How does morality influence drug policy? Analysing drug policy constellations in the UK

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Abstract

Background: There is growing interest in how drug policy is not just a technocratic process of fitting means to politically agreed ends, but riven with normative conflict in which both aims and methods of policy are profoundly influenced by moral concerns.

Aim: This paper sets out to show how empirical analysis can throw light on the influence of moral positions through empirical operationalisation of a new theoretical perspective; the policy constellations approach.

Data: The data for analysis comes from drug policy discussions at UK level between 2015 and 2021. They are in the form of policy documents, discourse, and transcripts of 20 semi-structured interviews with policy actors.

Methods: Critical realist discourse analysis is used to identify policy positions, narrative tropes and factoids, and then analyse them to identify the moral influences on UK drug policy. The connections between 294 members of policy constellations (policy actors) and 157 policy positions they hold are then mapped using two-mode social network analysis (SNA).

Findings: Analysing the policy discourse reveals five underlying ethico-political bases that influence UK drug policy. They are: compassion, traditionalism, paternalism, progressive social justice, and liberty. The SNA confirms that this posited five-part structure of ethico-political bases succeeds in showing the influence of these bases on the pattern of connections between policy actors and positions.

Conclusion: A mixed methods analysis of policy discourses and networks that is informed by the policy constellations approach can contribute to the explanatory critique of policy making, and especially of the role of morality in this process.

Introduction: morality in the explanation of drug policy

Drug policy has often been analysed as a utilitarian attempt to fit technically effective methods to aims that are rationally decided in deliberative, democratic processes. This has proven not to provide adequate understandings of how the policy process actually works (Ritter, 2022). It ignores the deontological question of what is right in drug policy (MacCoun & Reuter, 2001). And it fails to recognise that rational and technocratic processes cannot avoid being influenced by power

inequalities and normative conflicts. We cannot just 'follow the science' (Stevens, 2020a). If we want to understand how the policy process works, we need to pay attention to the influence of power asymmetries that affect the connections between policy actors and the positions that they hold (Faul, 2016; Oliver & Faul, 2018).

One of the problems with the linear, rationalist model of policy making is its lack of attention to the important role that morality plays in influencing drug policy outcomes (Zampini, 2018).[1] This paper contributes to a better understanding of how drug policy is actually made. It does so by presenting a theoretical approach – the policy constellations approach – which incorporates both social and cultural structures into the explanation of drug policy. This paper focuses on the influence of the cultural structures of morality. It aims to show that it is possible to identify the ethico-political bases which influence the policy positions that policy actors hold. A fuller application of the policy constellations approach will also incorporate the influences of socially structured forms of power into the explanatory critique of drug policy (Stevens, In preparation).

The paper adds to the emerging literature on the influence of morality on policy-making (Curchin et al., 2022; De Saxe Zerden et al., 2015; Ritter, 2022; Steensland, 2013; Zampini, 2018). It starts by giving a summary of the policy constellations approach, as it applies to the role of morality in drug policy. It then describes the methods for operationalising the approach in analysing British drug policy debates at the UK (not devolved or local) level from 2015 to 2021. It will use critical realist discourse analysis to reveal five ethico-political bases for policy positions in this policy field. These are compassion, traditionalism, paternalism, progressive social justice (based on fairness), and liberty. These ethico-political bases will then be used to inform social network analysis of the links between policy actors and policy positions. It will show how policy positions that reflect the identified ethico-political bases bring actors together in clusters of people, organisations, and ideas. These are the policy constellations through which different moralities influence the outcomes of British drug policy making.

Morality in the policy constellations approach

The policy constellations approach develops our theoretical understanding of how policy is made. It builds on previous, sophisticated, neo-pluralist accounts of this process. These include the policy

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[1] In this paper, by drug policy outcome, I mean the outcomes of decision-making processes (the decided policy), not the effects of the decided policy.

networks approach (Rhodes, 1990), Baumgartner and Jones (2009) punctuated equilibrium theory, the advocacy coalition framework (ACF) of Sabatier and Jenkins-Smith (Jenkins-Smith et al., 2017; Sabatier & Jenkins-Smith, 1993) and Kingdon's (1984; 2013) multiple streams approach.

All these approaches, are – at least to some extent – limited by their methodologically individualism. A crucial feature of the policy constellations approach is that it avoids basing its analysis on an assumption of rationalist, individualist motivations.

A policy constellation is a set of social actors (individuals and organisations) who come together in deploying various forms of socially structured power to pursue the institutionalisation in policy of shared moral preferences and material interests. Constellations are not stable groups with fixed rules or memberships. They are fluid sets of actors who gravitate towards each other on the basis of shared preferences and norms. Their actions are not necessarily collectively directed or coordinated. Rather, actors in a constellation tend to align their actions through creating connections of mutual recognition and support. They do so in contest and collaboration with the members of other constellations, who have different interests and norms (although there may be overlap between the memberships, interests, preferences and norms of some policy constellations). Constellations are not actors in themselves. Rather, the connections between actors that constitute the constellation serve to shape their preferences and to amplify the influence of each individual actor, in an emergent process which builds their power to achieve desired policy outcomes. The degree of amplification will depend on the power of other actors in the same constellation.

Individuals' actions in policy-making may involve self-interested maximisation of utility, and conscious calculations of advantage. But they also involve complex – sometimes unwitting – interactions of norms, interests, preferences, and affect. Policy constellations are, to borrow a phrase from Jorge Luis Borges (1999 [1927]), 'networks of sympathies'. People form constellations by accident as well as design. They do so on the basis of emotions, sentiments and mutually recognised moral affiliations, as well as strategic planning. Constellations help to shape people's moralities and the forms of power they can deploy, as well as providing arenas for policy contest and transaction. This results from collective emergence, not just individual choice.

Policy constellations operate at multiple scales. As interview data for this paper showed, people can consider themselves members of multiple collectivities, of different sizes. For example, a policy actor can be a member of an organisation, of a small group that works towards a specific objective, or a

larger movement that shares common, broader aims. Policy constellations, like astral constellations, can be identified at different levels. Micro constellations can sit within macro constellations. Policy actors – again like stars – can also be placed within multiple, overlapping constellations (although some constellations are based on moral values that are so conflicting that they cannot overlap).

According to Margaret Archer's (2000) critical realist, morphogenetic analysis of social stability and change, the underlying structures that enable and constrain human action include cultural, as well as social structures. Such cultural structures include the normative beliefs – the moralities – that are held by social collectivities. The policy constellation approach therefore seeks to identify the underlying cultural structures which are shared between policy actors and thus enable and constrain the making of policy. So the approach is concerned with identifying the moral positions that motivate policy action. It expects to find that it is possible to link policy positions that are held at the empirical surface of drug policy making to deeper, underlying normative commitments. It uses these underlying norms to explain why it is that policy actors hold the policy positions that they do, and so to help explain the outcome of policy decisions.

Methods for analysis of morality in policy constellations

The policy constellations approach can be operationalised in several ways. Here, I do so by applying two methods: critical realist discourse analysis to analyse the moral content of British drug policy debates in the form of its ethico-political bases; and social network analysis (SNA) to examine the connections between policy actors on the one hand, and policy positions on the other, as they are influenced by these ethico-political bases.

Critical realist discourse analysis

Critical realist discourse analysis is a form of qualitative research that takes inspiration from post-structuralist modes of discourse analysis (e.g. Howarth, 2000), but has a different ontological assumption about the relationship of discourse to reality. Post-structuralist discourse analysis sees no ontological separation between the ideas contained in texts and the reality which they describe (Howarth et al., 2020). In contrast, critical realist discourse analysis assumes that there are at least some aspects of reality that are independent of our attempts to know and describe them in texts (Flatschart, 2016; Stevens, 2020b). In practice, the two forms of discourse analysis involve similar steps; setting research questions, collecting discourse data, and coding that data to identify recurring themes and tropes which reveal patterns within the discourse. The difference is that

critical realist discourse analysts can claim to show us something empirically real about the real, complex, underlying structures by which actual reality is generated.[2]

The research question for this section of the analysis is: what moral commitments underlie the policy positions that actors in British drug policy debates support? I focus here on policies on drugs that are controlled under the Misuse of Drugs Act 1971. This avoids the broader debate about the regulation and public health aspects of alcohol and tobacco. These are treated separately to controlled drugs in British policy discussions, despite repeated arguments (including in the policy discourse that I analysed) that they should be treated in similar ways. I also avoided the messy business of the regulation and prohibition of other 'psychoactive substances' that fall under the Psychoactive Substances Act 2016, but have discussed this elsewhere (Stevens, 2017; Stevens et al., 2015).

To answer the research question, I collected data from interviews with policy actors and from policy documents that were produced in drug policy debates. For Parliamentary debates, I used the official online record of the proceedings of the UK and Scottish parliaments. I also collected relevant reports from parliamentary groups and select committees, which can be important venues for the shaping of policy proposals (Hawkins & Oliver, 2022). For non-Parliamentary discourse, I collected reports from organisations that attempt to influence drug policy, including charities, think tanks, campaign groups and private companies. I selected these documents purposively on the basis of my own knowledge of the field, and on the basis of groups and reports that were mentioned by other documents and by interviewees. The 149 documents I selected and analysed are listed in Appendix 1.

The 20 people I interviewed are listed in Table 1. They were purposively sampled on the basis that they could provide a wide range of perspectives from different policy positions and geographical places in the British drug policy field. There was an element of convenience sampling, as several people declined – or simply did not reply to – my invitation to be interviewed. This included politicians and civil servants from the Home Office.[3] Interviews took place online (using Microsoft Teams) from February to July 2022. They lasted between 50 and 90 minutes. They followed a semi-structured interview schedule which focused on the interviewee's perceptions of influences on drug policy, including asking explicitly about whether they saw any forms of morality as influential on drug policy outcomes, and – if so – which ones. As the interviewees includes people with high levels of power (e.g. the Scottish drugs minister, and Professor Dame Carol Black, who has been very

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[2] For an explanation of the relationship between these three, nested domains of realty – the empirical, the actual, and the real – see Bhaskar (1975).
[3] The interview process is ongoing, and I hope to add to this list.

influential on the new government drug strategy), this could be considered an exercise in 'elite interviewing'. To anonymise or not in elite interviewing is a tricky topic (Ellersgaard et al., 2022). In this case, I left it to the interviewees to decide. All of them asked to be named, except for two civil servants from the Department of Health and Social Care, and one director of a residential drug treatment provider.

Table 1: Interviewees	
Name	*Description*
Angela Constance	Scottish drugs minister, Scottish National Party
Carol Black	Professor and Dame, adviser to government
Catriona Mattheson	Academic, former chair of the Scottish Drugs Death Taskforce
Chris Snowdon	Head of Lifestyle Economics, Institute of Economic Affairs
Crispin Blunt	MP and chair of Conservative Drug Policy Reform Group
CS1	Civil servant in Department of Health and Social Care
CS2	Civil servant in Department of Health and Social Care
Daniel Pryor	Head of Research, Adam Smith Institute
David Best	Professor, Leeds Trinity University
David Liddell	Chief Executive, Scottish Drugs Forum
Deirdre Boyd	Director, DB Recovery Resources
DTP	Director, residential drug treatment provider
Ed Day	Psychiatrist, National Drug Recovery Champion
John Strang	Professor at King's College London
Keith Humphreys	Professor at Stanford University, USA
Mat Southwell	Drug user organiser, European Network of People who Use Drugs
Matthew Lesh	Researcher, Institute of Economic Affairs
Mike Trace	Chief Executive, Forward Trust
Oliver Standing	Director, Collective Voice
Paul North	Director, Volteface
Steve Rolles	Senior Policy Analyst, Transform

The process for recruiting, interviewing and reporting on these human subjects was approved by my University's research ethics committee.

Analysis of the discourse data, including policy documents and interview transcripts, followed the suggestions of Derek Layder (1998) on 'adaptive coding'; an approach which is compatible with the abductive approach of critical realism (Danermark et al., 2019). I first developed a list of provisional codes from my knowledge and reading of previous work in the field, as well as my initial impressions of the data. This included structuring the codes according to whether they related to policy positions, narrative tropes, or factoids. I coded policy positions from statements in interviews and policy documents that specifically stated support (pro) or disagreement with (anti) a particular practice or proposal in policy on controlled drugs. In doing the coding, it became clear that I also

needed a code to record statements that reflected ambivalence about (being both for and against) a policy.

Tropes are the narrative devices that are frequently used by policy actors to frame and resolve policy problems. For example, some policy actors used tropes that reflected a narrative of drugs as a problem of criminal justice by focusing on the crimes that are associated with illicit drug use, the harms that they do, and the need for a criminal justice response. Other policy actors used tropes that reflected a narrative of drugs as a problem of health, focusing on drug-related mortality and morbidity, often in arguments for policies that were more oriented towards the promotion of public health.

These narratives often coincided with the use of factoids. These are statements, often in the form of numerical claims, about the nature or size of a particular problem or solution. They circulate in the policy space between policy actors. These actors may not be certain of the origin or accuracy of these claims, but they are ready to use them in supporting their preferred policy positions and narratives. For example, a commonly stated factoid among people who also mentioned tropes of the 'drugs as a criminal problem' narrative was the claim that drugs directly cause a very large cost to society in the form of crime; a cost estimated at over £9 billion per year in Carol Black's (2020) report. For the 'drugs as health problem' narrative, the central factoid was the rising number of drug-related deaths that have been recorded in the UK every year since 2013.

These tropes and factoids – as well as the policy positions - reveal something about the moral bases of the actors' beliefs and preferences. For example, people who highlight drugs as a criminal issue tended to take a more traditionalist line than people who see it as problem of public health. Some tropes and factoids are ambivalent, in that they can be used by people who support different moral and policy positions. For example, the factoid about drug-related deaths was mentioned in policy documents by actors who supported more paternalist control of people who use drugs (e.g. treatment ordered by the criminal justice system) in order to reduce the deaths. It was also mentioned by people who used the rising death toll to demonstrate the failure of prohibition and to argue for a new, more liberal approach. This ambivalence of tropes and factoids means that they must be analysed in the context of the discourse in which they are placed. Policy positions are less morally ambivalent; they can more easily be associated with a particular ethical position. That is why the social network analysis below uses only the coded policy positions, not the tropes and factoids.

As the process of coding continued, I noted new, less expected aspects of the data, and began the process of organising the codes into core (themes) and satellite (their sub-components) codes. For the coding of moral positions, this was informed by previous work on differing moral positions, including moral foundations theory (Haidt, 2012, 2012; Haidt & Joseph, 2004, 2011). This iterative process of analysis, reading and reflection persuaded me that moral positions should be discussed alongside their political counterparts; hence the discussion of ethico-political bases that is presented in the findings below. These were used to inform the analysis of connections between policy actors and policy positions in SNA.

Two-mode social network analysis (SNA)

As applied to policy analysis, SNA 'conceptualizes a policy-making process as a network of policy actors and allows empirical measuring of [actors'] positions in this policy network' (Varone et al., 2016, p. 322). It creates a visual diagram (or 'sociogram') of the interactions of policy actors to help us understand how particular policies came to be. This method is ideally suited to studying policy constellations as it helps to show how 'individuals, by their agency, create social structures while, at the same time, social structures develop an institutionalized reality that constrains and shapes the behavior of the individuals embedded in them' (Hanneman & Riddle, 2005). By combining analysis of policy discourses with SNA, we can examine how the ethico-political bases of British drug policy shape the connections between policy actors and the positions they hold. In other words, we can draw the map of British drug policy constellations. This answers a second research question: how do the ethico-political bases of drug policy shape the policy positions of policy actors?

In this paper, I answer this question using a specific form of SNA to bring both policy actors and policy positions into the analysis. The default form of SNA maps the connections (ties) between nodes that are of only one type, or mode (e.g. people). By contrast, two-mode SNA examines the connections between one type of node and another. In this paper, the first mode of nodes are policy actors, including individuals and organisations who expressed policy positions in the policy documents and interview transcripts. The second mode of nodes in the network is made up of these policy positions. SNA which incorporates two types of nodes is known as two-mode SNA.

To carry out this analysis, I created two lists from the discourse and interview data. The first list contained a row for each policy actors that was present in the data and for each of the policy positions they expressed. The other list showed a tie between each policy actor and each of the drug policy positions they expressed. There were 294 policy actors (87 organisations and 207 individuals)

and 157 policy positions in this node list. Policy positions were coded dichotomously, with separate codes for being pro, anti, or ambivalence on a particular policy position (e.g. 'pro_harm reduction', 'anti_harm reduction', and 'amb_harm reduction'). The list of ties (the 'edge list') contained 1,569 bilateral connections between policy actors and policy positions; i.e. coded mentions of a policy actor supporting a policy position in the policy documents or interviews. If an actor mentioned supporting a position multiple times, or in multiple documents, they were still only counted once as a supporter of that position in the SNA. The average policy actor was connected to (i.e. was coded as supporting) five policy positions. The average policy position was connected to (i.e. was coded as being supported by) ten actors. The distributions were highly skewed, with a few policy positions being supported by large numbers of the policy actors (e.g. support for funding drug treatment, and for harm reduction), while many were mentioned only by one policy actor. Similarly, some policy actors were coded to only one position (e.g. MPs who made only one drug policy relevant point in the analysed Parliamentary debates), while others were coded against many policy positions. This tended to be the case for ministers who spoke a lot about drug policy in Parliament or in policy documents (e.g. Kit Malthouse and Boris Johnson), or the interviewees who told me about the positions their supported (and opposed).

On the basis of the data in these lists, I used Gephi software (version 0.9.5) to analyse policy actors' connections to policy positions, so mapping the networked, ideational structure of the British drug policy field; a visual representation of drug policy constellations. As is usual in two-mode SNA, the only direct ties in the network are between nodes of one mode (actors) and another (positions). There are no direct ties between policy actors, or between policy positions. Actors are clustered closely together in the sociogram if they support the same policy positions, or policy positions that are not far away in the network (with a small number of steps through other actors and policy positions). Similarly, policy positions are placed close together in the sociogram not by direct ties between them, but by being supported by the same policy actors, or by actors that are only a few network steps away. Mathematically, SNA calculated the position of a node (a policy actor or position) in the sociogram by the number of direct (node-to-node) and indirect (node-connected-via-other-node) steps between them in the network. Importantly for this analysis, some methods for laying out the sociogram (e.g. Force Atlas 2) also use a measure of repulsion. This places nodes that share no direct links and only very distant indirect links far from each other in the sociogram.

Synthesising discourse analysis with SNA

If two assumptions of the policy constellations approach are correct, then it will be possible to use the sociogram produced by SNA in synthesis with the findings of discourse analysis. The first assumption is that there are shared ethico-political bases of different policy positions. If this is true, then SNA will tend to link together policy positions and actors that are compatible with the same ethico-political bases that are revealed by discourse analysis; policy actors and positions will be connected together if these positions collectively reflect a distinct ethico-political base. This is a form of 'homophily'; the tendency of policy actors to connect with people with whom they share similar beliefs (Faul, 2016, p. 188).

The second assumption is that policy constellations are brought together – and repelled from competing constellations – by their attachment and detachment from underlying moral – as well as surface-level policy – positions. When policy actors are connected to more than one policy position, these are likely to be compatible with the same underlying ethico-political basis. This is a form of 'proximity bias'; the tendency of actors who are unconnected to become connected when they are close to each other in the network (Faul, 2016, p. 188). Policy actors will be placed far away from each other on the sociogram and will not be connected to each other when they disagree with each other morally, as well as on immediate policy questions.

Combining these two methods creates the opportunity for between-method triangulation and for a richer analysis of policy actors positions and moralities in the British drug policy field. It also enables retroduction of the analysis. This is the application of newly developed and existing concepts to explain observed objects, relations and structures in the social world (Danermark et al., 2019).

The five ethico-political bases of UK drug policy

Due to limitations of space, this paper gives an abbreviated version of the discourse analysis which identified five ethico-political bases of British drug policy. Adaptively, this analysis was informed by previous work on moral foundations, including 'moral foundation theory' (Haidt, 2012; Haidt & Joseph, 2011). This posits that there are six foundations of people's moral commitments that also inform our political beliefs. These are concern for care/harm, fairness/cheating, loyalty/betrayal, authority/subversion, sanctity/degradation, and liberty/oppression. Some international studies have found these foundations to be valid for different countries than the USA (e.g. in Sweden, Nilsson & Erlandsson, 2015). However, a recent British study found that these foundations can be reduced to

three – compassion, fairness, and liberty – for British respondents to the Moral Foundations Questionnaire. (Harper & Rhodes, 2021). These concepts of moral foundations, along with my previous work on morality in drug policy (e.g. Stevens, 2011) informed my adaptive analysis of the discourse data.

When I read these policy documents, and when I asked interviewees directly, I did not fund clear, explicit statements of moral positions, except for a general commitment to compassion. Documents and interviewees were more likely to express support for policy and political positions than they were to present their preferences in moral terms. An interesting example was Professor Dame Carol Black, who expressed support for fairness and social justice in passionate terms when describing her sense of injustice at the early deaths of many of the people she knew when she was growing up in a working class community. But she was more circumspect when describing her support for drug policy positions, focusing on making improvements to the drug treatment system, rather than to broader social ills.
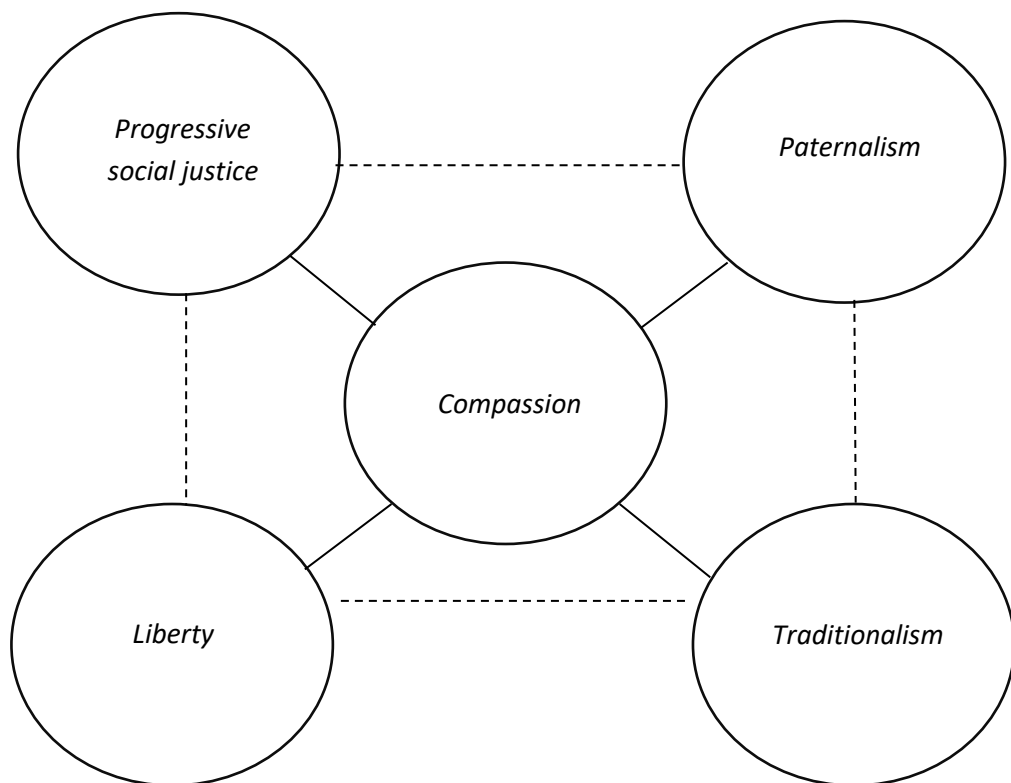
Figure 1: Schematic diagram of the five ethico-political bases of British drug policy

The positions that people told me about were more explicitly political than moral, even when they could be traced back to foundational moral commitments. This is why I decided to call the common foundations that I found in the data ethico-political bases, rather than straightforwardly moral positions. This also fits with the claims of moral foundation theory that moral and political positions are intertwined. The five ethico-political bases that I identified through adaptive coding and analysis of the data are shown schematically in Figure 1 and summarised below.

Compassion

The first of the five ethico-political bases has already been mentioned. Explicit and indirect support for various forms of compassion were widespread across the discourse that I analysed. This was most frequently expressed in the form of a desire to save lives. Compassion may be directed by different policy actors at different target groups, such as the lack of compassion that has previously been displayed towards working class, unemployed people who die with heroin and other substances (Stevens, 2019). But it would be hard to sustain a claim – on the basis of the data I analysed – that there is a portion of the drug policy field which completely lacks compassion. Specifically, the allocation of £533 million for drug treatment in England over the next three years – with the specific intention to use it to prevent a thousand drug-related deaths – means that the drug policy field of 2021 is different than it was in 2017, when a previous drug strategy came with no additional funding (HM Government, 2017, 2021).[4]

Traditionalism

This ethico-political basis for policy was visible in the comments made by socially conservative policy actors. This was not only in the policies that some of them supported, including harsher sentences for drug law offences and 'tougher consequences' for 'recreational drug uses'. It was also visible in the narrative tropes that they used in supporting such policy positions. These included that drugs are the root of social ills, that we should rid our communities of drugs, and that drug dealers are 'vile' predators who victimise the weak. These tropes are all visible, for example, in Boris Johnson's (2021) foreword to the new drug strategy. This ethico-political basis can also be seen as underlying other policy positions, such as opposition to harm reduction practices that 'condone' continued drug use, the idea that abstinence-based treatment is inherently more valuable that opioid substitution

[4] Explanation of this shift is outside the scope of this paper. It will be addressed in the paper that I will present to the Lisbon Addictions conference that uses the policy constellations approach to explain the making of the new UK drug strategy.

treatment, and support for sobriety tags to be used to enforce abstinence. As Harper and Rhodes (2021) found in their British application of moral foundations theory, there is overlap here between respect for authority and moral purity.

Paternalism

Some actors expressed high levels of care for people who use drugs, and supported various forms of treatment, without expressing any particular moral position on drug use itself – either negative or positive. In interviews and policy documents they expressed concern for the social inequalities that underly drug policy problems, but did not suggest any particular solutions to these inequalities in their policy proposals. Neither did they ally the ethic of care for people who use drugs with a concern for their liberty to do so. Some people expressed support for decriminalisation as well as for treatment investment, but did so on the basis that it would reduce costs and harms, not that it would enhance freedoms or the benefits and pleasures of drug use. Some people explicitly combined their care to avoid harms with the need for greater control, both of people who use drugs, and of the drug treatment system. A senior civil servant whom I interviewed, for example, expressed their doubts that local agencies would be able to spend the money allocated by the 2021 drug strategy wisely, and a hope that the new system for transparency and accountability in drug treatment funding may go some way to mitigate such risks by forcing local agencies to act in desirable ways.

This ethico-political basis can be described as paternalism. Paternalists 'assert that in the absence of intervention some people are unable to act in their own best interests. Paternalists believe that the state therefore has a duty to protect people from their own poor decision making' (Curchin et al., 2022, p. 412).

Fairness, in the form of progressive social justice

In moral foundations theory, fairness is presented as the opposite to cheating. In the policy discourse I found a rather different interpretation of fairness in the form of progressive social justice. This can be summarised as the idea that people should not be disadvantaged by who they are, where they come from, or – in the case of drug policy – by what they choose to consume. Some aspects of social justice were found across the policy discourse. As Curchin et al. (2022, p. 412) put it 'justice involves a fair distribution of material resources (the distribution dimension) and of social recognition (the recognition dimension)'.

This included factoids about the geographical concentration of drug-related deaths in the most socio-economically deprived areas. It is also contained in the phrase 'levelling up'; a slogan used by the Conservative Party in the run up to the 2019 general election and since to signal its commitment to address deep, enduring regional inequalities in the UK. I observed, however, a particular and distinctive form of commitment to social justice that was highly sceptical that this could be achieved by a Conservative government which refuses to acknowledge structural inequalities, including between people who have been racialised into different ethnic groups, but also between people who choose to consume different substances.

I call this distinctive ethico-political basis progressive social justice in order to distinguish it from more traditionalist forms of social justice, such as that espoused by the conservative think tank, the Centre for Social Justice (founded by Iain Duncan-Smith, a former leader of the Conservative Party).

Liberty

This is a moral foundation that is found in both US and British applications of moral foundations theory. In the discourse, it was linked to narrative tropes of individual freedom, bodily autonomy and support for legalisation of supply as well as decriminalisation of possession. Interestingly, there was an apparent divide between people who advocate drug law reform in the pursuit of progressive social justice and those who do so in pursuit of liberty. The former tended to mention the need for 'responsible' regulation of currently illicit drugs, and avoided collaborating with private companies. The latter emphasised the need for commercial freedom in order to maximise both revenues and tax incomes. They had fewer qualms about being seen to collaborate with the cannabis and psilocybin industries. Liberty therefore stood out as the fifth ethico-political basis of drug policy.

Overlap and repulsion between ethico-political bases

These five ethico-political bases represent ideal types that help us to analyse the operation of morality in drug policy making. Reality is more complex than can be presented in any schematic or thematic analysis. The question is whether the scheme/themes helps us to understand the studied social world. In order to understand the social world of British drug policy making, we have to understand that these ethico-political bases can overlap. This overlap is observed in how individual actors may express values that reflect more than one ethico-political base. It can also be seen in how a particular policy position can reflect multiple ethico-political bases. For example, support for recovery can reflect a concern for abstinent purity as well as a compassionate concern for people

who have problems with drugs. The frequency of the overlap between ethico-political bases at the outside of Figure 1 with the central base of compassion is why the lines from the outside bases to compassion is represented as a solid black line.

However, there are some ethico-political bases that make uncomfortable bedfellows with each other. The control of other people that is assumed to be beneficial by paternalists is anathema to libertarians. Chris Snowdon, Head of Lifestyle Policy at the libertarian think tank the Institute for Economic Affairs, told me eloquently of his deep suspicions of public health professionals and agencies that seek to impose controls on other people and industries, including the minimum unit pricing of alcohol.

Another pair of bases that often clash include progressive social justice and traditionalism. The ongoing 'culture war' between these two positions were expressed in policy documents which disputed the relative efficacy and humanity of both punishment and harm reduction. The difficulty of allyship between the ethico-political bases that are opposite to each other in Figure 1 is represented by the absence of a direct line between them.

By contrast, progressive social justice can sit more easily with liberty on the one hand and paternalism on the other, as both can help redress social injustice. Traditionalism and paternalism can overlap when it comes to supporting social control, when this serves to protect both conformity and health. Traditionalism and liberty make a rather odd combination. But perhaps the traditional co-existence of these two ethico-political bases within the Conservative Party can again be explained by whom these ethical-bases are applied to, with conformity and control for some parts of society (e.g. marginalised people who use drugs) and freedom for others (wealthy people who want to benefit from drugs).[5]

Cannabis decriminalisation can reflect a progressive concern to address the wrongs done to Black communities by ethnically disproportionate drug policing, as well as compassion for people who use cannabis to alleviate their own suffering, and respect for the liberty of people to choose what substances they consume. The possibility of complementarity and overlap between neighbouring bases at the periphery of Figure 1 is represented by dotted lines.

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[5] There is an echo here of the distribution of social benefits and disbenefits to people who hold different levels of power and social value in the 'social construction of target populations' (Schneider & Ingram, 1993)

The pattern of attraction and repulsion is why these five ethico-political bases are placed as they are in Figure 1. Potentially complementary ethico-political bases are placed next to each other in the diagram. Those with whom they most conflict are placed on the opposite side of the diagram. Compassion is placed in the middle, as it is potentially compatible with all the others, and expressed frequently in the data by all sides.

There is another ethical basis which is so often taken for granted that it is ignored in discussions of morality. This is the idea that the pursuit of knowledge and truth is a good in itself, as well as helping us to fulfil other moral imperatives. This ethical position was also commonly shared by all of the policy actors in the policy discourse I analysed. Espousal of the narrative of 'evidence-based' – or at least 'evidence-informed' – policy was virtually universal. It would not, therefore, help us much to include it in this analysis.

Mapping British drug policy constellations with their ethico-political bases

The next step in analysing the influence of different forms of morality on British drug policy is to show how it shapes the policy constellations which operate in this field. My chosen method for this, as described above, is two-mode SNA.

Figure 2 presents a sociogram of the links between policy actors (the grey circles) and policy positions (the black circles). This uses the Force Atlas 2 layout in the Gephi software package. The size of the circles reflects the number of ties between the nodes (policy actors and positions) in the network. Policy positions which were supported by multiple policy actors therefore appear as larger circles. In order to make it more legible, the sociograms presented here exclude nodes (policy actors and positions) which had less than two ties to other nodes. This means that it only shows 313 of the nodes (69% of all the nodes) and 1,304 (85%) of the ties that are in the full analysis. Note that this does not affect the overall layout of the sociogram, which is calculated on the basis of the full dataset.

There were some policy positions that are so commonly shared by policy actors that they add little information, because nearly all the policy actors expressed support for them. These include being in favour of drug treatment and of research being carried out. These nodes were removed from the sociogram to improve its legibility. This frequent commonality supports the suggestion that both compassion and the pursuit of knowledge are common moral positions that are often shared by people who differ from each other on other ethico-political bases.

The UK drug policy field

Progressive social justice   *Paternalism*

Liberty   *Traditionalism*
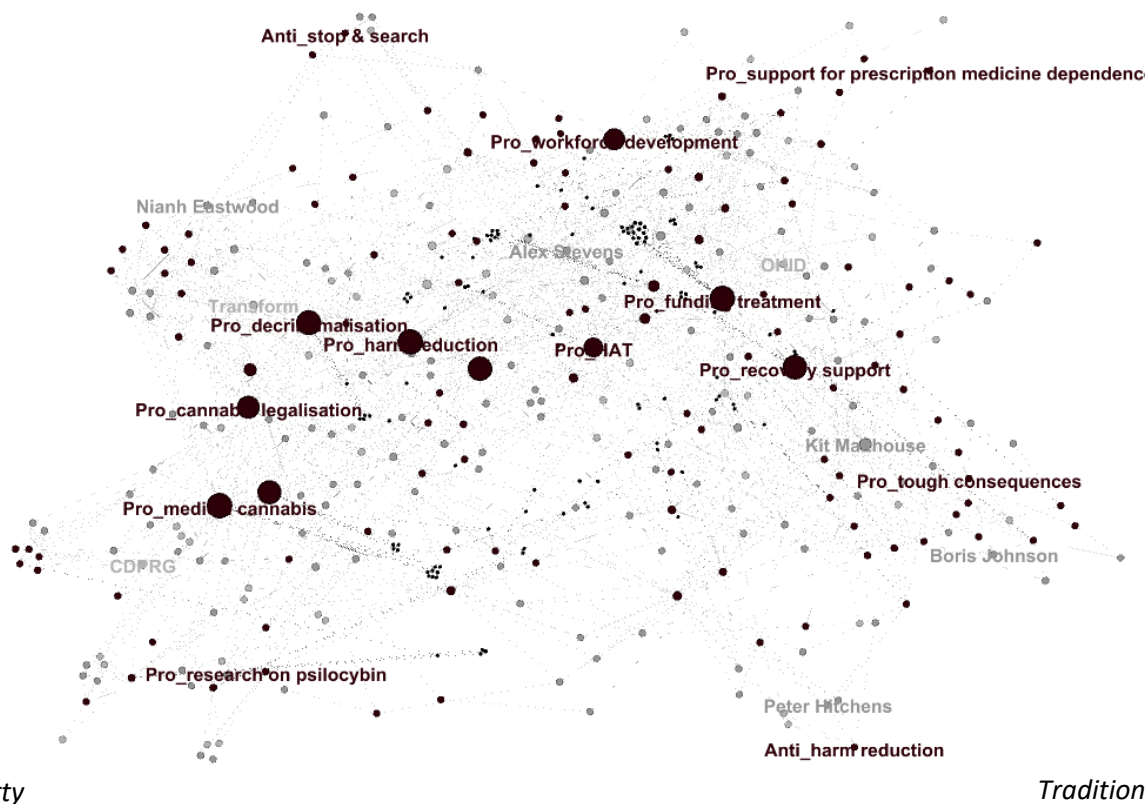
Figure 2: Sociogram of policy actors and positions in British drug policy, showing related ethico-political bases in italics

Figure 2 also shows the schematic link between the policy actors and positions that make up the whole network. It does this by showing the ethico-political bases that are compatible with these policy positions in italics at the four corners of the sociogram. The first of the ethico-political bases discussed in the previous section does not appear in the sociogram. Like support for drug treatment, compassion could be claimed as an ethico-political base by all policy actors.

Placing the names of all the actors and positions on this sociogram would be overwhelming. I have selected some of them to indicate the types of actors and positions which are found in different areas of the sociogram. For example, we find politicians who played important roles in recent policy making (e.g. on the content of the 2021 drug strategy) at the bottom right of the sociogram, linked to policy positions including tougher consequences for people who use drugs. This includes Boris Johnson, who was Prime Minster at the time, and his drugs minister Kit Malthouse.

At the top right of the sociogram are organisations and policy positions that support caring for people who use drugs, but without giving them more freedom to use; i.e. a paternalist position. This includes OHID. This is the Office for Health Improvement and Disparities (formerly known as Public Health England),which funds drug treatment service in England. OHID supports policy positions which are common among the policy actors that are clustered in this part of the network, which include that drug treatment funding should be increased, and that the drug treatment workforce should be developed.

Support of workforce development is also common among policy actors who express support for several aspects of harm reduction, including opioid substitution treatment, naloxone provision, needle and syringe programmes, heroin-assisted treatment, overdose prevention services (AKA drug consumption rooms) and drug checking services. While OHID has supported the first three of these forms of harm reduction, it has refrained from publicly supporting the last three. This may be because these are the forms of harm reduction that are most politically controversial, and which conflict most with the ethico-political base of traditionalism, and particularly its emphasis on abstinent purity.

The policy actors (including some MPs and the journalist Peter Hitchens) who oppose harm reduction can be found far away from those who support it. The fact that people who hold traditionalist beliefs are more likely to support drug treatment that is explicitly oriented towards recovery than harm reduction explains why the node for being 'pro recovery support' appears towards the right of the sociogram.

Policy actors like Niamh Eastwood (Director of the charity Release) and the Transform Drug Policy Foundation support this fuller range of harm reduction services, as well as a range of policy positions that are associated with progressive social justice. In Release's case, this includes working with academics and organisation (e.g. the campaign group Stop Watch and the academic Mike Shiner) on reports that highlight the racial disproportionality of drug policing and call for a reduction in the use of police stop and search (e.g. Shiner et al., 2018).

Transform also supports a range of policies linked to the decriminalisation of drug possession and the legal regulation of drug supply, with much discussion in the policy discourse of the legalisation of cannabis for both medical and recreational use. Transform tends to support models of regulation

that include controls to protect public health (e.g. Rolles et al., 2016).[6] It has presented drug policy reform in ways that are compatible with progressive social justice, such as supporting legalisation as a way of reducing 'cycles of vulnerability' in the trafficking of illicit drugs (Transform, 2020).

Actors placed at the bottom left of the sociogram tend to pay less attention to issues of social justice, and more to the support of both individual and commercial freedom. Here are clustered companies which support the Conservative Drug Policy Reform Group (CDPRFG) in proposing the commercialisation of cannabis for medical purposes and greater freedom to explore opportunities to create medical and financial benefits from the use of psilocybin.

## Macro policy constellations: the dominance of the hybrid, medico-penal constellation

Another way to look at the topography of policy constellations in British drug policy is to take advantage of the ability of SNA to use mathematical tools to split social networks into clusters (or modules) by calculating the strength of the connections between nodes in the network. Using the modularity statistic in Gephi, it is possible to produce a version of the sociogram that shows three influential clusters (or constellations) in British drug policy. Figure 3 presents this in colour.

The blue cluster at the bottom right represents socially conservative policy actors, including members of the Conservative government. This is the constellation which, in general, supports social control through drug policy. The green cluster at the top right brings together medical professionals, drug treatment agencies, politicians, and government officials with policy positions that tend to support public health. Together, these two constellations provide the membership of the dominant, hybrid, macro policy constellation in British drug policy.

Following Virginia Berridge's (2013) historical work showing the intertwining of medical and criminal justice agencies in influencing British drug policy since its inception, which Berridge describes as the 'medico-penal framework', I describe this macro constellation as the 'medico-penal constellation' (Stevens & Zampini, 2018). The fact that this dominant constellation includes actors who support both paternalist and traditionalist policy positions reflects the compatibility of social control with some paternalist public health policies, as suggested by the dotted line between paternalism and traditionalism in Figure 1.

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[6] This report calls for 'a more cautious approach' to legalisation.

Drug policy reform constellatio

Medical and public health constellation

Medico-penal constellation

Social control constellation
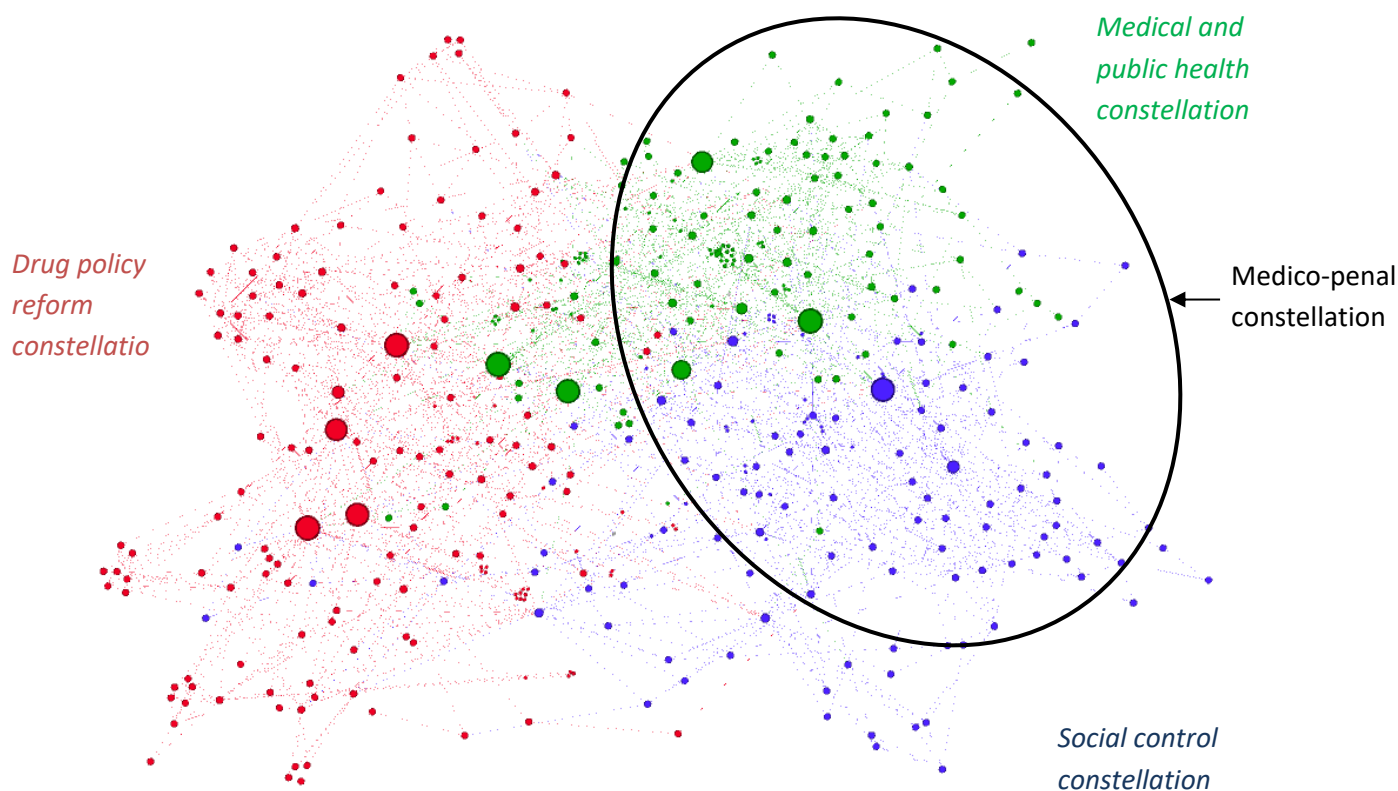
Figure 3 Sociogram of three major policy constellations in British drug policy, with their names in italics

This medico-penal constellation includes, in its blue, social control-oriented segment – and in addition to Johnson and Malthouse – the Home Office, the Home Secretary (Priti Patel, at that time), staff of the Prime Minister's office at Number 10 Downing Street, and the National Crime Agency. The policies they are linked to include explicit support of prohibition, tighter controls on illicit drugs, harsher consequences for people who use them, but also some support for less radical harm reduction measures and – after some opposition prior to 2018 – the legalisation of cannabis-based products for medical use (but not of the the whole cannabis plant).

On the green, more medical side of the medico-penal constellation are placed OHID, its parent department the Department of Health and Social Care, some health ministers, Collective Voice (the charity that represents large charitable drug treatment providers), the chair of the NHS Addiction Providers Alliance, the Association of Directors of Public Health, and members of the National Addiction Centre at King's College London. The positions they are linked to include support for a

comprehensive treatment system, for accountability and transparency in the funding of this treatment (as well as more money), and support for policies previously recommended by the Advisory Council on the Misuse of Drugs, including opioid substitution therapy to save lives (ACMD, 2016).

However, some forms of public health intervention are rejected by policy actors who are more oriented towards traditionalism and social control. In Figure 3, the indicative oval which is placed over members and policy positions of the medico-penal constellation omits two large nodes that are coloured in green. These are the nodes for being pro harm reduction, and pro overdose prevention services. They are large because they received much support, including from policy actors on the left of Figures 2 and 3 (the modular statistic and the relative colouring show tendencies to cluster, not absolute divides between the nodes in the network). These are policies which may be supported by both public health-oriented actors and drug policy reformers. But they are not generally supported by members of the social control constellation. As noted above, the Home Office has supported some, long-standing elements of harm reduction (such as needle and syringe programmes), but has actively opposed others (including overdose prevention services). The indicative oval also omits some policy actors who are coloured in blue because of their connection to traditionalist policy positions, including Peter Hitchens. This is because they tend to reject the less punitive, more paternalist policies of those actors who priorities public health, and so are not members of the medico-penal constellation.

At the left of Figures 2 and 3 (depicted in red in the latter) is a constellation of actors and positions that could broadly be described as the British drug policy reform movement; a macro constellation of its own. This incorporates support for both decriminalisation and legalisation.

Micro constellations within the drug policy reform movement

Of course, reducing the British drug policy field to just three groups obscures the nuanced differences between the policy actors and positions; the micro constellations that operate within these three broad macro constellations. The policy constellations approach is flexible to such nuances, because it sees that smaller constellations may be nested within larger constellations, as we also observe with constellations of stars. For example, it we take a closer look just at the actors and positions which the sociogram places within the drug policy reform macro constellation, we can see that this contains three smaller constellations which reflect different priorities and ethico-political positions.

Progressive social justice (top left of figure)

Liberty (bottom left of figure)
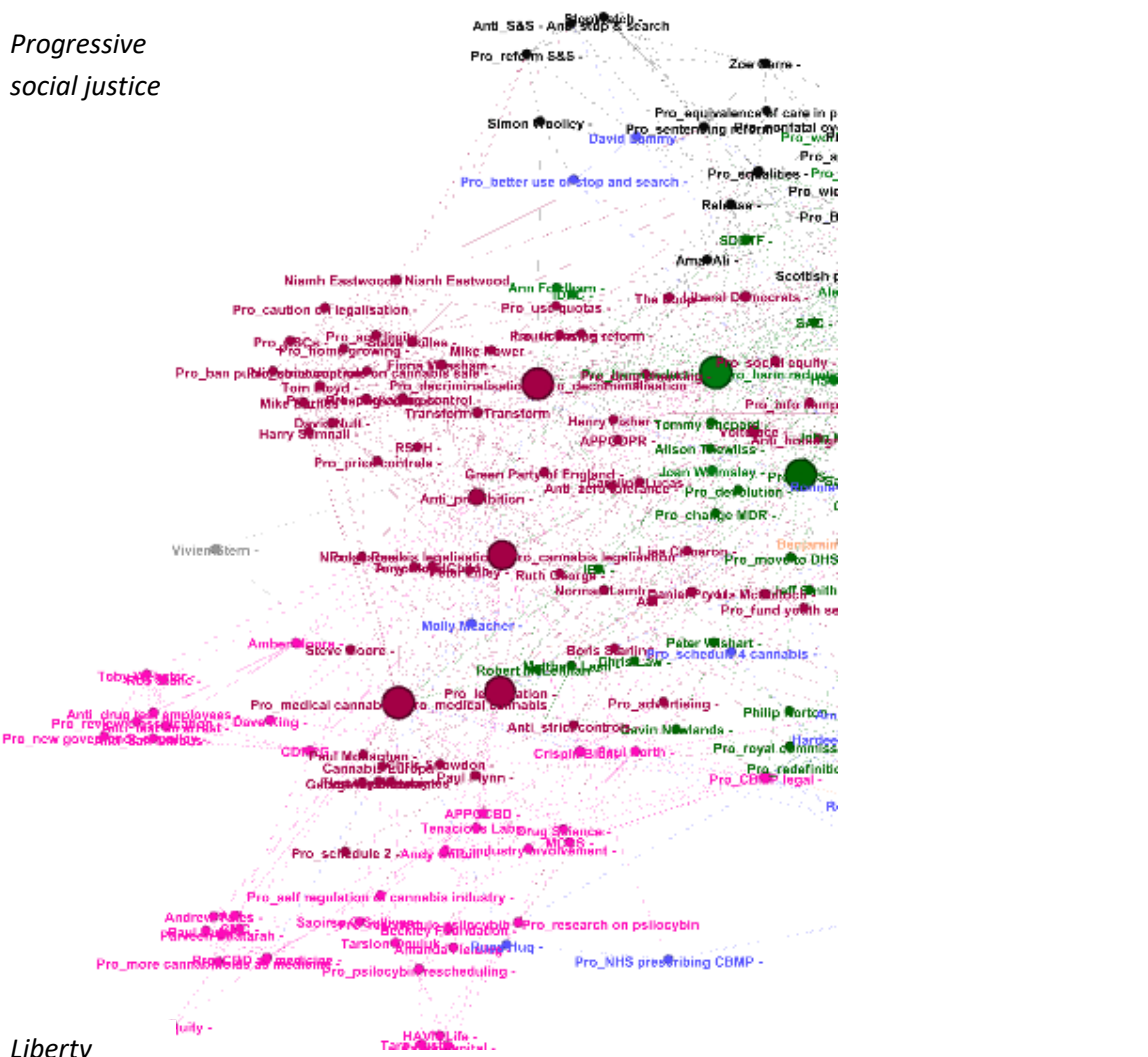
Figure 4: Zoom in on the left side of the sociogram, showing three micro constellations within the drug policy reform constellation (coloured in black, dark red, and pink).

With a lower value for the resolution of the modularity statistic (1.1 instead of 1.8), we see a larger number of smaller clusters of actors and positions. Figure 4 shows only the left hand side of the sociogram, enabling us to see more of the labels of the actors and positions that are placed there.

At the top, in black, we see a small constellation that is particularly focused on racial justice in drug policy. This micro constellation includes Stop Watch, Mike Shiner and Release, as well as Lord Simon Woolley, who has written about these issues in the BMJ (Woolley, 2021). Release might also have been placed in the neighbouring constellation, shown here in dark red. This is the constellation that combines support for a broad range of drug policy reform policies with concern for progressive social justice. It also combines this with a rather anti-libertarian concern for controls of the proposed

legal trade in currently illicit substances. These include controls on advertising and a ban on public consumption - even after their hoped for legalisation.

At the bottom of the dark red segment of the drug policy reform constellation, and even more so in the bright pink section below it, we find more libertarian advocates of reform. The policy positions of this constellation include that the cannabis industry should be free to regulate itself and to sell a wider range of cannabis-based products, along with opposition to work place drug testing. Here is where the support for commercial and individual freedom is strongest. Actors in this constellation include staff members of the Conservative Drug Policy Reform Group (CDPRG) and its Chair, Crispin Blunt MP. We also find here the companies who have supported efforts to expand the trade in cannabis and psilocybin products, combining support for commercial freedom with the urge to profit. These actors are also linked via their policy positions to the think tank that is named after the patron saint of profit, the Adam Smith Institute, and to its bigger brother, the Institute of Economic Affairs. But the ASI and IEA are not just focused on free enterprise. The ASI in particular has also shown a commitment to compassion by supporting the provision of overdose prevention and other services to save lives (e.g. Pryor, 2020).

Overall, the identification of these macro and micro constellations in the British drug policy field has been consistent with the idea that it has five main ethico-political bases; the shared basis of compassion (which is found all over the sociogram), and the four others that are shown at the corners of Figures 1 and 2.

Policy constellations and party politics

The presence of Conservative MPs across the left-right spectrum of this sociogram suggests that these ethico-political bases of actors' policy positions are more powerful in explaining them than their party political positions. To illustrate the relative lack of power of membership of the two main political parties for explaining drug policy positions, Figure 5 shows the same sociogram, but this time coloured in accordance with the espoused political party of the policy actors. Actors who did not espouse or publicly belong to a party are coloured in grey, along with all the policy positions.

Interestingly, politicians and others with avowed political parties are found less often in the paternalist and progressive top half of the sociogram. They are more often placed in the traditionalist and libertarian bottom half. One exception (the red dot at the top left) is the Labour MP David Lammy. He is placed near those actors who support progressive social justice by my coding

of his report on racial disparities in the criminal justice system, which included recommendations to address the institutional racism of drug law enforcement (Lammy, 2017). The highest red dot on the right hand side of the sociogram represents Lord Kamlesh Patel, a Labour peer and former social worker, who has supported both harm reduction and funding for recovery services.
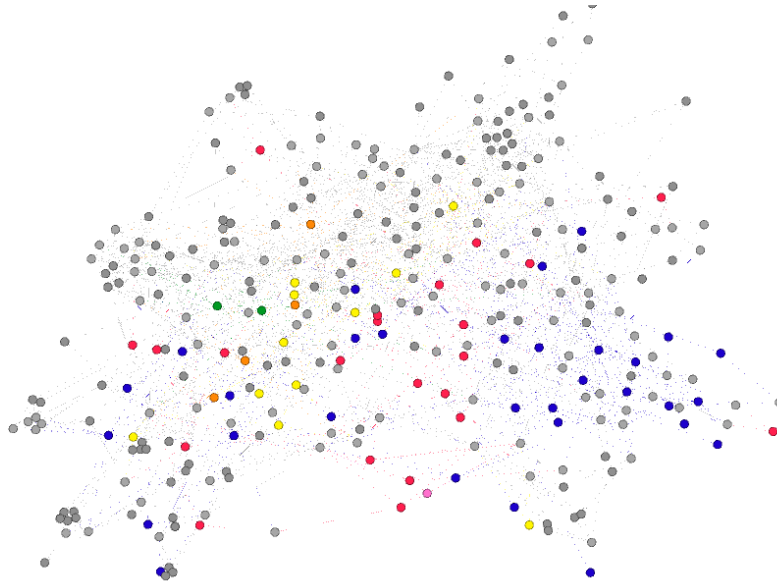
Figure 5: Sociogram of the British drug policy field, showing the position of political party actors, coloured according to their party colour. Grey nodes are policy positions and actors with no espoused political party.

Members of the Green Party, the Scottish National Party (in yellow here), and the Liberal Democrats (orange) are mostly clustered within the drug policy reform constellation. This reflects their mutual support of decriminalisation and harm reduction. The only pink dot is for a member of the Northern Irish Democratic Unionist Party, of which the social conservatism is well known, and reflected in that pink dot's position alongside other conservative traditionalists.

Rather than clustering at either side of the sociogram, members of the Conservative Party (blue) and the Labour Party (red) are found across the drug policy spectrum, from libertarian left to traditionalist right. Indeed, the furthest politician to the right in this sociogram is Fleur Anderson, a Labour MP. She is placed there due to a speech in which she supported both tougher sentencing and

the stigmatisation of drug law offenders[7]; strongly traditionalist positions in drug policy. This echoes a strong tradition of social conservatism in the labour movement, dating back to its Methodist roots (Thompson, 1963). In this sociogram, the Conservative Drug Policy Reform Group is the political entity which is furthest to the left in Figure 5. As has been shown in the current (autumn 2022) turmoil in the Conservative Party, it is internally divided between libertarians and traditionalists; a division which is expressed in drug policy positions as well as multiple leadership contests.

Limitations and reflexivity

Of course, there are limitations in this analysis. One relates to its replicability. The process of selecting and coding documents and interviews is inevitably selective and partial. A different researcher might have done it differently, and so created a different moral schema and different map of the field. The selection of the parameters of the SNA sociogram also has effects on its shape and contents. I do not pretend here to create a universalist understanding of the British drug policy fields, as if it were possible to create an objective, totalising, fixing 'view from nowhere'. In accordance with critical realist principles, my analysis should be judged by its 'practical adequacy' (Sayer, 2000); does it help us understand the social world that it describes in a way that enables us not only to explain it, but to improve it? We should also use the criterion of authenticity. People in the social world described here will have a view of whether my analysis rings true to their experience, and I plan to seek those views out.

I hope that the adequacy and authenticity of this analysis is enhanced by the fact that I am a member of the social world that I have described. I am represented as a node in the sociogram, as shown in Figure 2. I coded my own policy positions from documents in the discourse analysis (e.g. ACMD, 2016, 2019; the foreword to McCulloch, 2017), and the recommendations on policy positions that I made to the House of Commons Health and Social Care Committee which were included in its (2019) report on drug policy, for which I served as a special adviser (Stevens, 2021). Including myself in the data for this analysis if consistent with the reflexivity of the policy constellations approach.

The use of a two-dimensional map to draw the connections between nodes limits the depth of analysis that can be provided. Use of a multi-dimensional vector space would enable the incorporation of a larger number of moral bases into the analysis, such as the ten value types

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[7] She suggested that people convicted of drug supply offences that involve children – in 'county lines' supply operations – be given longer prison sentences and be placed on sex offender wings, the most stigmatising thing one can do to a person in prison (Hansard, 2021).

identified by Schwartz (1992). However, my coding of the discourse showed it was possible to condense these various values into the five ethico-political bases, and to use this to interpret a sociogram of policy positions and the actors who hold them.

Conclusion: the operation of morality through policy constellations

To understand why certain policy positions make it into government policy, and others do not, we would also need to pay attention to the various forms of power that are held by policy actors in different policy constellations, and how these networks amply the individuals powers of policy actors (Faul, 2016). That is the subject for a separate paper. But in order to understand the content of these decisions, we need to understand the cultural structures on which they are based, as well as the socially structured forms of power through which they are decided. The argument of this paper is that we can understand the pattern of policy positions – who holds them and why – in the British drug policy field by examining the shared and conflicting ethico-political bases of the policy constellations through which that field operates.

As expected by the policy constellations approach, this mixed method analysis has shown that there are shared ethico-political bases of different policy positions. Policy actors tend to group themselves together homophilically with others who share policy positions that are compatible with the same ethico-political bases. The analysis is consistent with the theoretical expectation that policy constellations are brought together and repelled from competing constellations by their attachment and detachment from underlying moral commitments, as well as surface-level policy positions. These underlying cultural structures – these networks of moral sympathies - play an important role in the explanation of which policies become institutionalised through the actions and interactions of policy actors in policy constellations.

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