

# **Drugs Decriminalization: The Art of Governing Drug Using Populations**

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## **Introduction**

In the last fifteen years or so drugs decriminalization has (re)emerged as a pragmatic, human-rights and evidence-based response to the ‘drug problem’ and widely praised alternative to drugs prohibition.<sup>1</sup> Niamh Eastwood, Edward Fox and Ari Rosmarin describe the momentum and force of this movement as the ‘quiet revolution’ of drugs decriminalization.<sup>2</sup> The idea of a quiet revolution, on the other hand, I take to be an indication that the blind spots of drugs decriminalization strategies, or that which has been overlooked in contemporary analyses, require critical attention. This is important given the research literature’s preoccupation with the merits of decriminalization, and how it has emerged as a beacon of light for the future direction of drug policy reform. The history of similar initiatives that involve the removal or loosening of the power of criminal sanctions, however, teaches us that veils of optimism and hope may actually conceal the permeation of alternative forms of state power into the more intimate and nuanced areas of the social life of citizens.<sup>3</sup> This chapter offers a critical perspective on this contemporary drug policy development. In doing so, it draws on the poststructuralist approach to critical policy analysis developed by Carol Bacchi<sup>4</sup> to explore the ways in which illegal drug use is governed through Portugal’s decriminalization strategy. It will argue that through this strategy, the control of illegal drug use has been reconfigured by discourses of health, citizenship and drug prevention, which produce meanings of illegal drug use as a harmful, unhealthy and deviant activity.

This chapter is structured as follows. The first section will summarize the Portuguese drugs decriminalization strategy and relevant debates, and discuss the theoretical and methodological approach used in the analysis of key strategy documents.<sup>5</sup> The second will

examine the way illegal drug use is represented as a threat to the health and social outcomes of the Portuguese population, and the consequences of this for how the ‘drug problem’ is thought about and managed. Section three will examine the way citizens have been located at the center of the strategy and how meanings of youth drug use have been created through the model of citizenship adopted. In the final section, drug prevention is identified as a key mechanism through which the perceived skill deficits of ‘adolescent citizens’ are constituted as a problem to be fixed and also through which meanings of recreational and non-problematic drug use are silenced. The analysis challenges the idea of a standard concept of drugs decriminalization by illustrating how in practice it functions as an empty category populated by a series of goals, strategies and interventions that tend to reproduce many of the beliefs, assumptions and control tactics associated with traditional drugs prohibition.

### **Portugal and the quiet revolution of drugs decriminalization**

In 2001, the Portuguese government responded to the public health crisis of illegal drug use by publishing its first drug strategy, the *National Strategy for the Fight Against Drugs*. The strategy notably departed from traditional prohibition by removing criminal sanctions for personal use and possession of all illegal drugs and implementing a public health-orientated response to tackle the public health crisis. Possession continues to be illegal but the decriminalization law changed the offence from a criminal to an administrative one. What this means in practice is that if a person is caught with any quantity of illegal drugs below the threshold amount of ten day’s supply they will receive an administrative sanction such as civil fine rather than a criminal penalty. The sanctions are managed and coordinated by one of Portugal’s district level Drug Dissuasion Commissions. Tactically, the loosening of criminal law was accompanied by an increased monitoring of the ‘drug problem’ and a

comprehensive system of demand-side interventions such as dissuasion, drug prevention, harm reduction, the treatment of drug addiction and social reintegration.

Portugal updated its first national drug strategy in 2005 with the *National Plan Against Drugs and Drug Addiction 2005-2012*, and then again in 2013 with the *National Plan for the Reduction of Addictive Behaviors and Dependences 2013-2020*. The 2013 National Plan extended the focus of the previous strategy to online gambling, alcohol, steroids and medicines, which were grouped, alongside illegal drugs, under the category of addictive behavior and dependencies. The extension of this diagnostic category to other behaviors is an example of what Moore et al. refer to as ‘epidemics of addicting’ which they associate with neoliberal societies.<sup>6</sup> In addition, an important change in the 2013 National Plan is a greater emphasis on the ‘centrality of the citizen’ in the management of the drug problem. The implication of this shift, as we shall see later in this chapter, is that those who decide to use illegal drugs, in particular young people, are discursively positioned by the strategy as irrational, unhealthy and antisocial: in other words, as outsiders.

What we currently know about the Portuguese decriminalization strategy comes from evaluation studies and discussion papers which are principally concerned with establishing quantitative, objective measures of success or failure.<sup>7</sup> Apart from a minority view that it negatively impacted upon drug-related deaths, blood borne viruses and levels of drug use,<sup>8</sup> a general consensus has emerged that drugs decriminalization has been a success in each of these domains.<sup>9</sup> The minority view, explained by Hughes and Stevens, is based on some of the available survey data, while ignoring other relevant surveys.<sup>10</sup> Nevertheless, my concern is that if the debate continues be fixated upon objective measures of success or failure then this potentially diverts our attention away from what else might be happening in the field of illegal drug use and control since criminal sanctions were removed. My interest stems, in part,

from Werb's observation that governments of drug decriminalized countries have tended to defend their decisions by putting greater importance on drug prevention activities, which have historically promoted abstinence.<sup>11</sup> In this respect, drugs prevention is an important, albeit overlooked space where prohibitionist tactics might continue to shape young people's relationship with drugs around notions of harm and abstinence, rather than pleasure, moderation and harm minimization.<sup>12</sup> My curiosity is also sparked by the work of critical criminologists who demonstrated, using the concept of net-widening, how the removal or loosening of state power often coincided with a greater diffusion of that power and the power of experts into the lives of young people.<sup>13</sup> Austin and Krisberg outline three types of 'nets': wider nets through which the power of the state was extended to a greater number of groups; stronger nets, which intensified the extent of state power and; new nets, which transfer power from one system of social control to another.<sup>14</sup> The role of Portuguese health services in the management of illegal drug users has been acknowledged for their potential net-widening effects, but the power relations intrinsic to them have been downplayed or overlooked because of the taken-for-granted assumption and value of health in contemporary societies.<sup>15</sup> The net-widening concept, in other words, loses its critical edge when the power-relations in question are rooted in the promise of healthier behaviors.

The promise of health, according to Foucault, was characteristic of a contemporary form of power that he referred to as biopower. Viewed from this perspective, the promise of health promotion can be interpreted as part of the "subjugation of bodies and the control of populations".<sup>16</sup> Rabinow and Rose describe the main technologies of biopower as the control of processes of population and technologies "through which individuals are brought to work on themselves, under forms of authority, in relation to truth discourses, by means of practices of the self, in the name of their own life or health".<sup>17</sup> Cruickshank refers to the mechanisms that transform individuals into citizens as technologies of citizenship, or "modes of

governance that work upon and through the capacities of citizens to act on their own ... [they] are voluntary and coercive at the same time; the actions of citizens are regulated, but only after the capacity to act as a certain kind of citizen with certain aims is instilled”.<sup>18</sup> The turn towards discourses of health and citizenship in Portugal’s drugs decriminalization strategy, therefore, might not symbolize the absence of power, but the manifestation of a type of power that depends upon discourses of health and the self-governing capacities of individuals for the realization of political objectives.

This chapter draws on Carol Bacchi’s ‘What is the problem represented to be?’ (WPR) approach to critical policy analysis. The WPR approach examines meaning-making and the taken-for-granted assumptions at work in policy. It takes the view that policies are not straightforward responses to objective problems but are active in the creation and shaping of those problems as particular types. This approach does not suggest that the conditions people are commonly concerned about do not exist. Rather the point is that when these conditions are responded to they are imagined in particular ways. These ‘imaginations’ are interrogated through six questions though in practice it is commonplace to only use some of them;

1. What’s the problem represented to be in a specific policy?
2. What presuppositions or assumptions underlie this representation of this ‘problem’?
3. How has this representation of the ‘problem’ come about?
4. What is left unproblematic in this problem representation? Where are the silences?  
Can the problem be thought about differently?
5. What effects are produced by this representation of the problem?
6. How/where has this representation of the ‘problem’ been produced, disseminated and defended? How could it be questioned, disrupted and replaced?

The analysis will address questions one, two, four and five. Bacchi describes a problem representation and the general premise of her approach as “what we propose to do about something indicates what we think needs to change and hence what we think is problematic”.<sup>19</sup> The objective of question two is to examine the problem representation for deep-seated assumptions which are important for it to make sense and cohere, and then questions four and five involve critically reflecting upon the silences and the discursive and subjectification effects created by it.

The WPR approach can be contrasted with the problem-solving approach which assumes that problems exist independently of the proposals designed to fix them. Evaluations of the decriminalization of drugs in Portugal, from this perspective, aim to identify an objective measure of success or failure.<sup>20</sup> The strength of the WPR approach is that it directs attention towards the effects and silences produced by the way policy represents the problem. The importance of analyzing dominant representations is recognized elsewhere. Duff, for example, observed a tendency in drugs policies to privilege harms, which in turn silences the widely reported pleasurable experiences of drugs.<sup>21</sup> Similarly, Pickard argued that drug policy ignores how drugs are sometimes used to adapt to challenging psychological and social circumstances.<sup>22</sup> Using the WPR approach to analyze recovery discourses in two Australian and British reports, Lancaster et al. draw attention to the discursive effects created by the binary system of problematic and non-problematic drug use, identifying how this binary simplified the meaning of what is a “complex sociocultural practice”.<sup>23</sup> The meaning it produced failed to recognize the influence of context on illegal drug use, and how some individuals’ use of drugs can move between problematic and non-problematic at different times. The subjectification effect is produced by the language of personal responsibility which assumes a type of person who is responsible for their own drug use and health, which is an idea of citizenship rooted in neoliberalism. This chapter builds on this work by critically

examining problem representations in the Portuguese drugs decriminalization strategy. The ‘prescriptive texts’ selected for critical analysis were the *National Strategy for the Fight Against Drugs*<sup>24</sup> and the *National Plan for the Reduction of Addictive Behaviors and Dependences*.<sup>25</sup> The analysis identified key policy statements on health and social outcomes, the centrality of citizenship, and on a drug prevention intervention as important to the meaning and management of the drug problem in Portugal.

### **The value of health and the danger of illegal drugs: Reconfiguring the meaning of drugs in Portugal**

The *National Plan for the Reduction of Addictive Behaviors and Dependencies* states that it is an important “development in the field of health policies”, with the primary objective of the drug strategy as the positive impact upon the “health and social welfare outcomes” of the Portuguese population.<sup>26</sup> These statements reinforce the recent shift in the management of the drug problem from the repressive techniques of criminal law to the life affirming techniques of health policies. The link between illegal drug use and health and social welfare outcomes is consistent throughout the National Plan, regardless of whether it is the umbrella category of addictive behaviors and dependencies or singular behavior organized by it such as illegal drug use. Later in the document, for instance, where the goals and interventions are outlined, the stated outcome is “sustainable gains in health and social welfare”.<sup>27</sup> Drawing on the WPR logic, we can see that the National Plan represents the problem of illegal drug use as a threat to the health and social outcomes of the Portuguese population.

The WPR approach encourages researchers to reflect upon problem representations by examining the presumptions, key concepts and binary systems on which they depend for meaning and coherence.<sup>28</sup> The purpose is to understand how they create (and restrict) meaning, as well as how the problem is managed and with what consequences for different

groups of people. The concept of health, for instance, is central to the strategy's objectives and performs an important governmental function. It allows the threat of all types of illegal drug use to the individual and population to be comprehended and acted upon via demand side interventions that promote behavioral change. The expected direction of this change is healthier lifestyles, as stated in the above objective. The promotion of norms of healthy behavior to the population can be interpreted as an example of biopower where health and life affirming strategies and techniques are considered necessary for the "subjugation of bodies and the control of populations".<sup>29</sup> In the contemporary political context, biopolitical technologies of power tend to shift the responsibility for the management of health onto citizens.<sup>30</sup>

Nevertheless, what is the meaning of 'health' and 'healthier' lifestyles in the National Plan and how does it create and impose limits on the possible meanings of illegal drug use? Health, for Bacchi, is a "slippery concept, rather than a fixed idea".<sup>31</sup> By this she means that health is an empty category, and its meaning emerges during the policy making process, rather than preceding it. In other words, health is whatever the National Plan says it is. It does not explicitly define it, but there is an implied meaning in the approach used to judge the success or failure of the strategy, which enables evaluators to see and know and ultimately judge "gains in health".<sup>32</sup> The statistical knowledge used to inform this judgment is produced by a series of key performance indicators that measure levels of illegal drug use, perceptions of harm to health, and reductions in the age of onset of use in the population. Based on the knowledge used to determine success or failure, we can assume that health means reductions in illegal drug use, an increase in individuals who perceive illegal drugs as harmful to health and reductions in the age at which people first use drugs. This implies that healthy behavior is the norm and illegal drug use is both unhealthy and deviant. The 2017 *World Drug Report*



adopted something similar. The phrase of “healthy years of life lost” helped quantify and represent the impact of illegal drug use on the world population.<sup>33</sup>

The health-danger and health-illegal drug use binary system that is implicit in the health problem representation can be interrogated further. Binary systems function by simplifying what can be complex cultural and social relationships. They organize behavior through a hierarchical structure in which one side is privileged with a positive value (health) and the other a negative one (illegal drugs). In addition to the general objectives, the influence of this binary system on meanings of illegal drug use can be found elsewhere in the National Plan. On page 22, for example, it underpins a statement which distributes all of the possible types of illegal drug use on a continuum of risk of harm. The positive side of the continuum is where harm and risk is absent and no consumption is plotted. Harmful and dependent use is plotted on the negative side where risk of harm is present. The implied meaning of illegal drugs produced by this diagram is that the only safe, rational and responsible relation to illegal drugs a person can have is not to use them. Moreover, to be an illegal drug user is to be in a state of ill health and in a position of social deviance. This type of authoritative proposal made by the National Plan has the effect of constituting the reality of illegal drugs in Portugal.

The type of relationship between illegal drug use and health produced by the National Plan has been challenged by researchers. Moore et al., for example, identified a more complex and nuanced relationship between different types of illegal drug use and health. In particular, they found that illegal drugs offered a way for some drug users to take care of their “physical and mental health and well-being”.<sup>34</sup> Furthermore, Cruz challenges conventional understandings of illegal drug use in Portugal as inherently dangerous to health by showing how some users employed self-regulation strategies to prevent it from becoming harmful to health and dependent.<sup>35</sup> In constructing this way of thinking about the drug user as irrational,

unhealthy and antisocial, the National Plan silences and marginalizes alternative realities of illegal drug use and health. Importantly, when taken to its logical conclusion, the meaning of health adopted by the National Plan would imply that for a society to achieve the best state of health possible, it must become drug free. The Portuguese drugs decriminalization strategy, in this respect, shares the same goal as traditional drugs prohibition.

### **Adolescence, addiction vulnerability and citizenship**

The threat of illegal drugs to health and social welfare outcomes of the population is acted upon, in part, through the concept of citizenship, which is an important technology of biopower.<sup>36</sup> The National Plan explicitly identifies the citizen as being at the center of its strategic vision, which implies that the passivity and lack of citizen participation is part of the problem in need of fixing. It describes the citizen as someone who takes responsibility for their “health, quality of life and well-being” in their day-to-day activities and, in particular, in the “choices” they make about illegal drugs.<sup>37</sup> The responsible and rational choice is, of course, to avoid harm and be healthy by not using them. The National Plan links the obligation to prioritize healthy behavior to the “exercise of citizenship”.<sup>38</sup> In Portugal’s first drug strategy, the *National Strategy for the Fight Against Drugs and Drug Addiction*, citizenship guaranteed the human right to healthcare for drug addicts.<sup>39</sup> The citizen at the center of the National Plan, in contrast, is a subject with co-responsibilities and obligations to monitor and care for their own health.

The architects of the National Plan chose to adopt a life-cycle model of citizenship rather than, for example, a rights-based model. This model of citizenship is associated with the social investment strategy, which Giddens describes as the entrepreneurial state which invests in the skills and abilities of its citizenry with the purpose of preparing them for future challenges.<sup>40</sup> The logic of social investment has been important in the reorganization of

European welfare states from the traditional social protection model to something similar to neoliberalism.<sup>41</sup> Illegal drug use, when viewed from this perspective, not only threatens the health and social outcomes of citizens, but also their economic and social productivity and ability to respond and adapt to the challenges associated with the “different stages of the life cycle”.<sup>42</sup> Of course, the threat of illegal drug use to health and social outcomes is one of these challenges. In order to see and know the different stages of the life cycle the National Plan divides, organizes and allocates each member of the population to predefined age-related categories; pregnancy and neonatal; children from 28 days to 9 years; children from 10 to 24 years; adults from 25 to 64 years and; adults over 65 years. These are presented as naturalized and homogenous human categories. Making up human kinds in this way, as Ian Hacking would refer to it, has implications for how individuals learn to think about the impact of illegal drugs on their bodies and lives, and the type of expert knowledge used to further control over them.<sup>43</sup>

Unlike each of the other human categories, neuroscientific understandings of the ‘adolescent brain’ are relied upon to see and know what is at stake for individuals in the 10 to 24 years age category if they use illegal drugs rather than prioritize healthy behavior. Neuroscientific explanations of behavior, it is important to highlight, have largely displaced psychology’s preoccupation with locating ‘problems’ in the “deep psychological space” within the person.<sup>44</sup> Nikolas Rose links neuroscientific understandings of the person to a type of biopolitics that operates at the molecular level and which facilitates new ways for individuals to relate to themselves and experts as well as new biological vulnerabilities to be identified, explained and managed. The influence of this expert discourse can be seen in the highly specific use of language to describe what it means for young people when illegal drugs are used during this particular stage of life; “changes in the organism”, “formation of new synapses in the brain”, “rapid hormonal changes”, and developmental issues that essentially

“inhibit the perception of risk”.<sup>45</sup> Through this discourse the 10 to 24 years age category is constituted as a “unique period in human development” during which illegal drugs might “compromise” the transition to adulthood and cause “unforeseen consequences”.<sup>46</sup> The unforeseen consequences are not made explicit, but it is implied that they can be prevented by not using illegal drugs. The addiction vulnerability of this stage of the life cycle, it is implied, is the reason why illegal drugs should be avoided by those in the 10 to 24 age category. This reductionist discourse, however, has the effect of detaching young people from the cultural and social contexts in which they are socialized and, moreover, it silences the widely reported pleasurable experiences and the non-addictive and recreational patterns of drug use which are a normal part of mainstream youth culture.<sup>47</sup>

The truth of the adolescent brain is taken for granted in the National Plan, whereas outside of this document, anthropologists, historians and sociologists have been less enthusiastic about it.<sup>48</sup> The sociologist Judith Bessant, for example, has drawn attention to how the ‘adolescent brain’ is built upon historical assumptions of young people as irrational, anti-social, not quite responsible adults and therefore in need of supervision and guidance.<sup>49</sup> Bessant asks how it is possible for all young people to consistently act in irresponsible and irrational ways when what are considered good and bad judgments are culturally, socially and historically specific. Similar criticisms are made by Farrugia and Fraser, who identify these assumptions about young people at work in materials used in drugs education programs in schools. They observe commonalities between the concepts of the addicted brain and underdeveloped youth brains which exist in a co-constituted relationship. Importantly, they argue that both of these neuroscientific concepts produce a singular view of the normal, rational adult citizen.<sup>50</sup> Similar to Ludwig Fleck’s concept of pre-idea,<sup>51</sup> these neuroscientific facts contain traces of ideas from previous culturally and socially influenced thought styles, notably psychological facts about the ‘storm and stress’ of adolescence popularized by

Stanley Hall at the end of the nineteenth century.<sup>52</sup> Nevertheless, the solution to the addiction vulnerabilities of young people (imagined as adolescents) is to train them to refuse illegal drugs with the objective of securing their development into adult citizens.

### **Drug prevention, power and subjectivity**

The *National Strategy for the Fight Against Drugs and Drug Addiction* identified drug prevention as one of its ‘Five Strong Beliefs’. The “belief is that in this field, as in many others, it is better to prevent than to cure”.<sup>53</sup> Indeed, this governing logic is widely used in medical disciplines, but how does it shape power relations and meaning in this particular context? This dichotomy opens up possibilities for further state intervention, notably by shifting the gaze of the regulation of illegal drug use from the small group drug addicts who were the focus of the initial public health crisis onto securing the ‘health’ of the Portuguese population. It also implies that all types of illegal drug use might result in a condition that requires expert intervention, thus promoting a pre-emptive, precautionary logic of control. A further effect of this dichotomy is that it silences the experiences of people who use illegal drugs recreationally and non-problematically as well as their function as everyday coping mechanisms.<sup>54</sup> It is not specified what drug prevention means, though it goes on to state that there is “no better prevention than the promotion of true development”, along with an acknowledgment that civil society and “above all” young people have a role in drug prevention.<sup>55</sup> What is true development and how is it promoted? The meaning of true development or the “healthy development of young people”, as described earlier, refers to a healthier and prosocial lifestyles in which illegal drug use is absent and devalued in the decisions made by those in the 10-24 age category.<sup>56</sup> Importantly, this can be achieved by teaching adolescents how to make the right choice in a situation where illegal drugs are offered.

The National Plan proposes a school-based universal program called social and emotional competencies, also referred to as social and emotional learning (SEL), to prevent illegal drug use by the 10-24 years age category, thus removing any unforeseen consequences. Little information is given in the National Plan about social and emotional competencies, only that young people need them if they are to develop a “life project” in which healthy and prosocial activities are chosen instead of unhealthy and antisocial ones such as illegal drug use.<sup>57</sup> We can, however, find a bit more information about SEL in the international research literature on it. SEL programs form part of an international movement in which social and emotional competencies are increasingly linked to young people’s ability to “adapt themselves to the complex demands of growth and development [...] and to achieve successful adult lives”.<sup>58</sup> SEL programs target five key competencies: self-awareness; self-management; social awareness; relationship skills and responsible decision-making, which are needed to “make good decisions, behave ethically and responsibly, develop positive relationships, and avoid negative behavior”.<sup>59</sup> The avoidance of negative behavior such as antisocial and criminal behavior, which the SEL discourse links to deficits in social and emotional competencies, is why competency training is recommended for drug prevention in schools. SEL programs have been delivered in Portugal since 2002, examples include, ‘Positive Attitudes Project’,<sup>60</sup> ‘Slowly, We go Steady’<sup>61</sup> and ‘Grow Up Playing’.<sup>62</sup> In their review of SEL provision, Bowles et al. identified a steady growth in the use of SEL in Portugal which has been largely facilitated by the recent turn towards measurable outcomes and monitoring within the education system and by the Ministry of Health’s publication of the *Manual for the Promotion of Social and Emotional Competencies in Schools* in 2016.<sup>63</sup> The uptake of SEL in Portugal, it could be suggested, has been encouraged by the political and economic reorganization of the Portuguese welfare state by social investment ideas. This

school-based universal program, in this respect, might be viewed as a mechanism through which the citizenry and dominant social order are reproduced.<sup>64</sup>

The proposal that young people need social and emotional competencies training to help them say not to illegal drugs produces a particular subjectification effect or subject position. These are important to identify because, as Bacchi explains, when a person occupies a subject position they tend to “make sense of the social world from this standpoint”.<sup>65</sup> The National Plan does not offer descriptions of SEL teaching in practice, but there are some examples in the research literature on SEL and self-esteem based drug education that can be used here to briefly illustrate how, through this type of training, young people learn how to prioritize healthy and prosocial activities and abstain from illegal drugs.<sup>66</sup> Both SEL and drugs education based on self-esteem building activities operate according to a deficit model which require young people to problematize and correct certain aspects of themselves (self-esteem or competencies), aspects assumed to be linked to their ability to make rational choices. As Farrugia and Fraser explain these preventive strategies reflect the influence of developmental conceptualizations that view young people as incompletely developed and lacking adult capacities, such as rational thinking.<sup>67</sup> Like most contemporary drug education programs, abstinence is their primary goal. Similar to self-esteem building, SEL offers young people opportunities to participate in classroom based activities where they can learn and rehearse rational decisions in fictitious drug offer situations. In these activities, young people are taught, step-by-step, the different stages to go through when deciding whether or not to use illegal drugs, which essentially involves the repeated drilling of drug refusal statements.<sup>68</sup> Here, it is worth highlighting, drug refusal statements imply that the decision to use drugs is not natural, but the result of pressure from the antisocial ‘Other’. By learning the skill to operate the prescribed decision-making model by saying no to illegal drugs, young people learn techniques of self-government and, moreover, become healthier by avoiding the

unforeseen consequences of using illegal drugs during adolescence. This form of drug prevention, in other words, is not only an important strategy for controlling illegal drug use but it is also important for the social reproduction of citizenship.

An effect of this subjectification process is that encourages socially desired behavior and self-responsibility in the majority of young people, therefore serving a broader regulatory purpose. An implication of it, however, is that it sets young people who decide not to use drugs in opposition to those who decide to use them. Setting groups of people in opposition to each other, as Bacchi explains, can result in the social marginalization of those individuals whose conduct does not conform to the prescribed norms of behavior. For example, Lindholm found that young people whose conduct did not conform to the prosocial, healthy and productive ways of acting privileged by SEL programs were excluded from their peer group and constituted as the antisocial ‘Other’.<sup>69</sup> Similarly, Bennett observed an othering process in self-esteem based drug education programs in which young people came to understand themselves in relation to the antisocial, drug using ‘Other’.<sup>70</sup> This prosocial and antisocial binary system that can result in the othering of young people, according to Taylor, is a key feature of the reductionist drugs discourse of prohibition in which illegal drug users are represented as fundamentally different to the normal population.<sup>71</sup> This reductionist discourse collapses all forms of drug use into this category of the abnormal, thus failing to recognize the multiple realities of recreational use by young people.

### **Conclusion: Drugs Decriminalization: A Quiet Revolution or the Ghost of Prohibition?**

The objective of this chapter has been to put the veil of optimism and hope to one side in order to explore how the meanings and control of illegal drug use in Portugal have been transformed following the drugs decriminalization strategy. Critical analyses of the Portuguese strategy have been surprisingly absent, with researchers and commentators



tending to debate measurable changes in the size of the ‘drug problem’. Drawing on the WPR approach and the Foucauldian tool box, this chapter has critically examined Portugal’s drug strategy documents, identifying how the meanings of illegal drug use and the mechanisms of drug control have been reconfigured around discourses of health, the life-cycle model of citizenship and a deficit-based drug prevention program. The chapter has argued that the Portuguese decriminalization strategy should not be seen as the loosening of state power, but as the manifestation of a life-affirming power that operates through notions of health and expert knowledge and which mobilizes the self-governing capacities of citizens to achieve its objectives. The aspirations of the strategy are to increase the health and social outcomes of the population through the production of citizens who recognize their obligation to choose health and prosocial activities rather than illegal drugs.

This chapter will close with two concluding points. First, how might we view the drugs decriminalization strategy? The WPR approach takes the view that policies or national drug strategies are not straightforward responses to objective problems. Instead, they are active in producing those problems as particular types. From this perspective, the strategy of drugs decriminalization might be viewed as an empty policy framework that policy architects populate with political visions, measurable targets, general and specific objectives, statements, beliefs, interventions and expert knowledge, rooted in conceptual logics and political and expert discourses. It might be wrong to assume that the philosophies of liberalism and harm reduction often associated with decriminalized drug strategies provide the organizing principles for them. Decriminalization strategies not only differ in terms of the legal particularities that determine, for example, where to draw the line between possession and supply in terms of threshold amounts, but also in terms of the discursive and subjectification effects and silences created by the proposals for change made by them. Importantly, these are culturally, socially and politically embedded and therefore dependent

upon the contexts in which they operate. Although the legal framework of drugs prohibition has loosened, the assumptions of drugs prohibition continue to operate through the cultural, social and scientific domains it has long appropriated. The type of health problematization adopted by the decriminalization strategy reinforces meanings of illegal drug use as unhealthy, antisocial and deviant promoted by regimes of prohibition. Similar criticisms are made by Taylor et al., who refer to the alternative models of drugs policy such as decriminalization as the “metamorphosis of prohibition”.<sup>72</sup> This means that although the structure has changed, the assumptions underpinning them have not. Portuguese decriminalization, in this respect, continues to be haunted by the ghost of drugs prohibition.

The second point relates to the preventative turn in Portugal’s drugs decriminalization strategy, which has been characteristic of drugs decriminalized countries.<sup>73</sup> This preventative turn opened up new possibilities for intervening into the minds and behaviors of the Portuguese population with the purpose of directing them away from illegal drug use and towards health and prosocial activities. Neuroscientific discourses of adolescence, in particular, were identified as important in articulating the developmental consequences for young people if they use illegal drugs. Silencing alternative and widely accepted understandings of youth drug use, this discourse constitutes young people as particularly vulnerable to addiction, whereby prohibitionist notions of abstinence are recommended as essential to securing their future as healthy, productive adult citizens. Reflecting on an observation made by Duff, it might be said that the approach to drug prevention adopted by the National Plan has not yet moved from the “prohibition of use to the management of use”.<sup>74</sup> By recommending abstinence-based deficit models, the drug prevention approach proposed by the Portuguese decriminalization strategy fundamentally misunderstands the culture and context of illegal drug use. If decriminalization strategies are to be effective at reducing drug-related harms, progressive forms of drug prevention should be adopted that do

not privilege harm over pleasure and which recognize the cultural and social realities of youth drug use.

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