



## Research Paper

## Social inclusion from on high: A poststructural comparative content analysis of drug policy texts from Canada and Scotland

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## ABSTRACT

This paper explores the social inclusion of the illicit drug user. It does this through a comparative examination of policy orientations to the social inclusion of people who use drugs. Six policy documents from Canada and Scotland produced in the years 2000 and 2001 were systematically sampled from 42 known documents. A poststructural content analysis adapted from the work of Maarten Hajer and mapped onto an analytic frame derived from Nikolas Rose's *Governing the Soul: The Shaping of the Private Self* is conducted. Within the years considered, drug policy texts from Scotland signaled a more punitive approach to drug use and a less socially inclusive approach to people who used drugs than drug policy texts from Canada. The differences in policy directions identified were in keeping with a priori interpretations of each country's broad approach to illicit drug use and to the social inclusion of the illicit drug user, if not to social inclusion itself. Methodologically, combining the approaches of Hajer and Rose proved complimentary and useful as well as promising for future application to the content analysis of public discourse.

## Introduction

This paper focuses on social inclusion as signalled within drug policy texts from Canada and Scotland. It identifies story lines within policy texts, considers the language used, and meaning generated and interpreted, through a lens of health and well-being. Here, the texts of drug policy are analysed for how the rhetoric of inclusion is manifest explicitly and manufactured implicitly. The paper applies a poststructural form of content analysis. Poststructural in the sense of what is framed to constitute a problem—in this case the social inclusion of the illicit drug user—and how a problem is represented (Bacchi & Goodwin, 2016; Bacchi, 2016; Fraser, 2016; Grayson, 2008; Moore & Rhodes, 2004; Moore, 2007, 2004; Valverde, 1998).

In the paper, social inclusion within drug policy is defined as the ways in which drug policy texts stratify and divide populations. This examination of drug policy looks to how “customs around inclusion, exclusion, belonging, and togetherness” are accounted for within drug policy texts; and how accounted for “processes that include and exclude are talked about, described, understood, and experienced” (Allman, 2013, p. 6).

Historically excluded and traditionally marginalised, stigmatised, and discriminated against, illicit drug users and the conditions of their inclusion is a topic of considerable debate among Western governments. Despite substantial effort, both Canada and Scotland have

experienced varying levels of success in containing increases in illicit drug use. In this regard, these countries reflect global trends where drug use—particularly injecting drug use—is often associated with the public health pandemics of HIV and HCV (Bruneau, Aswad, Zang, & Roy, 2016; Degenhardt et al., 2017; Prevost et al., 2015; Stimson et al., 1998).

While Canada has a well-documented history of policy frameworks for health promotion, population health, social capital and harm reduction, little work has focused on the roles social exclusion and social inclusion have within these policy responses. While Scotland has a documented history of social care policy frameworks within which social inclusion features prominent, little work has focussed on the precise meanings of social inclusion and integration within these frameworks. Further, only limited work has focussed specifically on how such responses frame drug use and people who use drugs.

In both Canada and Scotland, and elsewhere in advanced capitalist societies, social inclusion within the inclusion society (Allman, 2013) exists on several levels. Here social inclusion (and by extension social exclusion) is understood as a social process, that is, a quality or qualities a person has or a position or positions that a person occupies relative to others. Social inclusion is also a policy process; that is, a policy approach and policy intent. Social inclusion, as this paper argues, can also be a governing process; that is, an aspect of governance utilised by the state to lead, drive or direct the conduct of others (Dreyfus & Rabinow,

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2014; Foucault, 1982; Lawlor & Nale, 2014; Rose, 1999). It is social inclusion as a social, policy and governing process that when combined forms the inclusion society.

This paper compares a small sample of drug policy texts from Canada and Scotland produced at the turn of the millennium. During these years and beyond, rising rates of HCV and HIV among people who used drugs—particularly drugs injected—were of great concern in both countries, as evidenced in the texts themselves and in the epidemiology of these epidemics in both countries. While there was variation in each country's reported cases of HIV and HCV (the relative proportion of HIV infections attributed to injection drug use was higher in Canada than it was in Scotland, whereas both countries reported high proportions of HCV infection among injectors) some of this variation was due to national systems of monitoring and modelling the prevalence and incidence of HIV and HCV infections (Davies, Cormack, & Richardson, 1999; Hutchinson et al., 2015; Hutchinson, Bird, & Goldberg, 2005; Janjua et al., 2018; Ragonnet-Cronin et al., 2018; Remis, 2001, 2009; Trubnikov, Yan, & Archibald, 2014). As a result comparing HCV and HIV epidemics in the two countries among people who used drugs at the beginning of the 21<sup>st</sup> century is limited by available data; but the data is illustrative.

In 1985, with the advent of medical technology to identify HIV infection, people who used drugs, and in particular those who injected drugs began to be diagnosed as HIV seropositive. Rates of HIV and subsequently HCV quickly became a dominant rationale for the evolution of an unprecedented production of policy responses aimed at illicit drug use. On both sides of the Atlantic, this sudden attention has been considered by some as a moral panic where people who used drugs were seen as potential vectors of transmission to a broader non-injecting population (Rhodes, Singer, Bourgois, Friedman, & Strathdee, 2005).

It is known that in 2002 Health Canada estimated 56,000 people in Canada were HIV-positive or almost 2% percent of the population, that HIV prevalence was estimated to have increased 12% between 1999 and 2002, and that 20% of all prevalent infections and 30% of all incident infections were attributed to injection drug use (Public Health Agency of Canada, 2005). In terms of HCV, in the year 2000, approximately 240,000 persons in Canada were thought to be HCV positive or about 8% of the population, with an estimated 5000 new cases every year, for which two-thirds were related to sharing injection equipment (Zou, Tepper, & Giulivi, 2000). In Canada, in the early years of the 21<sup>st</sup> century, overwhelmingly the greatest risk factor for HCV infection was a history of injection drug use (ElSaadany, Gully, & Giulivi, 2002).

The context within the United Kingdom and Scotland was somewhat different. Data for 2002 showed 6304 new HIV diagnoses in the whole of the UK. In difference to Canada, in the UK injecting drug use was not a primary route of transmission (Department of Social & General Statistics, 2012). In Scotland, in 2002, the number of new HIV infections was 250, with injection drug use accounting for 10 cases only (Scottish Executive, 2003). In 2006, Hutchinson et al., reported that an estimated 1% of Scotland's population was living with HCV and between 85–90% of those were injecting drug users.

While there are differences in epidemic profiles between these countries in the early years of the 21<sup>st</sup> century, in particular concerning HIV infection, there were and remain important similarities in terms of the burden of HCV infection among populations of people who inject drugs (Deegenhardt et al., 2017; Rhodes & Treloar, 2008). This is one reason why a Canada-Scotland comparative analysis of drug policy texts is justified here. Even where the data do show differences in patterns—be they of drug use, its impact, or the way policies attended to these challenges, such drug data would be expected to “vary between and within nations and over time” (Neale, 2002, p. 33). Beyond drug use and the risks of HCV and HIV infection and transmission, a comparative analysis warrants attention because comparative cross-national social research can highlight the complex and diverse processes

leading to discrimination and inequality between countries, as well as commonalities in integration and inclusion (Kennett, 2013, 2001). Comparative analysis of policy texts from these countries is further aided by the facts that both Canada and Scotland have English as an official language, are both members of the Commonwealth and share some historical similarities in their relationships with Britain (Kennedy, 2016, 2013).

However, as much as this paper is a comparative analysis of drug policy texts from two countries of the Commonwealth, it is moreover a paper about narratives and metanarratives, about the stories—overt and underlying—that can be found to reside within the social artefacts of public policies. Roe (1994) and Zajdow (2005, p. 196) have suggested, “all public policies have a metanarrative and this metanarrative is the key to understanding the policies themselves.” For such authors, the metanarratives found within public policies can be commonly held stories or forms of moral fables that help policy discourse signal intent. These metanarratives act to stabilise the allowances, constraints, and conflicts of policymaking (Garvin & Eyles, 1997).

Maarten Hajer has positioned the metanarratives found within policy as story lines. As described by Hajer (1993), story lines are framed as scripted narratives embedded within public policy that reflect problems and their solutions. As value-laden narratives, often with a moral edge, story lines lend themselves to being institutionalised within social practices (Burchell et al., 1991). As institutionalised discourses, metanarrative story lines wield meaning and power to structure social life (Foucault, 1979). This “ensemble of ideas, concepts, and categories through which meaning is given to phenomena...provides the tools with which problems are constructed” (Hajer, 1993, p. 45–46).

Story lines can inhabit sanctioned discourse, and once embedded, can change through shifts in social and structural power relations and resulting shifts in epistemologic communities (Feitelson, 2002). The policy texts of elected governments in countries like Canada and Scotland are natural locations for Hajer's story lines (2000, 1995), owing to their physical and static existence as language, symbol, and meaning; by the ways they communicate mechanisms of power and control, and regulate through interpretation and application. Hajer suggests story lines are found within public policy as expressive solutions to problems. In essence, such policies are forms of governmental documentation imbued with “identity stories” that, when examined, can reveal “communities of interpretation” (Hajer, 2003, p. 101–102).

Story lines are useful analytically, as once identified, their “conceptual machinery” can provide a reflection of how social life is conceived (Hajer, 1993, p. 47). Ultimately then, story lines are a reflection of rhetoric, allowing the producers of policy “to impose their view of reality on others, suggest certain social positions and practices, and criticize alternative social arrangements” (Hajer, 2005, p. 304). As a tool for post-structural discourse analysis, identifying story lines within public policies can reveal the messaging of both figurative allusions and substantial ideas and thus lead to cues about how social life is governed (Hajer & Versteeg, 2005).

In *Governing the Soul: the Shaping of the Private Self*, Nikolas Rose outlined six perspectival dimensions with which to consider social life. Rose based these on the belief that “the psy disciplines and psy expertise have had a key role in constructing governable subjects” (1999, p. vii). Rose outlined a framework for considering the fabrication of values that govern social life, through the identification of perspectival dimensions within contemporary reflections of political power, such as policy texts.

Rose asserted that his work was not the application of a “formal methodology” but the identification of “a number of dimensions” which “guided” his analysis and which sensitised his process to the kinds of questions to be asked of the materials selected (Rose, 1999, p. xi). Although not explicitly presented as a formal analytical grid by Rose, these dimensions can act as mechanisms to orient the social scientist towards the kinds of materials or social artefacts that she or he will examine. It is for this reason that Rose described these dimensions as

**Table 1**  
 Perspectival Framework derived from Nikolas Rose's *Governing the Soul: The Shaping of the Private Self* (1999).

| Perspectival Dimension | Definition  |
|------------------------|---|
| Problematisations      | Problematisations are the emergence of creation of problems where none had been evident before. This occurs relative to developments or shifts within a society or community. These developments can be, for example moral, political, or economic in nature; they can reflect changes in or emerging social practices or within institutions. These problems can be thought of as forms of conduct that some people, things or forms of practice are seen to embody.   |
| Explanations           | Explanations are the explanatory systems or the operative concepts. It includes the kinds of logic used, the kinds of rhetoric applied, and the language of description. It includes that which is regarded as explanatory evidence, and the criteria for its selection.  |
| Technologies           | Technologies are the techniques by which judgments are made, the techniques of betterment or cure, the tools and the contexts where betterment occurs. These can manifest as courts and legal systems (judgments), a sentence (betterment) and prison (context of betterment).  |
| Authorities            | Authorities are the attributes of expertise and the emergence of certain roles as expert and authoritative. The processes by which expertise and authority are conferred and maintained as well as any contestation between different kinds of authorities and claims to expertise. This includes type and place of authority, and the relationship authorities have with those they claim experthood over.   |
| Subjectivities         | Subjectivities are partitioned into "ontological," "epistemological," "ethical" and "technical." Ontological describes facets of personhood, be they the conscious or unconscious, the will or desires of the individual, the habits and emotions; the way individuals, collections of individuals and communities are conceived relative to their actions and the motivations for their actions. Epistemological refers to the ways in which "truth" is "known"; that is how evidence is conferred, be it through observation or direct testing or confession. Ethical relates to the degree or best practice to which individuals (whether this includes authorities and subjects is unclear) should strive and are expected to strive). Ethical is the component of subjectivity that is considered moral, virtuous, wise, civil, for example. Technical, is related to the domain of technologies, but applies to the individual or the subject as opposed to the context. Technical is the means by which one would act to reform, improve or move in order to achieve that which is considered ethical. |
| Strategies             | Strategies can be considered the policies, the governmental aspirations, the underlying political orientations or philosophies as they relate to practice, the reasons given by experthood or those who control or confer experthood for the actions that are to be taken as well as the connections between programmatic and actions.  |

perspectival, meaning able to provide a lens for the examination of how governmental practices may be manifest within contemporary social life.

The model's six components and how Rose envisioned their analytical application are presented in Table 1. Problematisations are the emergence of the creation of problems where none had been evident before. Explanations are the explanatory systems or the operative concepts. Technologies are the techniques by which judgments, betterment or cure occurs. Authorities are the emergence and location of expert and authoritative roles. Subjectivities are the ontological, epistemological, ethical and technical facets of being. Strategies are the policies and the governmental aspirations of authorities.

The research presented in this paper sets out to apply this perspectival framework as a form of scaffolding—a helping tool with which to construct an analysis of the social inclusion of the illicit drug user within public policy texts from Canada and Scotland.

## Method

To explore how the social inclusion of the illicit drug user is structured within the policy responses, publicly available drug policy texts produced by the Government of Canada and the Government of Scotland in the years 2000 and 2001 were sampled through non-probability snowball sampling. Note, the phrases "Government of Canada" and "Government of Scotland" are used at times descriptively and loosely to reflect federal states broadly. In the case of Canada, this can include, among others, Health Canada, the Public Health Agency of Canada, and the Department of Justice Canada. In the case of Scotland, this can include, among others, The Scottish Executive, The Scottish Office, and the Scottish Government.

Policy documents published in 2000 and 2001 were accessed in electronic form solely through the Internet and identified primarily via websites maintained by the Governments of Canada and Scotland and additionally through the bibliographies and reference lists of known documents. The time frame of 2000 and 2001 was selected as these were the years that most closely followed the 1999 establishment of the Scottish Parliament following its partial devolution from the Parliament of the United Kingdom as specified in the Scottish Act of 1998 (Lynch, 2001; Paterson, 2001). The analysis sought to compare the drug policy texts of countries as opposed to other bordered entities like kingdoms,

continents or trading blocks. Comparing policy texts produced after devolution helped to facilitate this (Kennedy, 2016, 2013). Further, the turn of the millennium was a time in both Canada and Scotland when there was an increase in policy rhetoric that manifested and implied language, tenets and utopian ideals of social inclusion and the inclusion society (Allman, 2013; Levitas, 2013; Souleymanov & Allman, 2016).

Drug policy texts were chosen as a vehicle in which to locate attitudes towards social inclusion, as within the years considered here, drug policy and the social inclusion of marginalised populations like illicit drug users were important policy foci of the governments of Canada and Scotland.

Search terms included the following: drug use, substance use, substance misuse, problematic drug/substance use/misuse, abstinence, harm, harm reduction, human rights, social inclusion, social exclusion, social integration, social justice, stigma, HIV, hepatitis C, and policy. Search strategies were qualified by either Canada or Scotland as the country of origin.

This sampling strategy resulted in an initial sample of 24 policy documents from Canada and 18 policy documents from Scotland. From this initial sample, a subsample selection of policy documents was narrowed to those that were national, full reports and not summary equivalents. These documents were in the public domain, published in either 2000 or 2001, with a social inclusion and/or drug, substance or addictions focus. In order to facilitate the depth of analysis sought, documents included in the subsample were to be greater than 10 single-spaced pages (or approximately 4000 words) in length. Policy documents were excluded if they were comprised of fewer than 10 pages of text, subnational, regional or local, summary or synthesis reports of more comprehensive documents, published outside of the public domain, published outside the years 2000 or 2001, and not explicitly containing a social inclusion and/or drug, substance or addiction focus. Together, these criteria resulted in a narrowed subsample of 13 policy documents from Canada and nine from Scotland (Table 2).

For the purpose of this paper's analysis, six documents were selected, three from Canada and three from Scotland. These six documents were selected based on a) the author's perceptions of representativeness of the national subsamples—in other words selected based on the extent to which each of the documents were seemingly representative of the tone and content of the larger subsample; and b) how well each of the six documents would lend itself to the analysis of

**Table 2**  
Subsample of Drug Policy Texts from Canada and Scotland, 2000–2001 (N = 22).

| Country  | Title  | Producer   | Year               |      |
|--|--|--|--------------------|------|
| Canada   | Best practices treatment and rehabilitation for women with substance use problems                                | Health Canada  | 2001               |      |
|  | Best practices treatment and rehabilitation for youth with substance use problems                                | Health Canada  | 2001               |      |
|  | Cocaine use recommendations in treatment and rehabilitation  | Health Canada  | 2001               |      |
|  | Illicit drugs: The Federal Government's role. Report of the Auditor General of Canada                            | Auditor General of Canada  | 2001               |      |
|  | Injection drug use and HIV/AIDS: Health Canada's response to the report of the Canadian HIV/AIDS Legal Network   | Health Canada  | 2001               |      |
|  | Mediums to reach injection drug using populations: A discussion paper  | Health Canada  | 2000               |      |
|  | Preventing substance use problems among young people: A compendium of best practices                             | Health Canada  | 2001               |      |
|  | Profile of hepatitis C & injection drug use in Canada: A discussion paper  | Health Canada  | 2000               |      |
|  | Reducing the harm associated with injection drug use in Canada   | Health Canada  | 2001               |      |
|  | Resources for hepatitis C & injection drug use in Canada: A needs assessment                                     | Health Canada  | 2000               |      |
|  | Responding to an emergency: Education, advocacy and community care by a peer-driven organization of drug users   | Health Canada  | 2001               |      |
|  | Straight facts about drugs & drug abuse  | Health Canada  | 2000               |      |
|  | Taking stock: Assessing the adequacy of the Government of Canada investment in the Canadian Strategy on HIV/AIDS | Ministerial Council on HIV/AIDS  | 2001               |      |
|  | Scotland   | Drug action plan: Protecting our future  | Scottish Executive | 2000 |
|  |  | Getting our priorities right: Policy and practice guidelines for working with children and families affected by problem drug use | Scottish Executive | 2001 |
| Moving on: Education, training and employment for recovering drug users  |  | Effective Interventions Unit   | 2001               |      |
| Poverty and social exclusion in rural Scotland   |  | Rural Poverty and Inclusion Working Group  | 2001               |      |
| Recreational drug use and driving: A qualitative study   |  | Scottish Executive Central Research Unit   | 2000               |      |
| Recreational drugs and driving: Prevalence survey  |  | Scottish Executive Central Research Unit   | 2000               |      |
| Scottish Executive drug misuse research programme 2001-2004  |  | Effective Interventions Unit   | 2001               |      |
| Scottish Executive's annual report on drug misuse  |  | Scottish Executive   | 2001               |      |
| Social inclusion housing and voluntary sector committee: Inquiry into drug misuse and deprived communities. Response by the Scottish Executive |  | Scottish Executive   | 2001               |      |

**Table 3**  
Sample of Drug Policy Texts from Canada and Scotland, 2000–2001 (N = 6).

| Country  | Title  | Producer           | Year |
|----------|--|--------------------|------|
| Canada   | Injection drug use and HIV/AIDS: Health Canada's response to the report of the Canadian HIV/AIDS Legal Network                                 | Health Canada      | 2001 |
|          | Reducing the harm associated with injection drug use in Canada   | Health Canada      | 2001 |
|          | Straight facts about drugs & drug abuse  | Health Canada      | 2000 |
| Scotland | Drug action plan: Protecting our future  | Scottish Executive | 2000 |
|          | Scottish Executive's annual report on drug misuse  | Scottish Executive | 2001 |
|          | Social inclusion housing and voluntary sector committee: Inquiry into drug misuse and deprived communities. Response by the Scottish Executive | Scottish Executive | 2001 |

story lines that is the focus here (Table 3).

For the story lines analysis, sampled policy texts were analysed using both manual and computer automated means (Ritchie & Lewis, 2003). The contents of PDF and HTML documents were extracted with the software QDA Miner (Provalis Research). The extracted text was cleaned of characters and punctuation missed or misread in the text mining process. The analysis was an iterative process that used both Microsoft Word and Microsoft Excel (Meyer & Avery, 2009; Swallow, Newton, & van Lottum, 2003) to find and sort text into metanarratives and subthemes based on the framework derived from the work of Rose (1999). The characteristics of the policy texts were identified through inferences made by attending both to manifest (explicit) content as well as latent (implicit) meaning (Holsti, 1969). Texts were read for their linear narratives, and phrases, sentences, and paragraphs were coded in terms of one or more of Rose's six dimensions.

No human subjects were used in this research, and no ethics review was sought or attained.

## Findings

### Problematizations

Within the three policy text documents from Canada, illicit drug use rarely was problematised explicitly. Instead these texts suggested drugs could lead to certain consequences, such as reductions in well-being and poorer health. For the Canadian government, drug use was positioned not only as a domestic issue but as a global health threat, a "social issue for many countries, including Canada" (Health Canada, 2001b, p. i).

Within these drug policy texts, drug use was problematised within a complex web of issues related to social determinants and human rights. These texts reflected a position that drug use did not exist in an individually structured vacuum, but rather was accelerated by social and structural determinants.

In these texts, the economic costs of drug use tended to be contextualised within a health framework. Costs were presented vis-à-vis their relationship to infectious diseases such as HIV and HCV, and through labour market costs like "lost productivity due to morbidity and premature death" (Health Canada, 2001a, p. 1).

Here the costs were not individually borne but rather were shared,

through the universalisation of the consequences of drug use, by individuals, families, and communities, “by the friends of those who [used] drugs, and ultimately all Canadians” (Health Canada, 2001b, p. 2).

Within the three policy text documents from Scotland, illicit drug use frequently was problematised as a legal and criminal issue, and a socially disruptive one, particularly with regard to families and communities. Commonly, the impacts of drug use were presented as universal and a symbol of moral breakdown. Non-problematic drug use did not feature in any way as an explicit possibility within these policy texts. Instead, all illicit drug use was framed as excessive and misused or abused.

Although a substantial proportion of people who used drugs in Scotland were above the age of consent, the focus on the well-being of underage individuals was predominant. The focus on children and youth was pervasive, with illicit substance use framed as highly problematic for its impact on children and youth.

### Explanations

In the Canadian texts, explanations for the causes of drug use often were forms of determinants like “poverty, homelessness, lack of education, family dysfunction and parental substance misuse, mental health problems, and a history of child abuse” (Health Canada, 2001b, p. 2). The experience and influence of these were positioned as prevalent among people who used drugs, and could be cumulative but also relative. At the same time there was a reflection that “not all drugs [were] equally hazardous” (Health Canada, 2000, p. 8), and indeed could be seen to exist on a “continuum of risk” (Health Canada, 2000, p. 3).

The texts from Scotland also signaled the interconnection between drug misuse, homelessness, crime, and prostitution, but the language used was more direct. Put simply, substance use was associated with “hopelessness and dependency” (Scottish Executive, 2001a, p. 1).

While there was some recognition of the variation in experience and impact, the Scottish texts tended to fixate on the futurelessness for people who used drugs, describing these people as threatening and harmful disturbers of community peace and well-being, who were responsible for “the scourge of drugs” in the streets and playgrounds (Scottish Executive, 2000, p. 11).

Here drug use was positioned as an attack on peaceful communities, with reference to the affliction of drugs, the draw of addiction, and cycles of crime and drug-related death.

### Technologies

In the Canadian policy texts, technologies as approaches to betterment rarely espoused punitive action. Instead were found a series of techniques that presented an often-overlapping body of external interventions such as “outreach; treatment and rehabilitation; research, surveillance and knowledge dissemination; and national leadership and coordination” (Health Canada, 2001b, p. i-ii).

These interventions were framed by the philosophy of harm reduction. Harm reduction was positioned as able to mitigate risks associated with novice and more advanced drug use. Concurrently these policy texts recognised that a technology of harm reduction applied to drug use “pose[d] several legal and policy dilemmas” (Health Canada, 2001a, p. 3).

The Scottish texts suggested there existed “no single or simple answer to Scotland’s drug problems” (Scottish Executive, 2001a, p. 1). Among multiple technologies was the indication that “resources [would] be spent on a wide range” of integrated responses, delivered “at local level” (Scottish Executive, 2001a, p. 1). An emphasis on rehabilitation was linked to “education, training and employment to enhance the opportunity for the drug misuser to become and remain drug-free” (Scottish Executive, 2000, p. 14).

Within the policy texts of Scotland, a series of technologies, including law enforcement, treatment, rehabilitation and employability were valued and ordered in such a way as their successful outcomes matched broader governmental approaches to local-level social regeneration of deprived communities.

### Authorities

Among the Canadian policy texts, an authorities dimension tended to be associated with specific orientations or skill sets, which conferred certain social roles as expert and authoritative with an emphasis on those who delivered health-related services. Prevention as authority was positioned as a principal component in the reduction of drug-related harm. This included prevention messaging as a social mechanism to influence and diffuse attitudes and beliefs—particularly the attitudes and beliefs of a non-drug using status quo.

These policy texts identified the influence and best practices of international organisations like the World Health Organization (WHO) and the United Nations Joint Programme on AIDS (UNAIDS), framing these as authorities as well. For example: “Health Canada keeps abreast of international developments in drug-related laws and policies in order to compare the Canadian approach to [drug use] with that of other nations and to identify opportunities for improvements” (Health Canada, 2001a, p. 3).

In the texts from Scotland, authorities included drug courts, enforcement agencies, and drug action teams; authorities that tended to be framed broadly within a legal-judicial orientation with other actors like physicians and pharmacists, and positioned relative to abstinence or drug substitution.

This legal-judicial emphasis was held “to provide a range of interventions at each stage of the criminal justice process,” including “enhanced probation for medium tariff offenders,” drug treatment and testing, “regular court review requirements,” and “a drug court model rooted in the legal institutions and traditions of Scotland” (Scottish Executive, 2001b, p. 18–19).

### Subjectivities

The Canadian drug policy texts considered here presented substance use as a common experience, reflecting that “the majority of adult Canadians use some type of mood-altering drug, though most do not experience problems or misuse drugs” and that while people may use different drugs for different reasons, “the reasons can vary from drug to drug, from person to person or from occasion to occasion” (Health Canada, 2000, p. 4). Instead of framing the use or knowledge of drugs as a form of deviation, these policy texts positioned illicit drug within communities and social circles somewhat factually, going so far as to reflect on the reality that many people, within their everyday lives, might describe illicit drug use as enjoyable.

The texts from Canada reflected an understanding that not everyone would ascribe to a notion that drugs were harmful. In doing so, these texts reached beyond negative labels to “acknowledge that being in the grip of an addiction [did] not make a person any less entitled to a decent response” (Health Canada, 2001a, p. i).

In contrast, policy texts from Scotland presented a utopian vision of a Scotland in which “tackling the misuse of drugs [was] an integral aim” (Scottish Executive, 2001b, p. 2). Here people who used drugs tended to be attributed the same subjectivities as the drugs they used. Abstinent and reformed drug users were explicitly valued by being framed as reformed and employable former drug users who were expected to inhabit re-envisioned positive social roles alongside children, youth, families, and communities. It is only in abstinence that the Scottish policy texts contextualised the drug user as full citizen.

## Strategies

Strategies within Canada's policy texts sought "to reduce barriers to obtaining care and to alleviate the suffering of people who [used] drugs" (Health Canada, 2001a, p. 6). With an emphasis on "a population health perspective," these strategies addressed "the determinants of health and the underlying factors associated with drug misuse" (Health Canada, 2001b, p. iii).

Health determinants informed an evidenced-based health and social care approach to illicit drug use. Harm reduction, defined in part as a "middle ground where persons with widely differing views on drug policy [could] agree with one another regarding practical, immediate ways to reduce drug-related harm," (Health Canada, 2001b, p. 8) was held as a strategy that linked both those who used drugs and those who sought to control the use of drugs. Harm reduction as strategy was presented also as a means to reconsider, if necessary, "existing legal and policy frameworks—both national and international—in order to effectively address [drug use] as a health issue" (Health Canada, 2001a, p. 3).

Like harm reduction, communication was shaped as a strategy for collaboration between policy makers and people who used drugs. Sustained communications efforts were positioned as a mechanism to achieve improvements in ways that the human rights of individuals who used drugs could be recognised.

The drug policy texts of Scotland were oriented towards a form of being where the persons who used drugs would open themselves to "the opportunity to give up drugs and adopt drugs free lifestyles" (Scottish Executive, 2001b, p. 5). In other words, people who used drugs in Scotland were expected "to receive treatment for drugs problems and live healthy and crime free lives" (Scottish Executive, 2000, p. 10).

Nevertheless, the emphasis of these strategies on collaboration and partnership positioned such cooperation as a large task, which would require effort "from the centre within a strategic framework strong enough to carry forward action for the long term" (Scottish Executive, 2000, p. 4). Here organisational actors were asked to take "a long hard look at what drug misuse [cost] the country" and to measure success "against tough new objectives" in order to "produce the results" (Scottish Executive, 2000, p. 5).

## Discussion

From a sociological perspective, the qualitative analysis of this sample of drug policy texts is satisfying in part because the story lines model speaks to the reflections of Stevens (2007), Barton (1999), and Bourgois (2000) that drug policy responses tend to congregate around two narratives; either that drug use is a problem of crime to be responded to with enforcement and punishment, or that drug use is a problem of health to be countered with a broad spectrum of health-related responses. The reading of story lines within these drug policy texts reflected elements of this. Yet despite evident differences found between the policy text story lines of Canada and Scotland, the two nation's drug policy texts shared similarities of discourse.

When considering these policy texts, the problematisation of drug use should be framed not only by the evolving HIV and HCV epidemics of the era, but by the understanding that substance use, particularly the injection of opiates, was, and to a great extent remains, at the forefront of drug policy direction and discussion.

Central to the story lines of both countries' policy responses was recognition of the near universality of substance use generally, and the impacts of widespread use not only for individual actors, but also for families and communities. A second shared feature was a recognition of the broad economic costs widespread drug use carried, particularly for the community futures of children and young people.

In difference, within the policy texts from Canada, drug use rarely was problematised outright. While the nation's rhetoric tended to suggest that drugs could lead to certain consequences, story lines that

framed drugs themselves as problematic were infrequent and arguably in opposition to the centrality of harm reduction within Canada's policy texts. Much more prevalent was the situating of drug use as a health issue within a complex web of issues related to social determinants and human rights. Economic costs frequently were contextualised within a health framework also, and framed as substantial due to the relationship between drug use and infectious diseases.

In contrast, Scotland's problematisation story lines tended to highlight the unequivocal harms of substance use and misuse. Seldom did these texts focus on positive characteristics of those who used drugs, but rather on the harms these individuals would cause to the broader society. A frequent focus was on the environmental facilitators of drug use and their relationship to misuse or abuse, as well as the harms that drug use could unleash on future generations.

In seeking story lines of explanation within these policy texts, the number of dimensions positioned as possibly contributing to a person using drugs, as well as the potential harms such drug use could lead to, was striking. These story lines reflected at times dramatic and emotive explanations that then stood as rationalisations for governmental action to confront drug use and drug users.

Explanatory story lines within the drug policy texts from Canada tended to focus on the multidimensional aspects of harmful drug use, and in particular, the social and structural determinants that placed some individuals at higher likelihood for use. Here, explanation often positioned narrative features associated with drug use, and modifications to them, relative to social and structural systems, rather than to individuals. Within these policy texts, not all drug use was positioned as dangerous, nor were the harms and risks of drug use always seen as infinite. Instead, any potential for harm presented by drug use was proposed to be influenced by social and structural determinants of health and well-being.

In contrast, explanatory story lines within Scottish policy texts tended to posit a series of interconnected explanations for drug use. Moderation or pleasure in relation to drug use was wholly absent. As well, there was a greater tendency to associate drug use with hopelessness, lack of choice, and despondency. If there was a thread to the story lines that tied such qualification together within Scotland's drug policy texts, it was through the creation of an explanatory framework that tended towards positioning drug users as outcasts with little discussion of any humanising or redeeming features.

Story lines of technologies were central to the drug policy texts of both Canada and Scotland. Both countries shared a focus on coordination between multiple agencies. In the case of Canada, there tended to be a greater emphasis on partnerships between government and community. Both countries shared some focus on prevention, treatment and rehabilitation, yet with differences. Canada's drug policy texts, when read from a story lines approach, were found to be oriented more to technologies of harm reduction and prevention whereas Scotland's texts were more oriented towards abstinence. Canada's drug policy texts featured story lines that tended to favour betterment rather than judgment and were presented together as a package of comprehensive, coordinated, multi-sectoral technologies that would promote a national harm reduction approach. Technologies of harm reduction were positioned as being able to contribute to an overall increase in individual, community, and societal well-being. Harm reduction, specifically, was presented as a pragmatic and health-related approach, able to distance domestic policy response from international politics by shifting the focus towards improving the health of the nation. Throughout these story lines was a policy perspective more inclined to consider a variety of alternatives to socio-legal approaches, even if these would contravene international norms.

Scotland's drug policy texts tended to match social structural explanations with socially structured technologies. These texts favoured story lines where socio-legal factors figured prominently, with those who did use drugs being contextualised as lesser citizens. Technologies to address drug use tended to frame use as problematic and abusive of

oneself and others. Treatment as a technology was given frequent voice within the Scottish drug policy texts. Abstinence as an outcome and goal of treatment was positioned as the primary technology able to shift people who used drugs from unemployment towards rehabilitation and from there, to employability. While a partnership approach was included within these texts, entities positioned as able to be included within these partnerships were rarely drug users or drug-using communities. While Scotland's story lines included a noticeable narrative of inclusion, this inclusion was contingent on people who used drugs availing themselves of reforming technologies.

The story lines of authorities within the Canadian drug policy texts were inclined towards conferring certain social roles as expert and authoritative. Primary among these were the structures that promoted and addressed health, as well as best practices to achieve this. These included prevention and harm reduction expertise and conduits of prevention messaging such as the mainstream media. Strategic partnerships were positioned as authorities within these texts, justified by the position that comprehensive responses to illicit drug use would require the collaborative actions of multiple authorities, both community-based and governmental.

Within the drug policy texts from Scotland, authorities tended to be framed by a judicial-legal orientation situated cooperatively between a range of punitive domains. In these policy story lines, justice played a strong authoritarian role, providing for a range of interventions at each stage of the criminal justice process. Among these texts, partnerships were positioned relative to a hierarchy of authority, providing an appearance of inclusion, but arguably facilitating the genuine participation of only a few. Little recognition of the expertise of the people who used illicit drugs was evident.

Of the facets of Rose's perspectival dimensions, it is perhaps that of subjectivities, and in particular, attributed subjectivities, that has the greatest place in the analysis of policy texts relative to the social inclusion of the illicit drug user. Such subjectivities placed the person who used drugs at the centre of a country's story lines, and, to an extent, justified the strategies these policy texts recommended and any social inclusion they ultimately reflected. These subjectivities related to a whole sphere of presumed truths: that which constituted truth, and those whose truth was judged as able to be known.

Nevertheless, ascertaining the story lines of subjectivities within these countries' drug policy texts was challenging, in part because these elements of being resonated strongly as attributed subjectivities; that is, embedded attitudes as to the kinds of social actors these documents positioned people who used drugs to be, and by extension, what these peoples' rights and entitlements would or would not be. It is within this realm of these attributed subjectivities that the differences between the drug policy texts of the two countries was most striking, with variation as to the role of social and structural determinants of drug use, and variation in terms of the vulnerabilities and marginalisation attributed to people who used drugs.

A central feature of Canada's subjectivities story lines was the qualification that a majority of adult Canadians used or would have used some type of mood-altering substance. This may help to explain why Canada's drug policy texts attributed the subjectivities of people who used drugs as broadly shared. The policy texts acknowledged that there could be many reasons why an individual would use drugs, and that reasons could not be standardised by individual actor or substance. Further, these texts acknowledged that the circumstances around which people used drugs could change, across the life course, and across and between social worlds. Drug use was seen as arising possibly from emotional pressures that could be variable also. These texts tended to match this through the attribution of variable accountability and responsibility on the part of people who used drugs. Canada's policy story lines suggested it would be neither rational nor effective to seek to understand and/or respond to people who used drugs with a one-size-fits-all approach. This was extended through reflection on the relativity of risk, of drug use by different communities, and for different drugs

used. Finally, these texts framed the attribution of subjectivities within a human rights framework, which had the effect of facilitating the acknowledgement and recognition of multiple forms of stigma and discrimination experienced by those who used drugs.

The story lines of subjectivities concerning illicit drug use within the drug policy texts from Scotland were notably different. These texts displayed little recognition of aspects or elements of being. Further, these texts attributed essentially no benefit or pleasure to illicit drug use. Reflection of the vulnerability and stigma experienced by drug users was largely absent. The attributions of the kinds of drug users who were able to meet the criteria for inclusion in partnership approaches were limited to those who had entered into service delivery schemes aimed at abstinence and rehabilitation. Children, youth, families, communities, and the broader society tended to be attributed with different subjectivities, but these attributions were based on a social distance from illicit drug use as well as a corresponding proximity to the potential harms associated with the illicit drug use of others.

For the drug policy texts considered here, strategies were grounded to varying extents in approaches to population and social determinants of health, legal and judicial realms, harm reduction, and abstinence-based programming. In the metanarratives of both countries' drug policy texts, these strategies generally were structured around a central, cost-effective leadership, but with differential emphasis on employability.

Within the Canadian policy texts, drug use was framed within a complex, diverse society, and the story lines of strategies constructed to address this were grounded both in human rights and social justice approaches. These were positioned as able to lead to a healthier future for drug users and by extension, for all Canadians. Principal to the Canadian response was a call for a reduction in barriers to care, in order to limit harm and by extension the possibility of people who used drugs suffering. This was to be facilitated through recognition of the multi-faceted nature of those who used illicit or illegal drugs, including those who may have been victimised, or were in greater proximity to key social or biological determinants. The Canadian texts tended to recognise those within society whose substance use could not be problematised in the same way or to the same extent. Ultimately, Canada's strategies story lines departed little from other elements of its policy response. While the Canadian texts did not specifically apply social inclusion language, the strategies for addressing illicit drug use were positioned as inclusive of those understood as vulnerable, reflecting a non-stigmatising, evidence-based social justice approach. The need to understand and respond to determinants of drug use was central to the story lines within Canada's policy texts. Here, determinants were strategies to be identified, researched, and translated into mechanisms for attaining greater health and social care for those who used illicit drugs. Harm reduction as a fundamental strategy framed a form of rational, pragmatic service delivery that would neither condemn nor condone illicit drug use but instead would focus on reducing the harms, risks, and dangers associated with it, both in terms of those who used drugs as well as the communities in which they lived.

In contrast, the strategies within Scotland's policy texts reflected the goal of abstinence with the expectation that people who used drugs were duty-bound to control their beings for the betterment of the nation. People who used drugs were expected to avail themselves of treatment for drugs misuse in order to occupy crime-free and employable positions in society. The expected outcome was the categorical cessation of drug use, leading to proposed employability through access to training and employment opportunities. Within Scotland's drug policy texts, a strategy of expertise was reflected also in the story lines of authorities. This frequently was described as a form of leadership positioned as a necessary component to implement a long-term strategy able to match resources with priorities, and to remove organisational and departmental boundaries. Although divestment of leadership to localities across the country was a clear strategy, leadership and control would remain hierarchal and centralised. Despite a greater tendency to

deploy the language of social inclusion, the strategies proposed by the Scottish drug policy texts tended to delimit what the terms of any such social inclusion would be.

## Conclusion

Today, a generation on from the drug policy texts analysed here, the potentials for drug use harm have evolved considerably, in terms of the drugs that people are using, the means by which some drugs are used, and the terrains, geographically and otherwise, where drug use occurs (Chatwin, Measham, O'Brien, & Sumnall, 2017; Fischer, Murphy, Rudzinski, & MacPherson, 2016; Rhodes & Abdool, 2016). The harms of injection-related HCV and HIV infection are increasingly being joined by risks associated with new and evolving forms of drugs, access, means of consumption, and side effects (Miltenburg, 2018; Nolan, Socias, & Wood, 2018; Rhodes, 2017; Zibbell et al., 2018). In tandem, institutional responses have evolved as well. The narratives that tend to play out today, particularly embodied within state policy, drug research and the third sector reflect a governance ever more skilled and seasoned in how it rhetorically presents a problem, how it justifies a response, and the tendencies and trajectories contributing to labelled subjectivities and the allowable inclusion, or alternately, the reasoned exclusion of communities, stakeholders and drug users (Dilkes-Frayne & Duff, 2017; Lancaster, Seear, Treloar, & Ritter, 2017; Lancaster, Ritter, & Diprose, 2018). As a result, the analytic gaze required to unpack the social construction of story lines underlying policy response narratives of governing actors is of increased importance. Thus, scholars are encouraged to address and undertake more in-depth investigation into the various ways illicit drug users are socially constructed as a population and a policy target (Gstrein, 2018; Lancaster, 2014; Schneider & Ingram, 2005, 1993).

At the beginning of the 21<sup>st</sup> century, in the context of two nation's differing approaches to the problematisation of substance use (Bacchi, 2016; Savic, Ferguson, Manning, Bathish, & Lubman, 2017) and differing directions in drug policy generally (Fischer et al., 2016; Hutchinson et al., 2015; Wild et al., 2017), this small sample of drug policy texts included in the analysis of story lines demonstrates that the story lines embedded within the texts from Canada and Scotland were at their most different in the attitudes they conveyed: in essence, the attributions of the subjectivities of drug users (Bancroft, 2009). This was demonstrated through variation between countries in terms of how elements of the illicit drug user's being were constructed, as well as the strategies that could be put in place to lessen the marginalisation of people who used drugs (Souleymanov & Allman, 2016).

Finally, underlying the drug policy texts sampled from both countries were story lines that positioned technologies as critical coordinating components. Technologies, and the ability of authorities to access these technologies and to deploy these as strategies, allowed for the control of conduct for betterment. It was largely through each country's approach to betterment that illicit drug users were to be afforded meaningful opportunities for social integration (Valverde, 1998).

Overall, these policy texts were highly accessible public outcomes of state-based policy processes. They tended to be constituted along similar narrative lines. They described the key problematic, the key social actors involved in either the production or the reception of the social problems in question, and made recommendations for what governments and stakeholders could or would do to limit problematic outcomes. The texts were carefully written and edited, and usually displayed substantial political sensitivity. These documents served the purpose of positioning the state's intended direction for responding to illicit drug use. The audiences were seemingly politicians, policy makers, and a broad catchment of stakeholders, including media, academia, service providers, and law enforcement. However, only rarely did these texts provide any notable sense that they were directed in any real way to people who used illicit drugs.

As an analytic framework of the type applied in this paper, Rose's work as reflected in his book *Governing the Soul* rarely has been tested. The psychologist Blood (2004) did apply elements of the framework in an exploration of the social construction of women's body images as reflected in women's magazines, but focused on several of the dimensions only. Vidal (2017) utilised the framework to help inform a Foucauldian genealogical approach to the dual diagnosis of learning disability and mental illness. Curtis (1995) contested Rose's dimensions given that no work had occurred to help to understand how the dimensions fit together or whether they created an overarching framework. This paper is a small attempt to address this.

The drug policy texts were selected from a very brief period, and a broader time frame may have allowed for greater diversity both within and across the two countries' policy frameworks. Modifying the criteria for selecting documents could possibly have led to the identification of other elements within story lines or across concept variables. In addition, for a document to be eligible for consideration here, it needed to be both public and available in electronic form.

The sampling technique utilised here assumed the researcher was sufficiently familiar with the population of drug policy texts available and had the means by which to access them. It also assumed that a handpicked sample could adequately reflect the broader arena, and that inferences about the meanings and messaging of the sample's content could be arrived at systematically and generalised to some extent to the population of all related policy texts from which the sample was drawn. A non-random sampling frame was selected, as it was not possible with complete certainty to enumerate all publicly available discourse in each of the two country settings within the period suggested. Holsti (1969) has argued that single systems of enumeration can present theoretical and practical problems for the analysis of such documentary populations in that such sampling frames tend to favour frequency, and by extension quantity, over quality.

Complex intersectional tensions can exist between the domains of judicial law and health and social care relative to illicit drug use, people who use these drugs, and their social inclusion in Canada and Scotland. This is because while these drugs as substances and their use tend to be legally codified and judicially addressed in these countries and internationally, often any social inclusion of the illicit drug user will tend to be addressed through a combination of health and social care policy. Collins (2003) found that ideas regarding social inclusion, while complimenting anti-discrimination laws, could not yet be found to replace these laws. But this may be changing as new thinking regarding legal framings and considerations of illicit drug use disabilities increasingly takes hold (Pierce & Martin, 2017; Smith, 2017).

On final analysis, where differences in policy approaches to drug use were evident, it was not always clear whether differences were real, or whether they followed what Jack Kerouac (cited in Lenrow & Kerouac, 1994, p. 71) described as "the fashion of language, style, surface artfulness." In other words, there is a possibility for a tendency of a country's drug policy texts to self-influence through the diffusion of vocabulary and stance. Documentary material will only ever tell part of a story (Carney, 1972; Hajer, 1993; Prior, 2003; Scott, 1990). As relics of social interaction, public policy texts as communication artefacts are reflections of the social world.

The modern rendering of social inclusion within the policy texts analysed, are, on a certain level, the renderings of particular narrative threads (Davidson, 2017). This was one of the directional rationales for this post-structural analysis of story lines (Grayson, 2008; Moore, 2004, 2007). Stanley (2009), reflecting on the work of Tilly (2002, 1984) reinforced the need for sociology to focus, not only on the individual's account, but also on the individual account reflected in collective process. To reflect on the "sequential, explanatory accounts of self-motivated human action standard stories," that is, "the sequential, explanatory recounting of connected, self-propelled people and events that we sometimes call tales, fables or narratives" (Tilly, 2002, p. 26).

How people, institutions, and states tell stories, and how they

incorporate morality, myth and metaphor into these stories reflects underlying social relations. This is why it is important to “supplement the semiotic meanings of stories as texts with an understanding of where and how they are brought into social life and the impacts they have there” (Fernandes, 2017, p. 7). As socially produced artefacts, stories can provide insight into structures of institutional authority and how these structures may maintain and reproduce stigma and discrimination, or alternately, inclusion and acceptance (Polletta, Chen, Gardner, & Motes, 2011). The narrative threads of story lines can “articulate and reproduce existing ideologies and hegemonic relations of power and inequality” (Ewick & Silbey, 1995, p. 212).

This poststructural comparative content analysis of drug policy texts has sought to look beyond rhetoric alone towards the standardisation and patterning of inclusion and the stories this signals. It has done so in order to tap into what Geertz (1983, p. 139) suggested was the common sense world where “the really important facts of life lie scattered openly along its surface.”

Among the collection of ideas in this work is a reflection on story lines of what inclusion is and is not, who does and does not warrant inclusion, and what the individual and the statured social actor might or might not have to do to in order to be included within the social core (Allman, 2013). It is here, in these stories, that important facts of social life are found. That is, what Gumpлович (1963), described as a sketch of social life: the jostling of social members, the trigger points of social pressures, the restraints of free activities, and the struggles of those who seek escape.

Here, within metanarratives of social inclusion and illicit drug use—within the inclusion society and its architectures of allowances and constraints—are reflected the social advances and setbacks of those on the margins. Individuals who may move within social worlds they are far from controlling, and where, in such a control’s absence, they are expected to be managed and adapt in an effort to remake themselves in accordance with governing directives from on high.

#### Conflict of interests statement

The author declares that there are no conflicts of interest.

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