose job it is to assess drug risk and counsel young people regarding their problematic use, one might reason that the drug workers wanted to emphasise the scale of the drug problem by insisting that no one is immune, or that the ‘risk’ is widespread and knows no socio-economic boundaries. But it is also feasible that part of this ‘risk role’ necessarily involves the downplaying or discounting of socio-economic drivers for problem drug use among adolescents. In schemes of risk reduction, including crime control and health treatment or intervention, the individual/criminal is portrayed as a rational agent who chooses to commit crime and/or indulge in unhealthy behaviours as part of a benefit/cost calculus (Rose, 2000). The promotion of individual responsibility is the hallmark of ‘advanced liberal societies’, and so structural factors, including social class or poverty are marginalised. To be clear, this is not to argue that social class or other structural factors always determine vulnerability to drug problems, and to prove that the drug workers are ignorant of such factors – the scope of this research project does not allow such conclusions to be drawn, even if they could be. Indeed, Valentine and Fraser (2008) have noted the tendency to associate the drug
use of people from marginalised or excluded backgrounds with crime, misery and addiction, whereas pleasurable drug use is more closely associated with consumption by the privileged. But inequality is associated with the outcomes of problem drug use (see Stevens, 2011) and the intention is therefore to consider the ways in which social class has been discursively constructed by drug workers and how this corresponds with theories about risk.

As discussed in chapter Two, the refusal of structural ‘excuses’ for problem behavior might also be illustrative of the neo-liberal pledge to end the “area of leniency” and to “attack head-on the problem of crime, as well as urban disorders and the public nuisances that border the confines of penal law, baptized "incivilities," while openly disregarding their causes” (Wacquant, 2009: 1). It is interesting to view the remarks of the drug workers in this context, for example those comments concerning race. Rachel felt that, while most of her clients were from black or mixed black-white backgrounds, race was less relevant than being part of an “urban lifestyle”. When asked if some groups of children were overrepresented among her clients, she said:

Erm, no I wouldn’t say so...I mean [this London borough] is a predominantly black area, you know, erm...majority of the young people that I would see would be, I would say yeah, young, black boys. Erm, or mixed race boys. Again it’s just because of the area, erm, obviously...if you were to sit behind a screen and put a young person there, you would not know what background they’re from, because they’re all, erm, kids from [this London borough]. They’re all urban. You know, you would have no idea if they were black, white, Asian, Chinese. You wouldn’t know. Erm because it’s just an urban lifestyle rather than where you’re from, you know?

In fact, although the borough in question is one of the most ethnically diverse areas of Britain, according to the latest census data, around half of the population are nonetheless categorised as ‘white’, while about 20 per cent self-identify as ‘black’ or mixed.

This would suggest, if Rachel is right in her assessment of the racial profile of her client group, that young, black boys are disproportionately represented. Nonetheless, she suggested that there is no disproportionate representation. Of course, Rachel was not necessarily ‘denying’ the
issue of race; she was quite possibly just not aware of racial disparities. But it does indicate the extent to which problematic drug use, and the ways in which its worst manifestations occur in marginalised communities, may be bound up with issues of race and that this observation tends to be neglected. As discussed in chapter Four, the confluence of race and class makes it difficult to isolate either as likely ‘risk factors’ for drug problems.

The confession

In The History of Sexuality, Michel Foucault (1978: 58) discusses the importance of confession, and the technologies of the confessional, in the production of truth. Whilst in the past, an individual relied on others to testify on his or her behalf, the confession has since become the primary mechanism by which the individual is “authenticated by the discourse of truth he was able or obliged to pronounce concerning himself” (ibid.). The confession has come to be “inscribed at the heart of the procedures of individualization” (ibid: 58-9) so that “the responsible subject of modernity is one whose autonomy is in part realised through, and manifest in, confession. To tell the truth about oneself is a necessary condition of responsibility – whether in one’s relations with others or before the law” (Weait 2007: 186).

But confessions do not take place in isolation. They require the presence of another – someone who has an interest in hearing the confession. As Foucault (1978: 61-2) explains, the confession is:

[A] ritual that unfolds within a power relationship, for one does not confess without the presence (or virtual presence) of a partner who is not simply the interlocutor but the authority who requires the confession, prescribes and appreciates it, and intervenes in order to judge, punish, forgive, console, and reconcile.

Confession that one has a ‘drug problem’, is required in order to trigger treatment intervention, according to the drug workers. And yet to what are the young people ‘admitting’? The problematic nature of their use is ill-defined, and there may be a litany of contextual reasons
for their failure or refusal to disclose. Perhaps they do not, with some justification, consider their use to be problematic? Perhaps they have a family history of drug problems, and consider their use to be relatively unproblematic (and therefore refute the ‘diagnosis’)? Maybe they are not ready to acknowledge a failure to control drug use, particularly given the value placed on controlling consumption in order to deny the risks involved, as discussed in chapter Four. It is, perhaps, also possible that young people, who may already be heavily caught up in a web of governing technologies, fear the extra disciplining and surveillance that the admission of problem use might bring. The requirement to take responsibility and confess therefore might be blind to the individual circumstances of the young person.

A potentially worrying consequence of the requisite confession is that those young people who may be experiencing problems with cannabis use, yet who do not confess, may be denied treatment. These irresponsibles may, in fact, be the very young people who are most in need of mental health services yet an unwillingness to abide by the rules of treatment potentially expedites their exile to the outer archipelago/gulags of community exclusion from which there is often no return (Rose, 2000).

The role of the drug workers is potentially rendered redundant without the acknowledgement, by the young people, that ‘cannabis is a drug’ and that they should not be using it. It is therefore perhaps important for the drug workers that young people ‘tell the truth’ about their drug use, since the legitimacy of their role is contingent on the recognition of the scale and danger of problematic cannabis use. It is also in the interests of drug treatment agencies that the ‘cannabis problem’ is identified and treated: funding depends on it. It might be argued that the drug workers, in this way, are both risk managers – responding to, and treating, risky subjects – and also risk agents, since their task is to frame the risk for both young people and others who may be unaware of the problems of cannabis abuse. The aim, and the logic of drug treatment, was considered to involve corralling as many young people into treatment services as possible. Drug workers spoke of the need for net-widening, and for extending services into the community in order to ‘catch’ at-risk young people. Yet, at the same time, their roles as
drug workers contrasted, on occasion, with a more nuanced take on cannabis use that reflected their personal beliefs and experiences.

The criminal law in respect of young people and drug treatment also demands confession. When young people are subjected to drug treatment and testing orders, when attached to a Youth Rehabilitation Order, they must express a willingness to comply with a Drug Testing Requirement (DTR) or an Intoxicating Substance Misuse Requirement (ISMR). Failure to confess to a problem with drugs therefore carries potentially profound consequences. Although the Criminal Justice and Immigration Act 2008 does not make provision for instances in which young people refuse to comply with drug requirements, if brought back before a judge or magistrate, the court is likely to view such a refusal unfavourably and perhaps issue a more punitive sanction as a consequence.

Matthew Weait, in his monograph *Intimacy and Responsibility: The Criminalisation of HIV Transmission* (2007), argues that an expectation of responsibility, and confession, is intrinsic to the criminal law. He writes that:

> The criminal law denies – or, put more strongly and accurately, must deny – the relevance of people’s lived experience of what it is to be responsible and of their ability to behave responsibly in particular contexts, at particular times, with particular people and with regard to particular behaviours. It must deny the relevance of such experience and such ability because to do otherwise would result in an infinitely individuated mode of criminal adjudication that would undermine the very function of a legal system within a liberal democratic polity – which is to establish and sustain a set of behavioural standards that apply equally to all, and against which all may legitimately be judged (Weait, 2007: 191).

This observation leads into the next discussion, which considers the ways in which young people were thought to be individually responsible for the structural exclusions they experienced.
Rights and responsibility: accounting for stigma

Stigma and discrimination are exercises of power that reflect a system of oppression that is gendered, raced and classed (Gilmore and Sommerville, 1994; Berger, 2006), but also aged. It is not necessarily surprising that drug workers expected young people to take some modicum of responsibility for problems they were having. However, it was notable that they questioned recourse to any other structural factor which might have contributed to their marginalisation. It was not just that they failed to mention structural barriers, it was that they actively discounted them. Young people were expected to ‘just deal with’ the stigma they experienced, understand it, and take group responsibility for the negative attitudes exhibited towards young people in general. In respect of treatment specifically, the young people themselves, as discussed in Chapter Four, suggested stigma was a factor in accessing services. Moreover, research elsewhere suggests that people with less apparently severe mental health problems are unlikely to seek treatment (Aromaa et al., 2011). But the drug workers tended to downplay the role of stigma and, where it was acknowledged, emphasised personal responsibility for both its making and its remedy.

Such an onus on responsibility should be understood within the context of neo-liberal politics, particularly in light of the ascendancy of ‘New Right’ governments during the 80s and 90s. An aim of conservative politics in this era was, writes Sanford Schram, to reframe undesirable social behaviours as products of “permissive” social programs that failed to limit program usage, require work, and demand functional behavior. Long-term dependency became a keyword in welfare debates, usually treated as part of a broader syndrome of underclass pathologies that included drug use, violence, crime, teen pregnancy, single motherhood, and even poverty itself. Gradually, permissiveness and dependency displaced poverty and structural barriers to advancement as the central problems drawing attention from
those who designed welfare policy (Schram, 2002: 192).

The approaches of the drug workers are thus in line with advanced liberal modes of governance in which young people from excluded areas, who may already face poor unemployment or educational prospects, are held individually responsible for structural constraints. Moreover, drawing on Rousseau (2004 [1754]), Alex Stevens (2011: 25) has observed how inequality is often discussed “as if it is the natural order of things”, despite Rousseau’s insistence that “political inequality was entirely man-made”. Stevens goes on to note that: “Economic inequality is often discussed as if is the natural, inevitable consequence of unequal abilities and the incontrovertible laws of market forces” (Stevens, 2011: 16). Similarly, the drug workers felt that stigma and discrimination experienced by young people was ‘natural’, rather than the result of unequal power relations.

It is tempting to conclude that there is a particular expectation on young people to take responsibility for stigma. It is hard to imagine another vulnerable group for whom it would be acceptable to argue that “it is up to them to get rid of the label”. Would adult members of black and minority ethnic minorities be expected to take sole responsibility for stigma and discrimination? Would older people be expected to shoulder the burden of addressing stigmatising attitudes towards the aged? Perhaps they would. But it has often been asserted that children’s rights are marginal to mainstream human rights issues, and that the rights of children as children tend to play second fiddle to welfare and protection concerns (see, for example, Williams, 2007; Freeman, 2007). Despite the undoubted greater attention directed towards children’s rights, particularly since the adoption of the United Nations Convention on the Rights of the Child in 1989 and the UK Children’s Act in the same year, children’s autonomy rights are still relatively marginal in both policy measures and academic discourse. As noted previously, children’s right to non-discrimination has therefore attracted very little political, public or scholarly attention. Children were, moreover, excluded from age discrimination provisions in the UK Equality Act in 2010, despite a concerted campaign waged by a coalition of children’s organisations (Young Equals, 2009). Perhaps the most obvious example of invidious
and yet broadly condoned discrimination against children is the continued state-endorsed deployment of corporal punishment in the home. All adults have the right to be free from physical assault under the criminal law, yet domestic law allows children to be ‘reasonably chastised’, (Children and Young Person’s Act 1933 s.1(7) and, for the reasonableness test, H [2002] 1 Cr App R 59) although the European Court of Human Rights has ruled that the existence of this defence violates Article 3 of the European Convention on Human Rights and the child’s right to be protected from torture and inhuman and degrading treatment. Michael Freeman (1997: 100) argues that: “Nothing is a clearer statement of the position that children occupy in society, nor a clearer badge of childhood, than the fact that children are the only members of society who can be hit with impunity”. Fredman (2003: 35) has framed the refusal of successive governments to outlaw the corporal punishment of children in the home, which is “difficult to reconcile with the rights of children and young people to physical integrity and liberty”, within the context of age discrimination, although the European Court of Human Rights did not address issues under Article 14 when it made rulings on such claims (A. v. UK (100/1997/884/1096).

The emphasis on taking responsibility for structural barriers might also be understood within a socio-political context in which children are constructed as ‘problems’, as inherently ‘risky’, and in which human rights have been the subject of encroaching antipathy. In general, the ‘institutionalised mistrust’ of youth (Kelly, 2003) does not lend itself to consideration of children as rights holders. Moreover, non-discrimination sits uneasily with images of childhood in which children as objects are depicted as either innocent and vulnerable (‘needing’ welfare), or dangerous and criminal (‘needing’ discipline and ‘deserving’ punishment) (Goldson, 2000). An understanding of children as agency-bearing rights-holders challenges romanticized, idealized, or pathological notions of childhood. The fact that, in England and Wales, children are deemed criminally responsible at the age of 10, but cannot enjoy protection from age discrimination at any age, is indicative of an attitude to children that affords them specific variants of active agency when conceptualized as ‘threats’, but denies them similar levels of agency when they are deemed to constitute ‘victims’. In this sense, children must be protected
and cosseted, but asserting power (either when offending or claiming parity) threatens the adult–child relationship and hence the social order.

In the crime context, much academic analysis has scrutinized the last UK Labour government’s preoccupation with youth criminality, and its distancing from international rights consensus, because, it is argued, of its efforts to avoid being seen as lenient on juvenile crime (see, for example, Goldson, 2000; Kelly, 2001; Kemshall, 2008; Koffman and Dingwall, 2007; Muncie, 2006; Scraton and Haydon, 2002). The number of children in custody in England and Wales has climbed to the highest in Europe (Goldson, 2005). Goldson (2010: 164) writes:

[E]xcessive reliance on youth justice systems to ‘manage’ profound contradictions in the social order is shown to be both ethically unsustainable and practically counter-productive. On the one hand it amounts to the criminalization of social need and the intensification of social injustice. On the other hand, as noted, it is a spectacularly ineffective strategy when measured in terms of crime prevention and community safety and it often serves to exacerbate the very problems that it ostensibly aims to resolve.

Human rights have recently taken a political battering in the UK. The Conservatives wanted to replace the Human Rights Act 1998 with a UK Bill of Rights (BBC, 2011), and there was a great furore surrounding a European Court of Human Rights ruling on giving prisoners the vote in February 2011. Prime Minister David Cameron famously said that the thought of prisoners having the right to vote made him “physically ill” (Aldridge, 2011). Much of the discourse concerning human rights in the UK has been framed according to ‘responsibility versus rights’, a zero-sum game that harks back to the rhetoric of Tony Blair in the early days of the New Labour government (Blair, 2002). Following the riots in England in August 2011, Prime Minister David Cameron, invoking the familiar refrain, stressed that:

This is not about poverty, it’s about culture. A culture that glorifies violence, shows disrespect to authority, and says everything about rights but nothing about responsibilities (Cameron, 2011).
This is not to suggest that ‘responsibility’ constitutes a novel discursive character of rhetoric on law and order or social justice. Elisabeth Beck-Garsnheim (2005: 131) notes that: “Like health, responsibility is a major value of the modern age, and in a way it is based on the philosophy of the Enlightenment. Responsibility means more autonomy, taking fate into one's own hands, as Kant said of the Enlightenment: it is 'a way out of self-inflicted ignorance'.” Responsibility, then, although not new, is a relatively modern phenomenon. Giddens (1999: 8) also writes that:

Although the word ‘responsible’ is much older, 'responsibility' only seems to have come into the English language in the late eighteenth century. It is again a notion associated originally with the rise of modernity.

But it is also fair to say that discourses of responsibility have come to prominence following the accelerated advance, if not the invention, of neo-liberal forms of governance.

A number of critiques of risk discourse, and risk assessments, have focused on the potential for interferences with the rights of young people, and for placing too much emphasis on responsibility (Kemshall, 2008). Rights have ‘become’ contingent on responsibilities, and, according to Kemshall, are “differentially allocated between those who contribute to society and civic good and those who do not” (2008: 25). Indeed the ‘new youth justice’ is particularly orientated around an emphasis on responsibilities and rights, with the latter accorded less value (Muncie, 2004). There is little doubt that young people have become exposed to greater degrees of regulation and surveillance (Walsh, 2002). But although Kemshall is accurate in her assessment of rhetoric around rights and responsibilities, it is less clear whether her assertion holds true instrumentally. If there has been more of an emphasis on the conditionality of rights in recent years, and in advanced liberal democracies, it is doubtful whether the rupture has been quite as stark as suggested by Kemshall. Rights have always been conditional on some semblance of responsibility. Human rights, at least from a doctrinal legal perspective, can be divided into those that are not subject to exceptions and those that are subject to exclusion clauses within specific provisions, as Kemshall concedes. For example, the right to privacy in the Human Rights Act 1998 can be subject to interference if “such as is in accordance with the law
and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others” (Article 8). The prohibition of torture (Article 3), on the other hand, is an example of a provision that is not subject to exception. Ashworth suggests that the European Convention on Human Rights establishes a hierarchy of rights, divided on the basis of the tolerability of their derogation (Ashworth, 2002).

It is thus doubtful whether some form of historical shift has occurred to reframe rights conditionally, but there has certainly been a greater discursive and political concern with responsibility (Garland, 2001; Seddon et al. 2012), and this concern is often expressed according to anxiety around the development of a ‘rights culture’.

Giddens (1999) also suggests that the greater emphasis on associating rights with responsibilities is part of a broader decline in the welfare state, and a corresponding concern with ‘manufactured risks’ as per the ‘risk society’. He argues that:

> Welfare systems must now confront large areas of manufactured risk, shifting the relation between risk and responsibility. It isn't surprising that there is now a great deal of talk about the need to connect rights with responsibilities. Unconditional rights might seem appropriate when individuals bear no responsibility for the risks they face, but such is not the case in situations of manufactured risk (Giddens, 1999: 10).

Despite being at the centre of multiple, potentially stigmatising risk discourses, then, there was little recognition that something should be done to address the structural circumstances that allow stigmatisation to take place, perhaps mirroring a societal reluctance to recognise children’s autonomy rights and a rise in the value afforded to person responsibility in advanced liberal societies. This is reflected in the dearth of scholarship on stigma and discrimination as experienced by young people, and the effect that this might have on a person’s life course. This
only needs to be compared with the amount of literature on stigma as experienced by other social groups, for example people with disabilities, members of the LGBT population, people with HIV and so on, to understand how much the stigma of youth is a marginal issue. Moreover, the stigma of being poor, or class-based stigma, in which the stigma of youth is invariably bound up, has invited even less attention and is not referenced within any international or UK legal human rights provisions (Jones, 2011; Hayward, 2006).

Conclusion

De-structuring the risk subject: Individualising solutions to problems of inequality

We should probably not be surprised, given their role, that drug workers saw the solutions to problem drug behaviour as primarily individual, and therefore within the scope of the services they were able to offer. It is feasible that treatment workers’ role as risk ‘agents’ or ‘brokers’ involves, in particular, the express eschewal of structure. As such, whilst the ‘silent silencing of inequality’ has been observed by Alex Stevens (2011: 64) at the level of government policy making, the interviews suggest that such as silencing also takes place within the depths of community governance. Although there was recognition on the part of the drug workers that structural factors, such as environment or ‘background’, played a part in the development of problematic use, or in barriers to accessing treatment, the drug workers seemed to expressly downplay the role of such factors once addressing problem use or marginalisation. Responsibility was identified as the only real solution to drug problems. In this way, structural factors or determinants were also apoliticised, and ‘risk consciousness’ (O’Malley, 2004) overrode class consciousness as the defining solution to young people’s exclusion. Cannabis, in turn, was the defining risk identifier. There is therefore perhaps the potential for young people’s experiences of marginalisation and exclusion to be distilled into the singular risks of cannabis consumption. Again, it is important to avoid suggesting that class or inequality are determinative of problematic drug use. Agency plays a significant part in addressing behaviours
that expose an individual to different brands of risk. Evans (2002) approaches the difficult relationship between agency and structure by referring to ‘bounded agency’. This avoids reducing young people to mere ‘cultural/structural dopes’ (Giddens, 1984), but does consider the limits to agency. Such limits were not identifiable in the accounts of the drug workers.

Drug treatment serves as a means for intervening in the lives of poor, marginalised communities. The responsibility for escape from the constraining circumstances in which they live may be laid firmly at the feet of the individual and the family, since addressing cannabis use is also championed as a means for gaining better employment prospects thanks to the ‘holistic’ range of social and communication skills provided by treatment organisations. Job creation, school investment and a fairer distribution of resources are eschewed in favour of a focus on ‘broken’ families, knowledge chasms and deficient behaviour. Drug treatment organisations, as well as deploying individualised psycho-social interventions, provide employment skills workshops, communication skills and other responsibilising technologies. Individual agency is prioritised as the means for addressing cultural and structural facets of cannabis use.

It is of course perhaps unreasonable to expect drug workers to suggest broader structural or political solutions, for example those responding to inequality, in order to address problematic cannabis use among adolescents. However, the point is not to criticise drug workers for failing to fully consider or address the complex array of circumstance which might give rise to problem drug use. Moreover, as emphasised elsewhere in this thesis, this discussion does not presuppose that young people in drug treatment do not require support for high levels of cannabis use. Nor does it suggest that cannabis is never a ‘problem’ for young people, or that only marginalised youth experience problems with cannabis. Nor, indeed, does it imply that young people do not benefit, sometimes immeasurably, from drug treatment. Rather, the intention is to consider young people’s drug treatment as a technology for governing ‘risky’ youth that should not be understood outside of its social and structural contexts. It potentially results in the disciplining and surveying of poor populations according to rationalities of individual responsibilisation.
At the same time, this discussion should not demarcate ‘risk’ as intrinsically ‘bad’, or uniform. O’Malley (2004) urges caution in jumping to assumptions about the totalising, catastrophic effects of crime control in particular, but also technologies of risk. As a technique of governance, risk is not politically consistent. O’Malley (2004: 303) cautions that it “is simply a variable technique, and it may be deployed in different forms to quite distinct ends by parties with divergent and even diametrically-opposed ends” (ibid.). Moreover, he reminds us that: “[I]n some cases, risk-based models may be (and are being) used to deliver resources to poor and oppressed people...” (O’Malley, 2004:304). Indeed, many of the young people interviewed professed their satisfaction at their experiences of ‘treatment’. Lilly’s enthusiasm, discussed in the preceding chapter, about the opportunity for discussing problems with a trained drug worker – an opportunity apparently not provided elsewhere – was a stark illustration.

Richard Sparks, moreover, cautions that simplistic assertions about risk tend to ignore its most interesting attributes. He argues that:

To suggest that some constructions of risk in the penal realm have been unduly singular and one-dimensional is also to say that they have neglected what is most interesting about it, namely that like the language of rights, justice and legitimacy, with which it so clearly intersects, it is a site of struggle for influence, credibility and recognition (Sparks, 2001: 162).

But it is also important to emphasise that risk rationalities and technologies may be inherently classed, as well as aged, and do not exist independently of power relations (Gray, 2009). Gray writes that the ‘risk subject’ is a ‘classed subject’ since “responsibleitisation, like individualization, contains strategic elements which articulate the interests of powerful class factions” (Gray, 2009: 451). Not only do young people from excluded areas face poor employment prospects, “in line with advanced liberal modes of governance, [they] are held individually responsible to negotiate successfully the risk of unemployment” (Gray, 2009: 447). Siobhan McAlister (2008) also argued that risk logic can tend to silence questions of class,
gender, sexuality and so on, and that it has the “potential to further marginalise and criminalise young people living in economically deprived areas” through, for example, the stigmatisation and coralling of those young people who become targets of risk interventions. (McAlister, 2008: 25). She argues that “many of the risk factors associated with the potential for future offending are similar to the identified characteristics of social exclusion, from the outset leading to the problematisation of the socially excluded” (McAlister, 2008: 15). Collison (1996: 429) also remarks, in his study of young drug users, that structural exclusion is often mistaken for being wilful.

Accounts of daily life in the literal, metaphoric, or mimetic ghetto describe the ways biography and lifestyle are (re)invented in forms which reproduce structural exclusion (from the school, the labour market, the family, etc.), an exclusion which is (mis)recognized as almost purely volitional.

As discussed in Chapter Two, the logic of risk has, therefore, itself been identified as a manifestation of neo-liberal rationalities. Armstrong (2004: 104) writes that “the notion of ‘risk’ supports an anti-welfare rhetoric...that legitimises the redistribution of social resources into a privatised world of individual responsibility and risk management” whilst Kemshall (2002: 1) argues that the language of risk “has ‘replac[ed] need as the core principle of social policy formation and welfare delivery”. The “reductionism” of the risk factor model also means that biological and psychological factors have tended to dominate (Armstrong, 2004: 106), at least in the criminal justice realm. But biological and psychological factors, in particular the responsibility placed on young people to take control of their cannabis use, are also prioritized by the drug workers above the structural circumstances in which problematic drug use occurs. In the context of youth offending, Gray (2009) explains that responsibilisation aims to ‘empower’ young offenders to manage their own risk of offending through building cognitive, social and problem-solving skills. Such measures offer a form of conditional citizenship contingent on being part of the moral community, a distinct feature of ‘advanced liberal’ societies. Rose (2000: 202) writes that: “Those who refuse to become responsible, to govern
themselves ethically, have also refused the offer to become members of our moral community”. The excluded can take try to be included, but for those who are admitted “control is now to operate through the rational reconstruction of the will and self-control, of the habits of independence, life planning, self-improvement, autonomous life-conduct, so that the individual can be reinserted into family, work and consumption, and hence into the continuous circuits and flows of control society” (Rose, 2000: 335). Drug workers, therefore, said they refused to treat any young person that failed to acknowledge responsibility given the option of doing so. These adolescents were therefore cast out, either back into the community, or, if treatment was attached to a criminal sanction, potentially into detention.

As the introductory discussions should indicate, it is not new to argue that drug treatment is itself a means of governing risky populations. It is also not new to suggest that drug policy is implicitly or explicitly, instrumentally or rationally, concerned with the governance of the poor. Although it is generally recognised that drug use occurs at all levels of society, and across classes and sociological categories (Shiner, 2009; Stevens, 2011), ‘problem’ drug use coagulates in more marginalised or deprived areas. As Alex Stevens (2011: 28), citing Pearson (1991), notes, “Drug problems tend to ‘huddle together’ with social problems to deepen the miseries of those who have been left behind by economic growth”. Moreover, following a review of the available literature, he argues that young people in deprived areas are “more vulnerable to damaging patterns of drug use, which then reduces their chances of getting a job. Young people with the most problematic childhoods are especially likely to experience these problems” (2011: 24). He cites research to suggest that early onset drug use is the most risky for later problems (Chen et al., 2009), and longitudinal studies that indicate that it is the poor who suffer most from drug problems. Inequality in income is reflected in inequality in health outcomes, especially with respect to mental health and substance use (Stockdale et al. 2007) Indeed, studies have suggested that policies addressing unequal income distribution and other inequalities are required in order to address mental health problems among adolescents (Landis et al., 2007).
However, as Stevens (2011: 30) notes, the vast majority of quantitative studies linking inequality to poor health outcomes in respect of drug use do not make structural recommendations and instead consider how individual behaviours can and should be modified. Citing one particular study, he writes that “[t]here seems to be a wilful blindness to the possibility of addressing the causes of poverty, rather than its symptoms” (2011: 30). It is worth noting that this link between mental health problems and poverty also helps to complicate the drug-crime link which, as discussed in Chapter Two, has been articulated in government policy in simplistic cause-and-effect terms. Stevens (2011: 34) argues that the link between drug use and crime can be understood according to a process of ‘subterranean structuration’:

This concept suggests that drug use and offending are linked together by powerful forces of mutual attraction for people who have been relegated to the underside of late modern employment and consumption. People from all walks of life may journey into damaging patterns of drug use. The combination of inequality and consumerism means that the link between drugs and crime is much more likely among people who suffer from relative poverty. If we are to break the drug-crime link, we will need to reduce social inequality.

Drug treatment is likely, therefore, to be concerned with governing the poor because it is poor and excluded people who are most likely to either need it, or be caught up in the networks of social control which may lead to the identification of problem behaviours such as drug use. This discussion is thus consistent with the focus of authoritarian populism on blaming the victims of poverty for both the risks that they face and the risks that they pose (Hudson, 2003: 58).

Sanford Schram (2002: 216) argues that neoliberalism has precipitated the contracting out of public services to private organisations on condition of increased payment for ‘better’ performance according to documented measured outcomes. As such, the political economy of drug policy and the drug architecture itself nurtures rationalities of individual responsibilisation within treatment organisations. He writes that:
Such providers become ensnared in the extenuating tentacles of power that in turn instigates the proliferation of a wide variety of client-management practices. These are geared to monitoring, surveilling, and disciplining their clients to comply with standards of behavior that will enable the agency to document outcomes. Neoliberal privatization therefore proliferates disciplinary practices across a wide swath of social institutions. The powers of subjectification and subjugation are entrenched throughout the citizenry, starting with the people who seek services and/or are required to get treatment from these agencies.

Self-regulation, and ‘governing mentalities’ are thus promoted among the ‘clients’ of treatment agencies as “emergent structures of feeling” (ibid.). Schram, drawing on the work of Nancy Campbell, notes that drug-using women in particular are positioned in drug policy discourse in ways that ignore the role of poverty, inequality, discrimination, and other broad structural forces beyond personal behavior and psychology. As a result, he concludes, “[d]rug policy discourse replicates this injustice in many treatment programs that are excessively committed to attributing blame and personal irresponsibility to the person. Even when women get treatment, it is often in demeaning and stigmatizing ways that reinforce their designation as personally irresponsible individuals” (Schram, 2002: 224).
CONCLUDING DISCUSSION: THE DANGERS OF RISK

Cultural debates about risk...are inevitably about inculpating those designated as ‘the other side’ (the poor, foreigners, unbelievers, deviants) and exonerating one’s own side from blame – we can certainly see this today in the way that criminals are held wholly to blame, and factors such as structural unemployment, lack of provision for drug treatment outside the criminal justice system, and similar factors linked to the actions and inactions of governing elites, are dismissed as causes of crime (Hudson, 2003: 51).

The benefits of sending children and young people to drug treatment, whether by way of the criminal justice system or some other disciplining institution, seem intuitive and self-evident. Who could argue with the intention to avoid criminalization, and to ‘treat’ young people for ‘problematic’ behaviours? One intention of this thesis has been to subject such assumptions to scrutiny. In particular, a goal was to attempt to better understand drug treatment and diversionary criminal justice measures, as well as to consider whether associated technologies and rationalities are always in the best interests of young people. This latter, normative, project departs from other work on drugs and risk, most notably that undertaken by Toby Seddon and colleagues (2010, 2012), since it goes beyond attempting to explain the what, how and, to a lesser extent, why of young people’s drug treatment. So, while it is important to attempt to theoretically map the contours of young people’s drug treatment given that the issue has thus far largely escaped significant academic scrutiny, the thesis also has in mind Stan Cohen’s (1985: 238) argument that “it is a simple matter of intellectual integrity and honesty to clarify the policy implications of social policy analysis”.

Risk rationalities and technologies tend to be portrayed as abstract and all-dominating. Governmentality scholars, argues O’Malley (1997: 509), “continue to privilege official discourses in their studies and to overlook the messy actualities of social relations”. Moreover,
programmes of government are never “perfectly realized in practice” (Garland 1999: 31). An aim of this thesis has been to respond to this critique by combining analysis of both official discourse and grassroots drug treatment. In contrast to other empirical risk research exercises, this thesis has therefore considered informal practices in empirical ‘reality’. Whilst it has not subject the processes themselves to in-depth scrutiny, it has attempted to consider the theoretical implications of the ways in which ‘risk’ is constructed and managed according to service users and deliverers. This also has in mind the remark by Seddon et al (2012: 155) that “[P]roblem-framing is a socially structured and politically constructed process rather than an unmediated descriptive one” [authors’ emphasis].

How, then, can the findings help to explain and understand young people’s drug treatment? And what policy implications ensue? A concluding discussion must begin with a caveat: the sample size was limited, and we can only hypothesise whether the findings would hold true for a larger sample size, or indeed one that incorporated a greater diversity of geographical areas. Nevertheless, we already know that cannabis is, by a considerable distance, the substance most likely to have been identified as a concern for young people. Given the large number of young people diverted, or corralled, into treatment through the criminal justice system, and the large number of service users not in mainstream education, we also have a good idea about the kinds of young people in treatment. They are invariably from relatively poor and/or marginalized backgrounds. From the data, the brands of stigma felt by young people also gives an indication of their excluded status, and their positioning at the crossover of multiple, stigmatising discourses and governing technologies. Keeping in mind the relatively small sample size, what other claims can we make?

Risk identification and management

Again, this research departs from previous work on risk and drug treatment because it is concerned with drug treatment in general, and not just the drug-crime link. However, it is argued that the risk-security nexus is still an important system of logic even for those young people who have not been referred to treatment by way of the criminal justice system but may
have, for example, been referred by schools or other social services. There is a particular concern with the ‘pre-risk’ posed by young people, as well as with ensuring that the risks around social exclusion, for example unemployment and gang activity, are contained. As such, the risks are not limited to those normally associated with harm reduction discourse, that is to say the prevention of health harms induced by injecting heroin and by consuming crack cocaine. Although drug workers and government policy concern themselves with the health harms from heavy cannabis use, they also want to address the risks of future unemployment, criminality and exclusion. The research outcomes suggest, on the other hand, that ‘risk’, however conceived, is not the sole analytical category pervading young people’s drug treatment, whether in law and policy discourses or within drug treatment settings. Interventions could certainly be categorized according to the desire to contain the risks associated with the drug-using adolescent, but policy documents point to welfare or ‘needs’ considerations too. Drug workers suggested that their role contained elements of both risk containment and welfare. As Seddon et al. (2008: 826) argue, “the assumption of the uniformity of risk, namely that it takes the same form in all spheres of life at all times, is unwarranted and mistaken and therefore to talk about a ‘risk-based’ form of government is, on its own, to say relatively little”.

While young people’s route into drug treatment may be explicit, particularly in the unlikely event that they have self-referred, or been referred by a parent or guardian, or if they have been the subject of a referral order by way of a criminal justice penalty, it might also be conceived as a ‘soft technology’ – there may be no clear admission that they are receiving ‘counseling’ for ‘drug problems’. Rather, seeing a drug worker might form one of a number of social service or criminal justice interventions. In order to avoid the humiliation of cannabis treatment, counseling could be named ‘education’, ‘advice’ or ‘mentoring’. In fact, these latter terms could also be quite accurate descriptions of the kinds of interventions taking place. At the same time, counseling services may operate within school settings, albeit invariably schools for ‘problem’ children. They consequently form part of the institutional complex to which children are attached, and drugs counseling or education may simply become enmeshed, for the
students, in other forms of disciplining technologies. While young people were expected to admit to, and take responsibility for, problematic drug use, drug workers avoided using words such as ‘treatment’, ‘counselling’ or ‘dependence’. As such, treatment/counselling could be delivered through vicarious means. Whilst young people had to acknowledge their ‘problem’, considerable effort was at the same time expended on avoiding the designation of ‘problem’ status. Although stigma-averting methods were used to engage young people in treatment, therefore, they were subsequently expected to wear the stigma of ‘problem drug user’ and submit themselves in order to be ‘helped’. The system of risk management, and behavioural modification, therefore operated through soft power technologies.

These technologies may be inefficient. Seddon et al. (2012: 157), discussing the alignment of drug policy with the criminal justice system as part of a risk management system, argue that “it matters much less that many minnows are also caught in the net, provided that most or all of the big fish are there”. Although Seddon et al.’s study concerns the criminalisation of drug policy in respect of the targeting of class A drug-using offenders, and the purported link with acquisitive crime, this observation also has purchase for the drug treatment system regarding young people. An aim of treatment, according to the drug workers and drug policy (Drug Strategy 2010), would seem to be catching the most risky young people – those most likely to develop dependency on class A drugs in the future. In so doing, many smaller fish might be caught by this net-widening, leading to the potential for cannabis users, rather than ‘misusers’, to be caught up in the risk management system. The potential consequences of this are discussed further below.

**Whose responsibility? Risk and class**

When receiving treatment at the organisations where this research was conducted, the young people became subject to responsibilising technologies and rationalities. Prudent young people are expected to develop strategies of self-governance and this includes taking responsibility for risk management and joining circuits of inclusion (Rose, 2000). Many young people said their experience of treatment or counseling was positive. They reported satisfaction at having
reduced their levels of cannabis consumption, at the opportunities to ‘talk to someone’ and thereby have possible mental health needs addressed, and to potentially form positive relationships with drug workers. The prospect that young people are receiving support for various problems in their lives through cannabis treatment is undoubtedly welcome. Indeed, O’Malley (2004: 304) reminds us that: “…in some cases, risk-based models may be (and are being) used to deliver resources to poor and oppressed people” while Robinson and Rowlands (2009: 191) suggest that risk assessment tools structure police response, aid resource allocation and raise awareness through information sharing. Moreover, some young people are developing mental health problems related to their drug consumption, and it is of course important that these are addressed and treated. However, it is also the case that for some, perhaps many, young service users, drug treatment constitutes an opportunity to treat social and personal problems that may result from structural marginalisation rather than the simple individual failure (of agency) to resist or manage drug consumption. Problematic substance use tends to be embedded in experiences of inequality (Stevens, 2011), yet there is the potential for cannabis to be cast as the master narrative in explanations of excluded young people’s problems. The National Treatment Agency, and drug organisations (Roberts, 2010), emphasise that it is important to address the ‘person and not the substance’ in treatment (NTA, undated). But strategies to address circumstances of inequality and exclusion that are aimed primarily at the individual run the risk of not only failing to address the root causes of problematic drug use, but of further marginalising those individuals who refuse to walk the well-trodden path of blaming their own behaviour for the structural barriers they encounter. Moreover, it is pertinent to ask whether drug treatment is the best means with which to address the problems that young people might be experiencing, whether relating to their own mental health needs or broader social conditions.

Beck (1992: 135) writes that: “In the individualized society, the individual must ... learn, on pain of permanent disadvantage, to conceive of himself or herself as the centre of action, as the planning office with respect to his/her own biography, abilities, orientations, relationships and so on”. Just five days after the riots took place in a clutch of English town and cities in early
August 2011, and in the absence of even the briefest of investigations into the events, Prime Minister David Cameron made a speech dismissing structural causative factors and blaming individual failures of responsibility. He said:

[W]e know for sure is that in large parts of the country this was just pure criminality. So as we begin the necessary processes of inquiry, investigation, listening and learning: let’s be clear. These riots were not about race: the perpetrators and the victims were white, black and Asian. These riots were not about government cuts: they were directed at high street stores, not Parliament. And these riots were not about poverty: that insults the millions of people who, whatever the hardship, would never dream of making others suffer like this. No, this was about behaviour...people showing indifference to right and wrong...people with a twisted moral code...people with a complete absence of self-restraint.

Despite the admission that the inquiry had yet to begin, Cameron was able to discount poverty, race, or economic inequality. It was, he insisted, the moral and personal failing of individuals unable to exercise self-control. The classic conservative rhetoric of individual over structural responsibility has not been limited to the Conservative Party in the UK, nor the current parliamentary term. It was also captured by New Labour in 1997 in order to, as discussed earlier, appear tough on crime. A ‘no more excuses’ rhetoric informed the youth justice agenda of the incoming government, resulting in the enactment of the Crime and Disorder Act 1998 and the introduction of the reprimands and final warning system, discussed in Chapter Two. In the government’s white paper, entitled No More Excuses: A New Approach to Tackling Youth Crime in England and Wales (Home Office, 1997), the Home Secretary Jack Straw bemoaned the ‘excuse culture’ that had come to characterize the youth justice system.

These emphases on individual responsibility are consistent with neo-liberal politics. Wacquant (2009: 8) argues that:

[B]ehavioristic” modes of reasoning for criminal acts, in societies with neo-liberal approaches to crime control, serve to “devalue the sociological point of view, implicitly
denounced as demobilizing and “deresponsibilizing” - and thus as infantile, even feminizing - in order to substitute for it the virile rhetoric of personal uprightness and responsibility, tailor-made for deflecting attention away from the abdications of the state on the economic, urban, schooling, and public health fronts”. Structural, ‘sociological’ reasoning is posited as *excusing* morally abject behaviour.

If nurturing individual responsibility is framed as the most important, even only, response to drug (mis)use, this discounts the circumstances of inequality affecting problematic drug use and ‘excuses’ the government itself from taking responsibility for addressing, for example, poor education provision and job prospects for marginalised communities. Although discourse on ‘class’ is broadly understood to be old-fashioned, particularly thanks to postmodern and poststructuralist thought and critique, it remains an important determinant (even if it is not deterministic) of social problems. Govermentality scholars, in line with such critique, bulk at grand narratives of class reductionism. For example, O’Malley (2001b: 86), contends that class is “as a realist category associated with totalising theoretical scenarios” in contrast to governmentality’s “arealist” and anti-globalising assumptions”. Yet Rigakos and Hadden (2001) and Gray (2009) in particular maintain the importance of considering the ways in which risk might be classed. Rigakos and Hadden (2001: 95) points out that “class need not be a totalising or universalising concept” and can be “sensitive to local variations and complexities” (cited in Gray, 2009: 446). Moreover, as Foucault (1977: 252) emphasised, to think in terms of causation means to reconsider attributions of individual responsibility. Without cause, responsibility for criminal acts and for failing to be healthy (or being prudent) must be at the forefront of young people’s drug treatment policy and practice.

In the context of criminal justice, Gray (2009: 444) argues that “current youth justice policies and practice, particularly those informed by risk thinking, reflect more than the emergence of a distinctively new approach to the governance of delinquent youth. Such measures offer a novel strategy for articulating class discipline within the context of a reconfigured hegemonic project or style of socio-political and economic leadership”. Socially excluded young people in general are expected to attain the skills necessary to enter the workforce, and take responsibility for
negotiating the risk of unemployment. Furlong and Cartmel (2007) call this process the ‘the individualization of risk’ and argue that this ignores the structural restrictions on young people’s choices as a result of their class position. Garland (2001: 199), meanwhile, suggests that removing youth crime from its structural context means that the excluded circumstances in which offenders find themselves is “effectively disguised by their criminal status”.

It is important to emphasise that risk logic, leading to processes of responsibilisation, and which pervades drug policy and treatment practice, is informed not only by class interests but also by various welfare, disciplinary, actuarial and punitive rationalities and technologies (Gray, 2009; Rigakos and Hadden, 2001; O’Malley, 2004). Sparks (2000: 129-30) also cautions that “[w]hatever else we may say about contemporary penalty and its associated politics, it seems clear that the discourse and practice of risk management do not have the field all to themselves”. At the same time, it is also important to emphasise that risk logic, as well as attributions of risk, are inherently classed, as well as aged, gendered, raced and so on. A criticism of some risk scholars is that, in wishing to avoid grand narratives about risk and undertaking explanatory accounts rather than normative ones, their analyses can neglect the power relations informing risk concepts. This issue may be one of epistemological approach, and it is true that accounts of risk are frequently “one dimensional” (Sparks, 2001: 162), but at the same time, neglecting the politics of risk and focusing on the ways in which it operates forestalls attempts to ground the ‘rise of risk’ in an ethics of social justice.

An ethics of risk?

According to Barbara Hudson (2003: 73), “the politics of risk and safety is a politics of inequality, of lack of respect for freedom and dignity of all, and of lack of regard for established rights and systems of legality”. She argues that there is nothing new about focusing social and criminal policy on risk and safety, nor about categorizing offenders in terms of riskiness. Moreover, she writes, “[l]aw and order strategies have always been concerned above all with minimizing the risks posed by the ‘dangerous classes’” (Hudson, 2003: 52). However, she
argues, “[w]hat is new, perhaps, is the joining together of the actuarial, probabilistic language of risk and the moral language of blame” (Hudson, 2003: 53). Hudson draws a distinction between a concern with risk management and risk control, with the latter constituting a break from previous risk rationalities. She explains the difference thus:

Risk management is an acceptance of risk, a pooling of risk amongst people who see themselves as a group of some sort; risk control is a refusal of risk, and it is the response to risks posed by people we do not associate ourselves with (Hudson, 2003: 59).

Although Hudson perhaps overstates her case, failing in particular to recognize that the ‘politics of risk’ may not be consistent (O’Malley, 2009), her argument is apt. Criminal justice measures that are preoccupied with reducing the risk of reoffending also offer the potential for discriminating against young people, and systems of social intervention that are informed by notions of ‘pre-risk’, in which risk management in the pursuit of security (Ericson and Haggerty, 1997) become the driving rationalities and technologies, also need to be scrutinized for their potential to stigmatise ‘risk subjects’. The adverse consequences of risk-orientated modes of governance arguably fall most heavily on the young, particularly adolescents, since they are both most likely to take risks, regardless of the consequences, and, at the same time, their bodies are subject to most scrutiny by risk technologies. However, adolescents are also least able to deploy that liberal mechanism for mitigating against the consequences of advanced liberalism itself – rights. Not only are the rights of under 18s still not routinely accorded protection within national legislation, such as in respect of age discrimination provisions in the Equality Act 2010, they are arguably the least able to fight for those rights that they do have. Unable to vote, bring a court case independently of guardians, advocates or parents, irresponsible when it comes to drug taking, alcohol consumption or getting married, they are nonetheless held criminally responsible for the harms that they cause. Individuals under the age of 18 are disenfranchised and, more often than not, denied autonomy. ‘Demonized others’ such as problematic youth are not entitled to justice. As Hudson (2003: 183) expresses it: “Governance according to principles of rights and justice is only for those who are accepted as
conforming to the defining characteristics of the rational liberal subject’, those who have suppressed the ‘savage within’ can claim the ‘privileges of citizenship’”.

With this in mind, what, then, should an ethics of risk look like? Zedner (2006: 425) argues that: “To the extent that risk-based measures threaten individual liberty, it is all the more important that they be bound by legal strictures enshrining basic values such as equality, fairness, and the preservation of basic human rights”. This observation is undoubtedly correct, and in the context of youth justice, it is particularly important that rights are not foregone simply because measures are believed to be in children and young people’s ‘best interests’, including systems of referral to drug treatment, or in order to address the risk of reoffending. But it has been argued that rights have little to offer structural inequality and exclusion. Nancy Fraser (1995), for example, claims that affirmative solutions that recognise rights or identity claims fail to transform underlying inequalities because they are predicated on subordination to the statutory framework. On the other hand, she argues, truly transformative solutions must in some way overcome or destabilise existing structures.

In this respect, it is important that systems of risk assessment and management are modified in order to consider and address those risks emanating from broader circumstances as well as those concerning individual agency. What structural risks are young people in drug treatment exposed to? The drug workers interviewed tended towards seeing structural exclusions as failures of individual responsibility, echoing advanced liberal government policy and rhetoric in which circumstances of inequality are silenced (Stevens, 2011). But behaviour modification, employment skills training or mentoring programmes may make little headway if programmes do not address the risks cultures of drug and alcohol misuse, poor job prospects and circumstances of inequality. In respect of youth justice, Garland (1997: 196) warns that there is a tendency to confuse the concepts of agency and freedom when assuming that young people are capable of making free choices unencumbered by structural barriers. Indeed, studies have suggested that employment skills training for young offenders has had only a limited impact on
accessing the sorts of stable employment that might enable them to remain crime free (Mizen, 2006, cited in Gray, 2009).

The aim of this thesis has been to consider the ‘what’, ‘how’ and especially ‘why’ of drug policy and drug treatment as it relates to under-18s, with a particular focus on the drugs-crime nexus. It has tried to better understand how the risks of cannabis, and the ‘risk of youth’ itself, are addressed both through state policy addressing drug use and treatment, and through drug treatment organisations, and how these developments reflect broader social changes in an advanced liberal society as well as the exclusions that might result. In particular, we must ask ourselves whether young people’s drug treatment simply provides a novel means of disciplining poor and excluded youth. The paucity of academic discourse on young people’s drug treatment suggests that more research is needed. It is hoped that this thesis has offered some theoretical foundations on which to build.
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Abstract

Drug treatment, particularly its suggested function in crime reduction, has engendered considerable debate and critique in recent years. However, much of the discourse - both academic and otherwise – has sought to resolve or ask key questions relating to the adult use of heroin and crack cocaine, at least in the UK. There has been marginal criminological consideration of drug treatment for under-18s, which largely involves addressing the (mis)use of cannabis and, to a lesser extent, alcohol. Incorporating analysis of law and policy, as well as data collected from a small sample of interviews within drug treatment settings, the aim of this thesis is to consider the purpose and scope of adolescent drug treatment and to identify key questions regarding its provision. In so doing, it will place young people’s drug treatment in England and Wales within wider critical discourse on drug treatment for adults. In particular, it considers whether the growth in young people’s drug treatment can be understood according to the ‘rise in risk’ in advanced liberal democracies. It also considers other rationalities and technologies pervading under-18 drug treatment, and explores how these correlate with risk-orientated scholarship. Finally, it will question the consequences for the rights of young people, and consider the ethical basis for providing drug treatment by way of the criminal justice system. It will also attempt to blend different epistemological perspectives relating to risk, security and inequality that have thus far formed distinct and apparently incompatible strands within drug policy theorizing.
Zusammenfassung

## CURRICULUM VITAE

### ACADEMIC EXPERIENCE

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<tr>
<td>2012-</td>
<td>Lecturer in Criminal Justice and Family Law</td>
<td>University of Reading, UK</td>
<td>Undertaking teaching, research and administration. Lecturing in family law,</td>
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<td>including issues relating to same-sex marriage, gender recognition and human</td>
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<tr>
<td>2010-</td>
<td>PhD Scholarship, IK ‘Empowerment Through Human Rights’</td>
<td>Univ. of Vienna</td>
<td>Thesis title: ‘Governing young problem drug users’</td>
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<td></td>
<td></td>
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<td>Courses in: Human rights law; criminal justice; legal research methodology;</td>
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<td>qualitative and quantitative methodology; interviewing skills; social theory</td>
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<td></td>
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<td>sexuality; criminal justice; history, philosophy and culture of human rights</td>
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<tr>
<td>1998-2002</td>
<td>BA Honours Degree Law with French (2:1), University of Nottingham</td>
<td></td>
<td>Erasmus study 2000-2001, Université Montesquieu - Bordeaux IV, France</td>
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### TEACHING QUALIFICATIONS

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<tr>
<td>Oct 2011</td>
<td>Basic Certificate in Teaching, Centre for Teaching and Learning, Univ. of Vienna</td>
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<td>Developed understanding of module design, didactic methods, learning outcome orientation and teaching philosophies</td>
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### PEER-REVIEWED PUBLICATIONS

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<td>‘Deviant Disabilities: The exclusion of drug and alcohol addiction from the UK Equality Act 2010’,</td>
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<td>Apr 2012</td>
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<td>Chapter: ‘Human rights and drug policy’, Nowak M. (ed.) Vienna Manual for Human Rights, University of Vienna</td>
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<td>May 2012</td>
<td>‘The exclusion of ‘addiction' from the UK Equality Act’</td>
<td>International Society for the Study of Drug Policy, University of Kent</td>
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April 2012  ‘The Spectre of Interdisciplinarity’ (presentation and roundtable discussion)  
_Socio-legal Studies Association Conference_, De Montfort Univ., Leicester

_Beyond the Buzzword: Problematising Drugs_, Monash University, Prato, Italy

**TEACHING and SUPERVISION**

2010-2011  University of Vienna: Course on children, sex and the law  
Designed, taught and examined children’s rights module that incorporated critical understandings of UK and Austrian criminal law, sex education law and policy, and human rights law.

Sep 2011-Jan 2012  University of Vienna: Undergraduate course on the sociology of law  
Co-designed curriculum, delivered several lectures on socio-legal methodologies and criminology, including critical perspectives on sociological and legal approaches to criminal justice studies. Supervised undergraduates

July 2010  UN Office of Drugs and Crime: One day seminar HIV/AIDS and human rights law

**FUNDING/GRANTS**

Jan 2010- University of Vienna, three year PhD funding (16,700 Euros per year)

Mar 2010  KWA grant (field research), University of Vienna (1800 Euros)

Nov 2010  Lead writer and co-researcher on the coordination of a European Commission Seventh Framework Programme (SP7) application with Univ. of Vienna

**AWARDS**

2007  Postgraduate law school Best Essay Prize, Birkbeck College, Univ. of London

**PUBLIC/POLICY ENGAGEMENT**

Sep 2011  EU-China Human Rights Seminar, Beijing, China


**EDITORIAL EXPERIENCE**

2012 -  External Reviewer, International Journal on Human Rights and Drug Policy

**EMPLOYMENT AND ADMINISTRATIVE EXPERIENCE**

Undertook research and advocacy. Skills in administration and web editing/IT