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*A Habermasian comparative analysis of drug  
policy developments in the United Kingdom and  
Poland*

Greg Los (MPhil)

Candidate for a PhD in Criminology

Division for the study of law, society, and social justice

University of Kent

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## Abstract

This thesis presents a critical realist comparative policy analysis of drug policy developments in the UK and Poland. Using a mixed methods approach, it aims to demonstrate similarities and differences in mechanisms that created stability and change in drug policy in these two countries over the last 25 years. The policy changes this thesis focuses on are: Polish criminalisation of drug possession in the year 2000, British reclassification of cannabis from class B to C in 2004 and its later upgrade back to B in 2009, as well as responses to novel psychoactive substances in both (approximately 2007-2018). Qualitative data was generated from in-depth interviews as well as media analysis and explored mechanisms of stability and change in policy. People interviewed include ministers directly or indirectly responsible for coordination of drug policy, a former UK home secretary, current and former heads of NGOs, academics, senior government officials, senior police officers, and journalists. The quantitative data comes from the European School Survey Project on Alcohol and Other Drugs (ESPAD) and the Crime Survey for England and Wales (CSEW), as well as other sources. It is used to present the closest picture to the 'real' the policy makers had access to in both cases in relation to drug prevalence and attitudes on drugs, and to cross reference the qualitative data, contrasting some of the claims made by interviewees. Using process tracing, qualitative and quantitative data are applied to some of the most widely used pluralist and critical theories of public policy to test their ability to explain drug policy in these countries. The thesis concludes that pluralist frameworks present limited and descriptive accounts of Polish and British drug policies. Drug policy settings, in both countries, do not allow for a rational competition of ideas. Powerful stakeholders in both countries can, and did, use their positions to decide what knowledge was accepted as truth, and who was allowed to join the policy process. Their power is for instance evident in the use of media. In all cases, what will be seen is a vertical stream of political opinion traveling from higher status groups down to ones below, which in turn influences public opinion on drugs and people who use drugs. Most notably this thesis will show how the power enjoyed by stakeholders in Poland and the UK is executed in different ways. Polish stakeholders seem to have acted in a much more direct and absolutist way as, for example, will be demonstrated in their use of legal loopholes. This is contrasting to British stakeholders who were much more focused on creating an impression of a pluralist setting, where deliberations decide on evidence that is then used in informing policy. The differences in deployment of these mechanisms are explainable by how the public spheres developed in both countries.

**Key words:** drug policy, critical realism, pluralism, advocacy coalitions, policy constellations

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# Introduction

In order to deepen understanding on what mechanisms are active in drug policy, this thesis will take the form of a critical realist comparative policy analysis. It will compare policy developments in two countries – Poland and the UK – which adopted different policies over similar periods of time. These overlaps are nevertheless not the only reason for using both countries as cases in a CPA. As will be demonstrated in chapter two, both countries are interesting subjects for a comparative investigation due to contrasts and similarities in their distinctive cultural climates, influential socio-economic contexts, as well as geo-political factors which could have directly or indirectly influenced the development of their drug policies.

Not a great amount of literature has tried to answer why the majority of governments are still resilient to alternative policy options. The aim of this thesis will be therefore to answer what creates stability and change in drug policy? Existing frameworks of explaining policy decisions rest in the field of public policy. These can be roughly split into a broad school of pluralist positions, many of which are based on the stages model (e.g., Kingdon, 1984), and critical theories (e.g., Stevens & Zampini, 2018) that have been less often applied in explaining policy. Some of the most widely used frameworks from these schools will be explored in chapter one, and include Multiple Streams Framework (Kingdon, 1984), the Advocacy Coalition Framework (Sabatier & Jenkins-Smith, 1993) and Policy Constellations (Stevens & Zampini, 2018). Propositions derived from these theories, selected to be used throughout this thesis, will also be outlined in that chapter. Chapters five through to eleven will test these propositions with chapters eight and eleven making direct comparisons between both countries. Before that, chapter four will also provide an overview of relevant quantitative findings in relation to reported drug use, prevalence, and social attitudes, which will be cross-referenced throughout this thesis. This introduction will, however, firstly define key terms and concepts that will be used throughout this thesis namely: policy, comparative policy analysis, and a drug.

## *What is a Policy?*

Policy is difficult to define and definitions of policy vary in their complexity (Gayer & Cairney, 2015). A policy could, for instance, be simply understood as a course of action or a statement proposed by the government (Birkland, 2020). These often serve a specific function and could demonstrate how an organization tends to conduct its business. For some public policy academics, the government is always included in the definition of policy. Cohran & Malone (2005: 1) define policy as “actions of government and the intentions that determine those actions.” This definition is similar to the one used by Richards & Smith (2002: 5) who see policy as “a plan adopted by the government to achieve a particular goal.” Colebatch (2009: 13) however, moves away from the focus on government and expands the definition of policy to cover: “diverse activities by different bodies that are drawn together into stable and predictable patterns of actions.”

In defining policy, many agree that lack of action is just as important as action. Dye (1972: 2) for instance defined policy as “something that the government chooses to do or not.” Similarly, Howlett & Ramesh (2003: 5) state that “decisions used by the government to retain the status quo are just as much policy as are decisions to alter it.” Finally, Smith (1993) also emphasizes that one should not focus exclusively on decisions which could produce observable effect, but should also consider players who resist change. The fact that actions concerning policy development and policy outcomes are difficult to observe is something that drew the attention of other academics. John (1998: 8) for example, says that: “policy is hard to research as it is a composite of different processes that cross-cut most branches of government and involve many decision makers.” To combine all of the elements, Codd (1988: 235) proposes to define policy in relation to power. For him, policy is an “exercise of political power and language that is used to legitimize that process.”

There are also divisions of what constitutes policy based on the area of study (foreign, economic, social, environmental, defense) (Barton & Johns, 2013). In that respect - Engeli & Varone (2011) also add that policies covering moral issues are different to all other areas. Directly in relation to drug policy - some claim that it is simply an amalgamation of programmes and laws which aim to achieve a number of administrative functions (Kleiman & Caulknis, 1992). These administrative functions cover distinctive areas of prevention, regulation, legislation, and initiatives which focus on control of drug supply (Longshore et al., 1998). These can be implemented across a range of sectors and bodies, including: schools, communities, police forces, border control and others (Babor et al., 2010). Drug policy is further troublesome to define due to the complexity of factors influencing its development. Some of these factors include social, scientific, legal and political elements (Babor et al., 2010; Burris, 2017).

In order to address some of these complexities, policy in this thesis will be defined following Jenkins (1978: 15) as a “set of interrelated decisions concerning the selection of goals and the means of achieving them within specific situations.”

### *Comparative Policy Analysis*

Comparative studies on drugs and alcohol can take numerous forms. Some of the most popular methods include public health law research (PHLR) and comparative policy analysis (CPA) (Burris et al., 2012). PHLR is defined as a scientific study of a relation between law, legal practices, and population health and is usually split into further two subtypes (Burris, 2017). The first subtype can focus on legal scholarship (e.g., a commentary) and the second on empirical work (Burris, et al., 2010; Burris & Wagenaar, 2013). Defining a CPA seems more complicated. Up until recently, CPA was used interchangeably across a number of different approaches with an overall lack of clarity of what it constitutes (Gilson & Raphaely, 2008; Ritter et al., 2016). Ritter and colleagues (2016: 41) proposed to define a CPA as a study examining alcohol and/or drug policy in two or more states. This definition is, however, very broad and was challenged by Burris (2017: 5) who instead proposes to define CPA as “the empirical study of the development, characteristics, implementation or effects of a drug or alcohol

policy across more than one jurisdiction.” Similarly to PHLR - he also suggests separating CPA into empirical and normative subtypes as he believes that political scientists might be more focused on theoretical standpoints in contrast to epidemiologists and their interest in health-related outcomes.

Separation into those two types can, nevertheless, be wasteful and different types of data can have value in a CPA. Providing multiple lines of sights and context can be enriching. Inner-method triangulation is beneficial as it enhances the credibility and reliability of a research study (Olsen, 2004). It also increases validity of research whereby different methods and data sets can be used to observe similar phenomena, and reach similar conclusions (Nightingale, 2020). From an ontological perspective, using different data sets and comparing their results can also show to what extent policy makers are using data which is the closest to the ‘real.’ This is why, as will be demonstrated in chapter one, this separation is also rejected based on ontological and epistemological grounds. Overall, this investigation will be therefore executed as a critical realist comparative policy analysis. A CPA serves many functions of the PHLR and it allows for a comparison with other contexts. A CPA is also more flexible than a PHLR. It allows for a broader spectrum of analysis since PHLR focuses predominantly on law. Due to this flexibility, a CPA is as a whole considered a stronger tool for learning about policies in different states; their similarities and differences; reasons for their existing forms; as well as policy outcomes (Marmor et al., 2005).

### *What is a drug?*

Drug policies vary in what they focus on, and this investigation will focus on different types of policies covering different illicit drugs. Policies sometimes focus on a single substance and sometimes cover a broad range of different substances. The changes to Polish policy that will be looked at, for example, concerned all drugs that were considered illicit at the time, but in the British scenario only cannabis was emphasised. Drugs are roughly all substances that are covered by the UN Conventions on Narcotics (Bewley-Taylor, 2012). Cannabis (also known as marijuana) refers to plants containing cannabinoids, and most notably THC which is the primary psychoactive compound found in cannabis (UNODC, 2013). It can be smoked or eaten and is used for various recreational and medicinal purposes. The focus of this thesis will also be on Novel Psychoactive Substances (NPS). EMCDDA (2019) defines NPS as:

*Synthetic or naturally occurring substances that are not controlled under international law, and often producing with intention of mimicking the effects of controlled drugs.*

Chapter two of this thesis will put into critical perspective what is meant by a Novel Psychoactive Substance. It will be shown that this definition is misleading since many NPS are not particularly new or in some cases even psychoactive, by the usual usage of this term. However, in order to create some understanding of what is meant by NPS at this point, they are the substances which began emerging

roughly in the first decade of the 21<sup>st</sup> Century. Emergence means either actually being synthesised at the time or simply capturing the attention of the media where they were described as new. NPS are categorised by the UNODC (2013) into nine categories of: synthetic cannabinoid receptor agonists (e.g., JWH-018; 'Spice'), synthetic cathinone (e.g., Mephedrone), aminoindanes (e.g., MDAI), ketamine and phencyclidine type substances (4-MeO-PCP), tryptamine (5-MeO-DPT), piperazines (Benzylpiperazine), plant-based substances (e.g., Khat), phenethylamines (e.g., Brom-DragonFLY) and other substances such as DMAA. NPS should not be confused and used interchangeably with Human Enhancement Drugs (HED) (e.g., anabolic steroids, and image/sexual/cognitive/mood enhancers); many of which are also subject to strict controls depending on the country and context.

# Chapter One - Explaining stability and change in drug policy

## § 1.1 Comparative studies of prohibition regimes

A number of studies have directly compared drug policy changes in different contexts to see if changes in prohibition regime brought about desired outcomes. Reuband (1998) for example, evaluated the cannabis laws in Western Europe by separating countries into liberal and repressive in relation to their drug policies. Four countries fell into the liberal category, and five countries fell in the repressive category. Both categories were then compared in relation to cannabis prevalence. Conclusions indicate that at the time of the study, lifetime users constituted between five to ten percent in all countries regardless of drug policy. Reuband acknowledges, however, that official system may not necessarily be reflective of how these policies are implemented on the ground level by the police and other bodies and this is also pointed out by Belacklova et al. (2017). Similarly to Reuband's evaluation, the Social Health and Family Affairs Committee (2001) created two categories for countries with repressive (e.g., zero tolerance; deterrence) and liberal drug policies (e.g., differentiation between soft and hard drugs; harm reduction). The prevalence of drug consumption between the two groups was then compared. Authors argue that drug prevalence does not seem to vary in relation to how severe the legal sanctions are.

A study by MacCoun & Reuter (2011) present fifteen comparisons (matched for the year of surveys, as well as measure of prevalence which includes lifetime use, past month use, and past year use). These comparisons have been later expanded by another thirteen (so a total of 28) and cover a wide range of countries spanning from U.S, Denmark, Finland to Sweden. Very notably - with the use of Dutch national school survey (16-20 years old) and periodic city survey from Amsterdam (16-19 years old) authors demonstrate declining cannabis prevalence prior to amendment of the 1976 Opium Act when Holland officially ended its prohibition. In fact, the legislative change of 1976 had little to no effect in the first seven years. It was only in the interval spanning from 1984 to 1996, when a sharp increase in cannabis prevalence was noted. For the age group of 18-20-year-olds there was an increase from 15% in 1984 to 44% in 1996.

MacCoun & Reuter conclude that harsh cannabis penalties do not influence the prevalence of use. The study also emphasises differentiating commercialisation from depenalisation when assessing the impact of drug policy change, since authors consider it to be an important factor in explaining cannabis rates. What supports the aforementioned evidence is the reversal of the increasing trend from mid-1990s to 2000s. Cannabis use declined in the Netherlands during that period whilst it was increasing in other European countries. This decrease was attributed to stronger regulations of coffee shops and restrictions of advertising and marketing. Forty percent of outlets have been closed, and legal purchase age was increased from 16 to 18. Dutch authorities also prevented a decrease in cannabis prices by maintaining the prohibition of supply to coffee shops. This means that growers and traffickers still operate illegally. Production and transit of cannabis is therefore economically inefficient as it involves numerous risks of apprehension by the law enforcement.

Another cross-cultural study of cannabis use demonstrates a similar picture. A comparative study of San Francisco and Amsterdam (Reinarman et al., 2004) in the early 2000s demonstrates the effects of cannabis depenalisation on cannabis use. At the time, cannabis users faced punishment if they were caught buying, in possession, or using marijuana in San Francisco. In Amsterdam, on the other hand, users faced no such risks. The aim of the study was to demonstrate if cannabis penalties deter cannabis use. The study concluded that decriminalization does not lead to greater drug consumption, and criminalization, on the other hand, does not reduce drug prevalence. Despite the fact that cannabis was lawfully available in Amsterdam, the two cities did not differ in the age of onset of use. The study also found a lack of differences in relation to age at first regular use, and age at which the users began using heavily. Overall, authors summarise that availability of cannabis does not seem to strongly influence career phases of cannabis users.

Hughes & Stevens (2010; 2016) then show the effects of Portuguese policy change, when Portugal decided to decriminalize drug possession in the year 2000, on drug use and drug related harms. The authors draw on different documents and sources, ranging from: Commission for Dissuasion of Drug Addiction (CDT), internal/external evaluations, as well as semi-structured interviews with politicians, academics, representatives of relevant bodies, such as the EMCDDA, NGOs, and the police force (Hughes & Stevens, 2010). They used Spain and Italy who did not adapt similar reforms at the time, as comparison groups. This could be an issue since, as will be shown in the methodology section, there are challenges with using data from different countries. As noted by Kilmer et al. (2015) however, since they focus on change over time as opposed to absolute levels, their work is less sensitive to cross-national differences in methodologies. A bigger problem seems to be the fact that decriminalisation in Portugal was not constant and occasionally volatile. Authors explain how some of the CDT staff have not been replaced after retirement meaning that sometimes in-between years 2005 and 2008, 38% of CDTs were non-operational. All of these limitations make it impossible to attribute changes in drug use directly to policy change. The following conclusions are nevertheless indicative of such proposition being true.

The change in Portuguese policy was followed by small changes in national drug consumption. The drug use amongst the general population increased slightly when measured in 2007; however, a similar increase was noted in other countries as well (Hughes and Stevens, 2010). Past year and past month drug use remained stable and sometimes marginally lower than in 2001. What should also be borne in mind is that the modest increase in drug use could be a product of increased reporting and not drug use itself. As a whole, although the change in policy did not necessarily bring about a decrease in drug use, it allowed for a number of significant social benefits. The number of drug users in treatment rose between 2000 and 2008 from 29,204 to 38,532 whilst HIV and drug related deaths have plummeted (Cabral, 2017). Imprisonment for drug related offences decreased, and the problematic drug use in Portugal is now below the European average. The comparison with Spain and Italy further demonstrates that some of these effects, especially the ones which originated as a result of harm reduction approaches are specific to Portugal (C. Hughes & Stevens, 2010). Similarly, Goncalves and

colleagues (2015) support these conclusions where they show that social costs associated with drugs decreased by 12% in five years after the approval of NSFA and by 18% in eleven years. Hughes and Stevens were criticised by Coelho (2010) who claims that Portugal – in comparison to other European countries - performs poorly in relation to consistent drug users, but in their subsequent reply to that criticism, Hughes and Stevens (2012) conclude that ‘longitudinally’ Portugal is performing as well or better than most European countries.

Krajewski (2013) also investigated policy change in Portugal but using Poland as a comparison case. What makes this comparison interesting is that both countries decided to adopt contrasting policies at almost the same time. Polish policy committed to full prohibition by criminalising all possession of narcotics with the amendment 62 to the national law for countering drug addiction, while Portuguese policy abandoned that mechanism in favour of decriminalisation. Using data from the general population surveys, ESPAD surveys, as well as police data, Krajewski compares changes in prevalence, use, and registered offences. He shows how after the amendment of 2000 was introduced in Poland, registered drug offences increased by almost 150% in years 2001-2006. In Portugal at the same time that number decreased slightly and remained stable after 2003 at a level that was much lower than in Poland. A similar contrasting picture is seen in conviction rates. Just like Stevens and Hughes (2010), Krajewski also shows how after decriminalization, the rate of drug use as well as possession offences remained relatively stable in Portugal in contrast to Poland. Krajewski concludes that criminalisation created negative effects in Poland, and that is contrasting to Portugal where rate of use as well as possession are lower.

Overall, the comparative studies predominantly show that regardless of criminalisation or liberalisation, it seems that drug use (or other proxies associated with drugs, including possession) do not change significantly (Grucza et al., 2018; Krajewski, 2013; Robert MacCoun et al., 2009; Zeman et al., 2017). Other influences, such as commercialisation, individual level factors, as well as socio-cultural conditions seem much more important in influencing drug use. Implementation is likewise important, and sometimes the way alternatives are implemented carry little positive impact (Beletsky et al., 2015). This section predominantly focused on four European countries, with some comparison with the U.S.A, but a similar picture is generally visible in studies from other countries (Lenton et al., 2000; Nguyen & Reuter, 2012; Wodak et al., 2002). The following section will now provide theoretical explanations for stability and change in policy.

## § 1.2 Ontology & Epistemology

Critical realism has influenced this investigation as it attempts to demonstrate how actual events which are empirically observed are produced by levels of real causal mechanisms in drug policy. Causes are not always observable. In critical realism, policies do not have causal powers, they offer subjects options or incentives on how to act – these are generally thought to be the mechanisms.

In critical realism, there is a real existing world which is independent of human theories, perceptions, and constructions. Phillips (1987: 205) defines critical realism as a view acknowledging that entities exist independently from being perceived and independent of theories about them. This is contrasting to scientific realism, for example, as it forms a relation of direct correspondence between theories and real features of the world (Schwandt, 1997). Reality in this context is anything that is in the universe and includes structures and forces which are responsible for the phenomena perceived with our senses. We assume that the real world is out there, but our representations of that world are constructions. In this respect some critical realists reject ‘multiple realities’ which are socially constructed, but still maintain that there could be different perspectives of reality. There may, for instance, be one underlying reality in the ‘real’ but multiple perceptions of it in the ‘empirical’ domain. Bhaskar’s (1979) depth ontology uses a nested ontological model with three domains of reality. The empirical domain fits in the actual which sits in the real. In other words – the effects of real causal processes are the actual events which we observe empirically (Bhaskar, 1979).

Critical realists maintain that there is no possibility of attaining a single correct way of understanding the world, and they deny objectivity of knowledge (Bergene, 2007; Bhaskar, 1979). Knowledge is always partial, fallible, and incomplete (Popper, 1959). Critical realism and positivism are different from one another in this respect. Positivists, for example, argue that theories are logical constructions based on observations, and that these are useful in predictions. Realists on the other hand, view theoretical concepts as directly linking to properties of the real world (Maxwell, 2011: 8). The biggest differences are nevertheless seen in polarizing understanding of causality.

An important concept in critical realism is the idea of judgmental rationality. Critical realism rejects simplistic account of realism or ‘naïve realism.’ Rejecting naïve realism means rejecting mechanical science and pursuit of certain models (Bhaskar, 1978: 168). Critical realists reject claims that facts are not neutral object and that knowledge can only be based on empirical data and experience. Facts are influenced by theories and theories are influenced by values meaning that a neutral position that can be used to assess theories or view the world does not exist. The problem is therefore what criteria can be used to different accounts of reality. In response to this Sayer (1992) presents the idea of ‘practical adequacy’ as a potential solution. Sayer bridges the gap between reality and conceptuality with the ideas of activity and practice. It is through practice as well as investigation that researchers can understand the structural and differential aspects of the world. In addition, it is through practice that we can appreciate the full complexity of the world.

## *Causality*

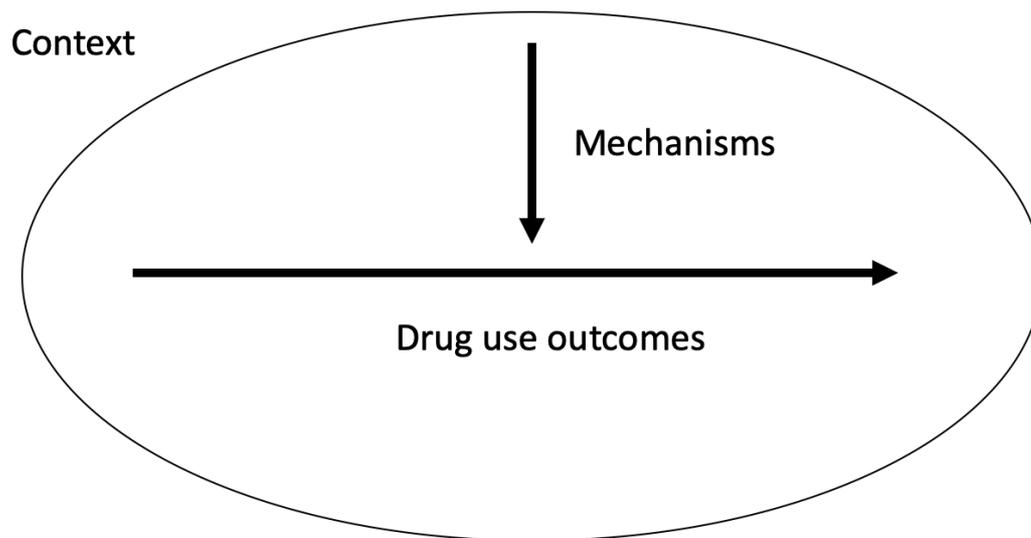
Causality will be of particular importance in this research due to the complexity of factors influencing the stability and change of drug policy as well as its effects. Causality is often approached through the ideas of John Stuart Mill (1843) whereby firstly, the cause must proceed the effect. Secondly, there must be an association between the cause and effect, and finally all other potential explanations can be discounted. The majority of realists contrast to Mill and other prominent positivists (e.g., Hume, 1772) as they view causality as a real explanatory concept intrinsically attributed to either the nature of the world (Strawson, 1989) or our understanding of the nature of the world (Salmon, 1984). The idea of causality as characterized by empiricists in positivism (i.e. constant conjunction) is rejected by critical realists. The view of these researchers is usually referred to as the regularity theory of causation where causation is an observed association between variables, events, or data patterns. This view denies that humans can know anything about hidden mechanisms which produce these associations (Flew, 2001). In critical realism, on the other hand, mechanisms are the paramount feature of explanation and are considered to be real. Bhaskar (1979) argues that the world would be unintelligible if we did not think that causal mechanisms are real and independent of our empirical observations of their actual effects.

There is not an apparent agreement on what constitutes a causal mechanism across the literature (A. George & Bennett, 2005). Realists nevertheless place the causal mechanism on the ontological level. They use propositions as well as theories to explain how the mechanisms function. Bhaskar (1979: 15) defines a causal mechanism as:

*The construction of an explanation for ... some identified phenomenon which involves the building of a model ... which if it were to exist and act in the postulated way would account for a phenomenon in question.*

His definition is further expanded by George & Bennett (2005: 137) who add that a causal mechanism is an “unobservable physical, social or psychological process.” This process is then operated by agents who possess causal capacities to transfer information, energy as well as other matter to other entities. The operation of these processes can, however, only be achieved in specific conditions and contexts. The causal agents change “the affected entities, characteristics, capacities or propensities in ways that persist until subsequent causal mechanisms act upon it” (Ibid.).

Overall, due to the complexity of drug policy, causality will be better understood as a complex mix of mechanisms which interact, and under specific conditions, lead to observable outcomes. Diagram one illustrates such application in CMO where it shows how policy selection is an outcome of policy making which triggers certain mechanisms (Pawson & Tilley, 2004a). Combined with a specific context, these mechanisms produce outcomes associated with drug use. These outcomes, which can be undesirable or positive, then feed back into the context.



**Diagram 1:** Model showing mechanisms of policy making adopted from Pawson and Tilley (2004)

### *Critical Realist Drug Policy Analysis*

Stevens (2020) applies some of the aforementioned critical realist criticisms of successionism to drug policy. He outlines key flaws of successionist data science. The first characteristic is causal inference at a distance, where some studies do not explore in detail the mechanisms involved in producing the outcomes of drug policy. This concept, however, can also be applied to studies exploring policy change. A change in circumstances, or a political change could deterministically be used to explain policy change, without taking into consideration the wider context or analyzing the meaning of the 'problem' leading to change. The second characteristic of successionist data science is monofinality. This is a way of ignoring that in different cases, the same outcomes can be produced by different mechanisms (i.e. equifinality). Monofinality can, for example, be observed where some successionist studies identify one regression model and ignore other potential 'recipes.' Stevens then talks about 'limited causal imagination' where he criticizes studies basing themselves on a single theory and mechanisms found in that theory. Economic studies, for instance, often over rely on rational choice theory. In drug policy research this is in turn reflected in the rational addiction theory (G. S. Becker & Murphy, 1988) which is criticized for failing to address other socio-biological processes (Stevens, 2011a). The final characteristic of successionist data science involves overly confident causal claims. Stevens is critical here of overreliance on strong correlation association and far fewer attention to finding strong causal evidence.

### § 1.3 Pluralist explanations of policy

In the pluralist framework, public policy is generated as a result of interaction and competition between various groups and individuals. In the simplistic pluralist accounts, all of the groups have equal opportunities to disseminate their views and to be heard (Barton & Johns, 2013). Although the framework traces the core of policymaking to the government, it acknowledges that many non-governmental organisations also have an opportunity to participate and exert influence. These groups vary and overlap depending on the sector of public policy as well as socio-legal structure of the state (Gayer & Cairney, 2015). They can include the military, state bureaucracy, police as well as professionals who control the communication of knowledge. In the context of drug policy, some of the key actors can include the criminal justice bodies, the police, the Home Office, the Polish civil service, public health institutions, and various NGOs. Such groups have different interests and opposing ideologies in understanding of problems and policies, but in theory they should all receive similar access to the policy setting where they can debate and present their ideas (Barton & Johns, 2013). These are nevertheless only some of the fundamental principles and in order to better understand the assumptions of the pluralist framework, the attention needs to shift to one of the key concepts in public policy namely - power.

#### *Power in pluralism*

Power can be diffused or concentrated, it can be exercised in a visible or hidden manner (Hindess, 1988), and it could be used with insidious or legitimate intentions (Cairney, 2016). In the pluralist model of policy making power is diffused, and a single actor does not have an overall control of the policy process (Cairney, 2016: 56). The elitist perspective is nevertheless critical of that view and claims that power is focused and centralised in the hands of a few actors. Elitists argue that power can be inferred from reputation as well as powerful positions within the government, society, and business. Some (Hunter, 1953; Mills, 1956) support that view and argue that reputation, for example, could be considered an indicator of power. Lukes (1974) believes that visible reputation may be associated with power as it affects the actions of others. Crenson (1971) and Sanders (2010) also note how powerful actors sometimes enjoy preferred policy results without necessarily exercising power. Dowding (1996) further refers to this power process as 'luck' where people's interests coincide with other actor exercising power.

The pluralist position, however, criticises this stance by claiming that power must be observed and demonstrated (Cairney, 2016). Dahl (1958) for example, puts into question the importance of reputation as an indicator of power. He suggests that power is only visible when exercised. In addition, he argues that the effects of one's power over another have to be identified during key decisions. Sanders (2010) similarly claims that the focus of analytics should be on observable behaviour whether at individual or societal level. In addition, explanations of behaviour should be capable of empirical testing. Overall, although discussion on structural inequalities in power exists in the pluralist setting,

as will be demonstrated it is largely ignored in some of the key pluralist theories explaining policy stability and change, namely – the Advocacy Coalition Framework and the Multiple Streams Framework, especially when compared to critical counterparts.

### *Advocacy Coalition Framework*

The Advocacy Coalition Framework (ACF) is based on the idea that people use politics to translate their beliefs into action (P. Sabatier & Jenkins-Smith, 1993). In ACF, advocacy coalitions form out of members from a variety of institutions, such as legislators, researchers, journalists, and unionists. The coalitions then compete in the policy setting to achieve preferred policy option. The strengths of the ACF lies with how it attempts to understand the relation between belief and complex policy problems when many different groups dispute in a policy setting. An additional advantage of ACF lies with how it attempts to demonstrate the causal mechanisms behind policy stages. Sabatier and Jenkins Smith (1999) developed twelve hypotheses to empirically test their framework (see Table 1). This is contrasting to traditional 'cycle' frameworks which lack assumptions about the driving factors between different policy stages (Sabatier & Jenkins-Smith, 2006).

Beliefs are the glue that hold coalitions together. The two types of beliefs outlined by Sabatier and Jenkins-Smith (2006) are the deep core beliefs and policy core beliefs. Deep core beliefs refer to actor's personal philosophy - commonly expressed on a left/right-wing continuum (Sabatier, 1993). Examples of deep core beliefs, include values, such as security and freedom, or opinions on whether people are born evil or their evil is socially learnt. These values are commonly less likely to change in light of empirical evidence (Sabatier, 1993). Sabatier and Jenkins-Smith (1993) then describe policy core beliefs which include distributions of power across different branches of government, or balance between the market and the government. These beliefs are more susceptible to change but are generally stable during the study period. Beliefs are important as advocacy coalitions tend to seek allies with similar policy core beliefs. It is important to note, however, that although beliefs are indeed important in how coalitions behave, some participants will be drawn to coalitions in pursuit of symbolic and material resources. Some members may, for instance, be more drawn to political leaders and organisations rather than their ideas (Howlett et al., 2017).

Coalitions and beliefs represented by actors operate in policy subsystems, such as legislative committees, administrative agencies, and interest groups (Jenkins-Smith and Sabatier, 1993: 179). These policy subsystems then exist in another system setting which constrains and creates opportunities for every coalition. An example of a subsystem can include stable factors, such as constitutional structure, or social values. There are also external systems, such as socioeconomic changes, governmental change or the impact of decisions made in other subsystems. An important concept in this context are the guidance mechanisms. Sabatier & Jenkins-Smith (1993) believe that coalitions are rational in their decision making and use guidance mechanisms, such as evaluation reports, litigations, participation in agency decision, and non-incremental budgetary changes to maximise the chances of reaching their goals. Dominant coalitions can nevertheless challenge these mechanisms for years (Sabatier 1998: 104).

Coalitions are selective when it comes to learning. They only hold the most relevant information which falls in line with their core and policy beliefs. When the view of another coalition is becoming too important to ignore, coalitions can learn from one another (Jenkins-Smith and Sabatier 1993). Learning in this context is, however, only a political process as opposed to a search for truth. Finally, events are also crucial as they can set in motion internal or external shocks, but they only do so when successfully exploited by a competing coalition (Weible et al., 2009).

Some of the most notable applications of ACF to drug policy come from Kübler (2001) and Ritter et al. (2018). Kübler (2001) used ACF in order to try and explain the shift from full prohibition to a harm reduction model in Swiss drug policy. He hypothesised that coalitions emerge along the lines and structures of existing networks, and that social organizations can facilitate the advent of collective actions amongst those with similar beliefs (Kübler, 2001: 628). He also hypothesised that the persistence of advocacy coalitions will be higher when they experience success in developing arrangements to stream resources to members as they will then maintain the commitment to advocacy coalitions. Kübler (2001) identified two major coalitions competing in the drug policy subsystem (harm reduction vs abstinence) and a minor coalition referred to as 'the quality of life.' His findings support hypotheses put forward by Sabatier and Jenkins Smith (1999) by showing that criticisms of the prohibitionist model during the second half of the 1970s didn't produce any results until the harm reduction coalition overthrew the abstinence coalition. Secondly, Kübler also shows how the AIDS epidemic influenced the debate in drug policy subsystems, and further weakened the position of the abstinence coalition whilst simultaneously strengthening the position of the harm reduction coalition. Ritter et al. (2018) on the other hand, test for presence of ACF and Multiple Streams (Kingdon, 1984) elements, which will be discussed below, in relation to evidence surrounding introduction of drug detection dogs in Australia. They show how different types of knowledge were deployed to try and influence the beliefs of stakeholders (ACF). From an MS side, on the other hand, they show that multiple types of knowledge were used by the policy entrepreneurs in order to converge the problem, solution, and politics. Overall, they conclude that neither theory presents a simple and linear explanation of drug policy, as the relationship between evidence, evidence types, and policy action is complicated.

**Table 1:** *Hypotheses developed by Sabatier and Jenkins Smith (1999) to empirically test ACF*

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### **Hypothesis Concerning Advocacy Coalitions**

*Hypothesis 1:* On major controversies within a policy subsystem when policy core beliefs are in dispute, the line-up of allies and opponents tends to be rather stable over a period of a decade or so.

*Hypothesis 2:* Actors within an advocacy coalition will show substantial consensus on issues pertaining to the policy core, although less on a secondary aspect.

*Hypothesis 3:* An actor (or coalition) will give up secondary aspects of his (its) belief system before acknowledging weaknesses in the policy core

*Hypothesis 10:* Elites of purposive groups are more constrained in their expression of beliefs and policy positions than elites from material groups.

*Hypothesis 11:* Within a coalition, administrative agencies will usually advocate moderate positions that allies their interest-group.

### **Hypotheses Concerning Policy Change**

*Hypothesis 4:* The policy core attributes of a governmental program in a specific jurisdiction will not be significantly revised as long as the subsystem advocacy coalition that instituted the program remains in power within that jurisdiction-except when the change is imposed by a hierarchically superior jurisdiction.

*Hypothesis 5:* Significant perturbations external to the subsystem (e.g., changes in socioeconomic conditions, public opinion, systemwide governing coalitions, or policy outputs from other subsystems) are a necessary-but not sufficient-cause of change in the policy core attributes of a governmental program.

### **Hypotheses Concerning Policy Learning, Particularly Across Coalitions**

*Hypothesis 6:* Policy-oriented learning across belief systems is most likely when there is an intermediate level of informed conflict between the two coalitions. This requires that: (A) each have the technical resources to engage in such a debate; and that: (B) the conflict be between secondary aspects of one belief system and core elements of the other-c-or, alternatively, between important secondary aspects of the two belief systems.

*Hypothesis 7:* Problems for which accepted quantitative data and theory exist are more conducive to policy-oriented learning across belief systems than those in which data and theory are generally qualitative, quite subjective, or altogether lacking.

*Hypothesis 8:* Problems involving natural systems are more conducive to policy-oriented learning across belief systems than those involving purely social or political systems, because in the former many of the critical variables are not themselves active strategists, and because controlled experimentation is more feasible.

*Hypothesis 9:* Policy-oriented learning across belief systems is most likely when there exists a forum that is: (A) prestigious enough to force professionals from different coalitions to participate; and (B) dominated by professional norms.

*Hypothesis 12:* Even when the accumulation of technical information does not change the views of the opposing coalition, it can have important effects on policy-at least in the short run-by altering the views of policy brokers.

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*Source:* Sabatier & Jenkins-Smith (1993)

### *Multiple Streams Framework*

The key difference between the ACF and the Multiple Streams Framework (MS) are the units of analysis. Sabatier & Jenkins-Smith focus on political actors as forces for policy development in the ACF whereas Kingdon (1984) on the other hand, focuses on factors converging upon the government, and heterogeneous drivers (Howlett et al., 2017). Contrastingly to the ACF, MS also builds on the sequence of problem solving, and explains stability and change in policy by showing why some subjects rise to agenda prominence and others do not. According to Kingdon (1984) certain policy actors have more power over what will receive attention than others. The president in the American context is the most notable example of an actor with large power of agenda setting. Other politicians and interest groups can also attempt to affect agendas – but they are not as powerful in that respect as the president. Interest groups, for example, are nevertheless important in other ways and can use their influence to block and stop policies from moving forward. Finally, media have some power in relation to shaping and framing issues (Iyengar, 1991). Entman (2004) for example, describes how some facts, issues and events are highlighted over others. Kingdon (1984) nevertheless argues that media largely lack power of agenda setting as – according to him – media describes events and policies which already happened.

The policy stability and change are explained with three independent streams: problem stream, policy stream, and politics stream. These streams and their sub-elements will be some of the key concepts throughout this thesis. When they align in what Kingdon refers to as the window of opportunity, policy entrepreneurs are then able to push through their proposals. The problem stream attempts to explain how officials learn about the problem or how a condition is defined as a problem. Some (Cohen et al., 1972; Kingdon, 1984) argue that how a problem is framed and which definitions are used will determine if the problem is going to receive attention or not. Baumgartner & Jones (1993) even dispute that problems actually exist. To them there are only conditions which are defined as problems. Kingdon (1984) supports this position to some degree where he describes the process of problem definition as a moment when people compare current conditions with own idealistic values. This notion was also to some extent previously referred to in relation to how value judgement underpins the decision of stakeholders (Schneider et al., 2014). The most popular example of something that draws the attention of the policy makers to a condition are nevertheless focusing events, such as disasters.

Policy entrepreneurs and problem brokers are crucial in Kingdon's streams. They are actors who invest time and resources to bring their problem conception to policy makers. Policy entrepreneurs and brokers are different from one another (Ackril & Kay, 2011). Where the former makes recommendations for policies, the later informs why something should be done about a condition (Schön & Rein, 1994). Both types may wish to influence policy due to a number of reasons. They could be concerned about a potential problem; they may want to promote their own policy values; they could simply want to participate in the process; or they could wish to pursue expansion or protection of their departmental budget (Kingdon, 1984). They make use of their values (Kangas et al. (2014), knowledge

(Chong & Druckman, 2007) and emotions (Loseke, 2003) in order to frame the condition so that policy makers accept it and try to resolve it (Knaggård, 2015).

Framing refers to the ways in which language and symbolic forms of communication are selectively used to portray policy problems (Cairney et al., 2012). It can be considered an exercise of power since some actors can influence agendas and reinforce dominant ways of thinking about the world (Ibid.). It involves defining policy image and categorization of problems. Most problems are multi-faceted in nature and can be associated with a wider range of images. Issues can, for example, be framed in order to appear more technical in the eyes of experts. Highly complex issues on the other hand, can be simplified so that only a few of their elements are at the centre of attention in a specific moment (Cairney et al., 2012). Framing can also be used to appeal to wider social values to heighten popular participation (Rochefort & Cobb, 1994). In the U.S, for example, stakeholders may wish to link conditions with themes, such as patriotism, progress, fairness, independence and economic growth in order to attract attention to them (Baumgartner & Jones, 1993).

The second stream described by Kingdon (1984) is the policy stream. This is where ideas and potential policies will be tested and questioned in relation to their technical feasibility, congruence with community values, and budgetary constraints (Kingdon, 1984). Policies which would end up running contrary to community values, and/or end up costing more than budgets allow are unlikely to survive. Different types of knowledge on which policies are based on will also carry varying degrees of authority in the eyes of decision makers. Scientific knowledge is arguably the most authoritative form of knowledge due to its persuasive nature originating from scientific neutrality (Goodwin et al., 2001). Policy entrepreneurs can use the cognitive authority of science, for example, in order to strengthen their arguments and frames. What Kingdon refers to as 'bureaucratic knowledge' can also be seen in relation to framing as such knowledge is not framed by science but personal experience - this can for instance be seen in feedback government receives from experts working in specific fields. Policy alternatives are likewise generated in the policy stream of specialists, such as academics, researchers, consultants and others who form loose-knit communities. Policy communities do not have an official definition but are roughly understood as actors with similar understanding of what should be done about a specific problem. Kingdon's idea of a policy community is similar to the previously introduced concept of coalitions (Sabatier & Jenkins-Smith's, 1993) but both are different to policy constellations presented in the final section (Stevens & Zampini, 2018). Kingdon (1984) also emphasises the importance of softening up processes. It can take a long time to 'soften up' specialized publics, policy community and mass public. The softening up is achieved with numerous processes and mechanisms, including: testimonies, hearings, white papers, and meetings.

The final stream is the political stream. This is predominantly where participants decide if policies can survive in what they portray to be the dominant national mood. It is important to stress, however, that national mood refers only to the perceptions of policymakers who base their decisions on how they believe the public is going to react. Tolerant national mood could allow for greater spending and passing of controversial policies. A more conservative national mood, on the other hand,

would probably dampen the ability of the officials for such actions. In order to 'sense' the national mood, policymakers use proxies, such as public consultations, opinion polls, and media (Gayer & Cairney, 2015). In contrast to ACF, Kingdon does not provide clear guidelines for empirical testing of each stage. This is one of the major criticisms made by Sabatier and Jenkins-Smith (1994) who claim that the MS stages model has limitations in relation to causality. They argue that there is lack of evidence to show how different policy stages actually interact. Jenkins-Smith and Sabatier (1994) also argue that the stages heuristic which start with agenda setting are often too descriptive, inaccurate, and deviation from such sequence is common. Evaluation of existing studies may, for example, affect agenda setting.

MS has been used more extensively in explaining drug policy than the ACF (Brewster, 2018; Hayle, 2015; Houborg & Asmussen Frank, 2014; Hyshka, 2009; Kübler, 2001; Lancaster et al., 2014, 2017). Houborg and Asmussen Frank (2014) for example, used elements of Kingdon's theory to demonstrate why after 20 years of debate, Denmark introduced drug consumption facilities in 2012. The authors demonstrate that authority, politics and government played key roles in policy change. In addition, they give an overview of how the policy change was pushed forward only after change in government. The authors conclude that space for governance is limited in drug policy as it touches upon themes of law enforcement and sovereignty of the power of the state. Kingdon's Multiple Streams framework was also applied to understand how three streams came together in 2000-2001 creating a window of opportunity for the introduction of drug detection dogs in New South Wales (NSW) (Ritter et al., 2018). Firstly, the problem stream of police corruption and increasing rates of heroin use were highlighted by the NSW Police Force and researchers. This reshaped the way of thinking about the problem of drugs and the way the problem was talked about. Secondly the policy stream is visible where drug detection dogs were 'ready to go' as the team of dogs were already trained for Sydney Olympics in 2000. The option was therefore technically feasible and compatible with dominant values. Finally, the political mood and salience of law and order in the 1990s described by Lancaster et al. (2017) created a political stream where the legal foundations for drug sniffer dogs were quickly passed by the NSW Parliament.

## § 1.4 Critical explanations of policy

The ACF and MS have numerous limitations, and elements of both theories can be contrasted with critical approaches. One of the main criticisms of ACF lies in its over reliance on rationality of coalitions in coordinating their actions. As will be demonstrated in this section, critical frameworks argue that there might be a small degree in cooperation between actors with similar normative preferences but they predominantly tend to work independently from each other. The ACF can also be questioned in its overemphasis on empirical hypotheses which leads to negligence of important details. Socio-historical context where policy changes occurred as well as power imbalances created as a result of social capital, for example, are omitted and neglected from the interpretive dimension of ACF (Fischer, 2003). Overall the strength of ACF is in its ability of explaining who is involved in policy processes

ignores many elements of decision-making processes (Howlett et al., 2017). Within an ACF, decisions simply emerge from advocacy positions and end up as policy output.

In relation to Kingdon's MS, on the other hand, one of the major weaknesses seems to lie in the assumption of independence of the streams. Kingdon describes problems as emerging independently from the political context, and it is this view, in particular, that will be criticised here. It will be shown how it is possible for some of the key stakeholders and actors involved in the policy setting to appropriate conditions and turn them into problems, and that these actors also have much more power at doing so than problem entrepreneurs described by MS. Similar criticisms can be applied to Kingdon's understanding of evidence. Critical perspectives argue that evidence is used much more selectively than anticipated by Kingdon and it has to fit certain narratives. In addition, policies perform symbolic functions which are often more important than solving of the problem. The independence of the policy stream is also questionable as policy makers play an active part in generating evidence. Political needs are in turn even more important than set in MS and often come first rather than last. In addition, really powerful actors, including media, can also sometimes hypothetically shape the public mood to make passing of legislation more favourable. From another angle, it is worth adding that MS has been applied loosely in the literature. Some scholars draw on isolated components, such as window of opportunity, policy entrepreneur or focusing event, and combine them with other policy approaches which may not necessarily be compatible with Kingdon's intent (Howlett et al., 2017).

The key criticism which applies to both pluralist frameworks is the understanding of power. Kingdon acknowledges that some have more power than others in agenda setting, and ACF sees power as originating from the political system. As will be shown in the following section, realms of power in policy stretch far beyond that understanding. Some have more power than others to construct problems; generate evidence; block inconvenient evidence; use their position to allow or block groups and actors from the policy setting. The power of these actors is not only based on the political context, but numerous systemic advantages which are ignored in pluralist frameworks. In response to all of these limitations - this section will show how critical perspectives allow for a better understanding of power. In addition, how criticisms originating from critical perspectives can produce alternative propositions to the pluralist frameworks which will be tested later in the analytical sections of this thesis.

### *Habermasian*

The power imbalances between actors, which are neglected by the pluralist accounts, can be understood with a Habermasian (1992) approach which focuses on how rational deliberation is distorted through strategic action and social power. For Habermas, power is concealed in capitalist societies. He describes how in pre-capitalist societies, power was used overtly in order to subordinate, but in capitalism these processes became concealed in the seeming fairness of liberal democracy, and the leisure market. This is a direct contrast to pluralist ideas on which ACF and MS are based.

A key concept in Habermasian framework is the idea of public sphere. The public sphere includes institutions which allow citizens to pursue rational and open debate which is free of economic

and social pressures (Habermas, 1989). The public sphere can influence power since by forming a critical opinion, citizens can make a government more accountable. Theoretically, it should be open to everyone. However, that is not the case and even historically it was predominantly open only to the members of the commercial and professional classes.

Habermas (1989) describes an interplay between the concepts of normativity, power and rationality. Public debate is based on normative principles which may come into conflict (Habermas, 2002). As a result, laws which directly link to the moral principles held by most powerful actors will also be most likely to prevail. Contrasting to Foucauldian assumptions (J. Schmidt, 1996) these values run through human actors and not discourse. According to Habermas - outcomes of legal processes can be therefore understood in relation to power constellations and interests of actors (Habermas, 1989). Human actors occupy various positions in these constellations where they aim to achieve their individual interests. Gamson (1975) refers to these actors as 'insiders' who are in position of using various mechanisms to reproduce their position and power. They enjoy resources which are not available to outsiders who wish to pose a challenge.

Habermas uses his theory of communicative action as a framework for analysis of "shortcomings and blockages of extant practices, discourse and institutions" (Goode, 2005: 67). He discusses this in relation to two types of action: communicative on one hand and strategic on the other hand (Habermas, 1987). The aim of communicative action is to secure understanding and consensus where actors exchange views to reach a common understanding of the world. In communicative action, actors judge their arguments based on how true, right, and authentic the arguments are. When individuals act together one is able to observe three aspects of communicative action, including action coordination, acting on the basis on norms as well as manifestation of inner human realities (Habermas, 1981). When actions are coordinated, the behaviour of individual actors is judged through a normative prism and on the basis of their contribution towards success or failure of the endeavour. Constraints to the free speech act can be seen where some groups don't have access to voice their opinions. Communication is likewise distorted when the validity of speakers cannot be guaranteed due to their previous actions - for example, lying and corrupt politicians. Ideal speech situation is a concept that closely follows the idea of communicative action. Habermas argues that ideal speech occurs when communication matches five rules. Participants should be able to discuss any subject; everyone should be allowed to question any assertion and introduce any assertion they wish; everyone should also be able to express their desires and attitudes without interpretation. Finally - no one is to be prevented, through different types of coercion described above, from exercising the previous rules.

Strategic actions, on the other hand, aim to achieve practical success by influencing the decisions of another actor. Habermas (1981a: 266) defines them as "actions orientated to success." They contrast with communicative action as here at least one party does not wish to establish shared understanding of the world with the other person (Edgard, 2006: 140). Instead - they aim to achieve agreement through techniques like bribery, blackmail, or violence. In more sophisticated settings, strategic action also includes manipulation and control of information, and use of emotive language to

conceal weakness of arguments. Those with access to social power can also influence which evidence is produced, disseminated, and given legitimacy (Hall, 1993). Social power in this context refers to individuals or group's status within the society. These actors can then use their money, connections or other forms of power to distort rational discussions, influence what evidence is going to be generated, disseminated and accepted as knowledge. Social power refers to relationship and in its simplest form it means that by maintaining connections, people can help one another (Field, 2008). In addition, through connections, people can do things that they would be otherwise unable to achieve if they worked independently. People cooperate in networks and they tend to share certain values with members within that network. In general, it is sometimes argued that the more people one knows, and the more values one shares with these people, the richer one's social capital is. People are much more likely to cooperate if they share certain values. However, social relationships can likewise exclude and deny access in the same ways that structures do (Giddens, 1984).

*Some networks like the 'old boy networks' that are said to dominate parts of the British Civil Service [...] cooperate with the aim of keeping out those who do not wear the same old school tie (Field, 2008: 3).*

The idea of social power has nevertheless received some criticisms. It is a concept that has been applied loosely in the literature. Some question, for instance, if it is a concept that really refers to the consistent set of relationships and behaviours (Bankston & Zhou, 2002; Portes, 1998). However, as noted by Field (2008: 158) that is often that case when a social theory emerges and starts to spread into different realms of social sciences. Social power and its features like networks are therefore a potentially valuable asset for policy makers and other actors involved in policy processes. Social power will be one of the key concepts throughout this thesis.

Bachrach & Baratz (1962) argue that groups who enjoy substantial social power are capable of manipulating societal values in order to ensure that subordinate groups and their voices are not aired. Habermas (2006) refers to similar process in his concept of media power, which acts as another key concept throughout this thesis. Media power is based on the technology of mass communication. The owners of mass media and reporters working for them exert power because they select what is and isn't going to be reported. This in turn gives them the ability of influencing the public opinion (Herman & Chomsky, 1988). Political parties and politicians are the most important suppliers of information to the media. They can negotiate their access and hold a stronger or weaker position subject to their normative preferences, social status as well as cultural background (Carpini, 2004; Verba et al., 1995). Overall, more powerful groups and actors are given an opportunity to influence societal views via the media. Those less powerful, on the other hand, could be disadvantaged as they would not enjoy the same access to disseminate their views. Power in this context may also be increased by forces independent of individuals, such as structure, dominant ideology and rules within the government which limit certain types of actions (Edgard, 2006).

The third but also central Habermasian concept is the idea of systematically distorted communication. In strategic communication – at least one actor tries to deceive another where they engage in discussion with an aim of winning the debate rather than prioritising rational communication and adherence to the presuppositions of the ‘ideal speech situation.’ This form of deception is also a central element of systematically distorted communication. The key difference is that – in systematically distorted communication - interlocutors believe that they are taking part in an exchange with an end goal of achieving mutual understanding, but they have lost that control. In this context, they are likely to lose that control to a government, political order or special interests. Ideologies create systematically distorted communication. These ideologies are deeply imbedded in different parts of economic, social, and political institutions. Subject to how coercive the state is, the systematically distorted communication can be more or less apparent. Gross, (2010) for instance, argues that the totalitarian Nazi state dominated by coercion abetted by persuasion, but in the cases of sexist everyday language or drug promotion, it is the institutional structures that combine with persuasion which allow them to dominate.

Stevens & Zampini (2018) adopt a Habermasian framework to understand English drug policy processes in relation to the non-implementation of decriminalisation as well as absorption of recovery into drug treatment policy. They illustrate how actors with similar moral values group in what they refer to as ‘policy constellations.’ In the given context, these moral views involve ideas and norms in relation to drugs. The most powerful actors, such as the Home Office, police, senior public health professionals and the Cabinet Office cluster in a ‘medico-penal’ (Berridge, 2012) constellation whose members are able to assert their preferences. The contenders who wish to challenge the dominant constellation, on the other hand, include organisations focusing on individual freedom and welfare, such as Release and Transform. In relation to policy processes, the authors argue that actors do not reach consensus solely based on rational debate and evidence, as more dominant forces influence policy processes. Contrary to the pluralist theoretical framework, they demonstrate social asymmetries in power which put certain groups at a structural advantage in achieving institutionalisation of their moral preferences and material interests.

Constellations are not stable but fluid. They can be imagined as groups and actors gravitating towards each other based on their shared interests. They are different to ACF coalitions as their actions are not necessarily coordinated in a rational way. In addition, they are instead usually aligned based on mutual support to counter interests of the opposing constellations. Overall, Stevens and Zampini show that certain actors tend to be excluded and included in the process of decision making based on the ideas they hold. In the context of British drug policy, this is well demonstrated by the medico-penal constellation where public health preferences overlap with norms of social authority and control. Actors in this constellation engage in rational discussion. However, they also get involved in distortion of such communication. This falls in line with Habermasian arguments (1986) by demonstrating that in the British context, the norms which are held by the most powerful actors are also the most influential in policy and decision making. These constellations are nevertheless not fully based on normative

preferences since as Stevens and Zampini argue race and class similarities are also important factors in policy constellations. They describe how the most dominant positions in state as well as other institutions are held by predominantly middle and upper class, privately educated, white British men from similar age cohorts (Kirby, 2016; Knights & Richards, 2003; Rampen, 2017), who are able to use policy to reinforce and reproduce their own structural advantages.

## Conclusion – Chapter one

This chapter started by discussing prior comparative research on drug policies. Ontological and epistemological assumptions of this thesis were then described. It was demonstrated that this thesis will focus on how mechanisms of policy stability and change activate and deactivate. The chapter then introduced some of these mechanisms as understood by pluralists. Two of the most commonly applied pluralist theories – ACF and MS were described here, and so were their criticisms, especially in relation to understanding power. The assumptions held by the ACF and MS will be tested in the analytical body of this thesis, but so will be the critical alternatives. Habermasian creates direct counter propositions to some of the pluralist assumptions held by ACF. In Policy Constellations, actions of groups and actors involved in policy are not coordinated in a rational way. In addition, stability and change in policy is an outcome of systematic advantages enjoyed by some policy actors. In relation to MS, on the other hand, where the core derived proposition claims that policy change occurs only when problem rises on the agenda and three streams are combined – a Habermasian angle would criticise this take by claiming that policy change is a product of changing power imbalances between policy constellations. Finally, where MS indicates that policy stability is a result of problem not rising to the top of the agenda list, a Habermasian angle would argue, for example, that stability is a product of systematic exclusion of certain groups and evidence by those who dominate policy processes. The perspective in turn creates an alternative proposition to the MS view that problems are objective entities waiting to be solved. Where Kingdon focuses on how the condition receives the attention of the policy maker, Habermas goes further by focusing on the construction of the problem and who this construction benefits. All of the propositions can be seen in the table two. Not all of these propositions were tested in all of the chapters. The data analysis and coding indicated that some of the theories fit some policy contexts better than others. As a result, the decision was made to skip repetition and testing of some theories. The MS theory, for instance, was not applied to the Polish policy context from 2000 or the British reclassification context from 2009 as other theories seemed to provide a more fruitful and in-depth explanation.

**Table 2:** *Pluralist and alternative critical propositions derived from ACF, MS, and PC*

Pluralist propositions	Alternative critical propositions
<p>In ACF terms, coalitions cooperated to achieve preferred policy options.</p> <ul style="list-style-type: none"> <li>• Evidence for matching core and policy values.</li> <li>• Evidence for rational cooperation amongst actors and groups. For example, meetings where they agree on how to pursue advocacy of a specific policy.</li> <li>• Evidence for consensus amongst actors on issues pertaining to policy core and less on secondary aspects (hypothesis 2).</li> <li>• The policy core of a governmental program will not be revised as long as the subsystem advocacy coalition that instituted the power remains in power (hypothesis 4).</li> </ul>	<p>In Habermasian terms – groups and actors involved in policy, can still be grouped based on their normative preference and political objectives. However, their actions are not coordinated in a rational way as described in ACF. In addition, the policy stability and change are predominantly outcomes of systemic advantages enjoyed by policy actors.</p> <ul style="list-style-type: none"> <li>• Evidence for media power of some policy makers.</li> <li>• Evidence for how systemic advantages allowed some actors to frame drug issues and how the frame preferred by the dominant actors was accepted as the truth.</li> <li>• Evidence for systematically distorted strategic communication.</li> <li>• Evidence for how those with strategic advantages manage to diffuse inconvenient evidence.</li> <li>• Evidence for how some actors with similar normative preferences were given preferential treatment.</li> </ul>
<p>In MS terms, stability and change in policy is an outcome of an overlap in problem stream, policy stream, and politics stream. Here problem is occurring independently.</p> <ul style="list-style-type: none"> <li>• Evidence for how problem leading to change moved up on the agenda.</li> <li>• Evidence for a suitable policy option which was congruent with values of the key stakeholders.</li> <li>• Evidence for policy entrepreneurs and their actions.</li> <li>• Evidence for how politicians ‘sensed the national mood’ and decided that policy will survive.</li> </ul>	<p>In Habermasian terms, problems move on the agenda because the preferred empirical realm of the dominant group is accepted as a problem.</p> <ul style="list-style-type: none"> <li>• Evidence for how empirical realm which does not match the normative preferences or strategic objectives of the dominant stakeholders is side-lined.</li> <li>• Evidence for how an empirical realm favoured by the key stakeholders, even if questionable, is accepted as the dominant one.</li> </ul>

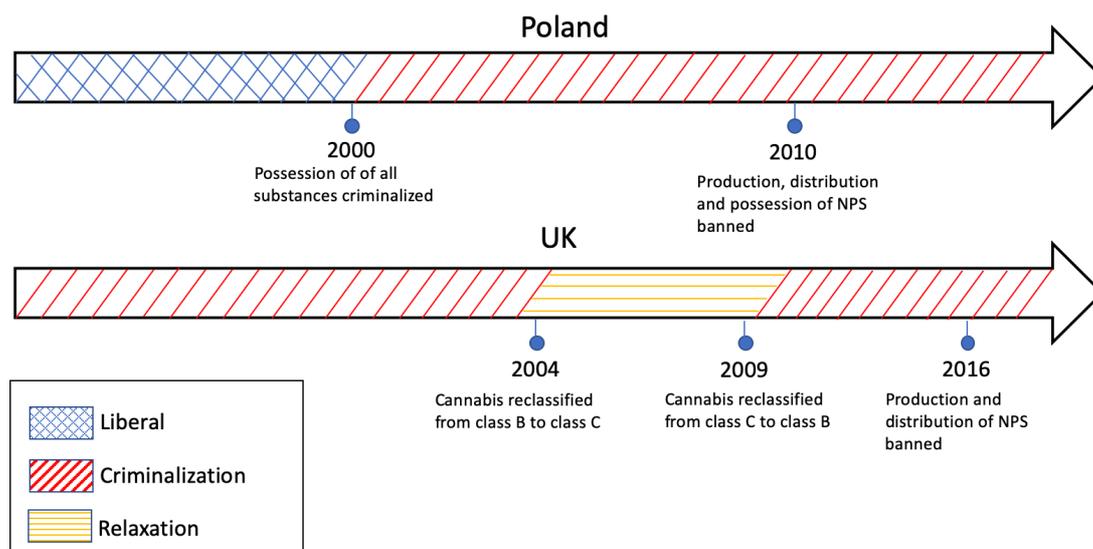
## Chapter Two - Poland and the United Kingdom

In order to research how different pluralist and critical policy mechanisms activate and function in drug policy, this investigation will compare two countries – Poland and the UK. Section one will describe and contrast policies that this thesis will focus on. Section two will then demonstrate similarities and differences prior to policy changes in both countries in relation to religion and normative preferences; political and socio-economic contexts; the non-governmental sector as well as the civil service. These contrasts and similarities (Table 6) are important as they create variance for a comparative study (George & Bennett, 2005). Section three of this chapter will then provide an in-depth overview of Polish drug policies, and the same will be done for Britain in section four.

### § 2.1 Current legislative framework in both countries

A starting point of a CPA is often observing the differences in formal policies as well as key implementation dates (Wagenaar & Komro, 2013). A CPA can be generated with data observed at a single point in time or numerous points in time (Ritter et al., 2015). This CPA will focus on policies in five different stretches of time. In 2004, the British government officially approved police issued cannabis warnings and reduced penalties for the possession of small quantities of cannabis by reclassifying cannabis from a class B to a class C substance. As will be shown in section 1.3, this reclassification was largely symbolic. The controversy it created, effort it took to pass, and the fact that it was temporary, since cannabis was then reclassified back to B in 2009 nevertheless makes it one of the more notable drug policy changes in recent British history.

A few years earlier – in 2000 – the Polish government shifted from depenalisation to full criminalisation of drugs by amending the Act on Countering Drug Addiction (1997) to comment that possession of any quantity of a scheduled substance is illegal (amendment 62). This change took place after roughly 15 years of liberal drug policy, which at first didn't comment on possession in any form, and from 1997 commented on possession but did not specify boundary levels. The contrast in policy preferences was also apparent in 2010 when the Polish government (as one of the first European countries) began adding NPS to the list of scheduled substances and using the 'substitute drug' definition to cover all NPS. In Britain, these changes took slightly longer as the Psychoactive Substances Act did not come into effect until 2016. In addition, the law did not criminalise the possession of the substances, except in a custodial setting. Diagram two shows these differences and overlaps in policy change and development. On the diagram, liberalization is a brief description of the period when Polish drug policy did not comment on possession of drugs, and relaxation, on the other hand, refers to the period when cannabis was reclassified from a class B to C in Britain.



**Diagram 2:** Timelines demonstrating simplified<sup>1</sup> change in the British and Polish drug policies

Previous research argues that it is desirable for a CPA to code characteristics of formal policies as an index (e.g., Erickson et al., 2014; Nelson et al., 2013). An index can be based on observable characteristics, such as size of fines or implementation measures (e.g., number of fines). It could also include simple categorisation into absence/presence of policy. An index, however, would make more sense if this investigation compared more than two countries. This project will therefore use these principles but instead of coding them, some of the key characteristics will be demonstrated in tables below.

Table three demonstrates difference in sentencing practices in both cases in relation to possession. It seems that sentencing is relatively stricter in Poland. In Britain – the majority of cases of possession that come to court result in fines. Most cases of possession are dealt through pre-court disposals, such as warnings, community resolutions, penalty notices for disorder, and cautions. Sentencing Council (2019) shows how for class A offences, 61% received a fine, 7% were sentenced to immediate custody and the rest are either discharged or receive a community sentence. For class B offences, 59% received a fine, only three percent of offenders were given a custodial sentence, and the rest were either discharged or given a community sentence. Finally, for class C offences, most received a fine (43%), 33% were discharged, 7% were sentenced to custody, and the rest were given a community sentence. In Poland, on the other hand, judges can be stricter with an average sentence for cannabis stretching from one month to one year depending on the amount and aggravating factors. In 33% of cases, the court dismissed the case and in 67% the defendant was convicted (Boltryk, 2014).

<sup>1</sup>The cannabis warning scheme continued (but in a tightened form with more penalties for repeat offences) after 2009.

**Table 3:** Minimum, maximum, and average sentence for drug possession in both countries (2014 - 2019)

Poland			UK		
Minimum	Maximum	Average	Minimum	Maximum	Average
1 year*	3 years*	1 month - 1 year <sup>+</sup>	Conditional Caution/Community Resolution/fine for cannabis (£90)	Class A (7 years + fine)	4.4 months
1 year**	10 years**			Class B (5 years + fine)	
		Class C (2 years + fine)		3 months	

Source: Sentencing Council, (2019); Boltryk (2014)

Comparability in relation to drug trafficking offences is slightly more difficult (tables 4 & 5). The penalty range is nearly the same for all substances in Poland and judges can give sentences ranging from one to ten years if the defendant was convicted for trafficking of up to 10kg of cannabis or 1kg of amphetamine, cocaine, and heroin. In Britain, on the other hand, these range from 12 weeks to 16 years depending on the class of the substance, weight, and role of the defendant. The average custodial sentence for class A drug trafficking offences was 8 years, 8 months in 2018. In Poland, on the other hand, median time given for these offences by Polish judges is 2 years and defendants tend to spend an average 1.6 years of that sentence in prison.

Figures one and two show how drug policies in both countries changed in practice after the previously described policy changes took place. The most notable changes can be observed in Poland with a growth in possession offences under sections 62 and 48 of the Act on Countering Drug Addiction. In just ten years that number increased from around 1,380 in 1998 to 30,548 in 2008. The number of distribution offences under sections 31, 45, 46, 58 and 59 likewise doubled in 8 years. Both are good indicators of the Polish transition towards criminalisation. In Britain, on the other hand, the policy change is significantly less apparent. Figure two demonstrates how the number of police reported trafficking offences increased from 1998 with a degree of fluctuation. The number of possession offences started to increase significantly from 2003-2004 onwards, and so has the number of offences for possession of cannabis. Finally, the number of stop and searches for drugs also continued to increase during the period of reclassification. Although a 'signal' was sent to the police that they can treat cannabis differently, it does not seem like that was really adopted in practice. That is nevertheless reflective of the fact that British policy change from 2004 was much more symbolic than the Polish article 62.

<sup>+</sup> Boltryk (2014) - for cannabis offences

<sup>\*\*</sup> In case of possession of a significant quantity of drugs

**Table 4: Sentencing for drug trafficking in Poland (2017)**

Substance	Weight	Penalty range (from laws guidelines)	EMCDDA Median	Time spent incarcerated
Cannabis	1kg	Up to 2 years + fine	Incalculable <sup>2</sup>	n/a
	10kg	1-10 years	2 years	1 year, 6 months
Amphetamine	0.1kg	Up to 2 years + fine	Incalculable <sup>4</sup>	n/a
	1kg	1-10 years	2 years	1 year, 6 months
Cocaine	0.1kg	Up to 2 years + fine	Incalculable <sup>4</sup>	n/a
	1kg	1-10 years	2 years	1 year, 6 months
Heroin	0.1kg	Up to 2 years + fine	Incalculable <sup>4</sup>	n/a
	1kg	1-10 years	2 years, 6 months	1 year 10.5 months

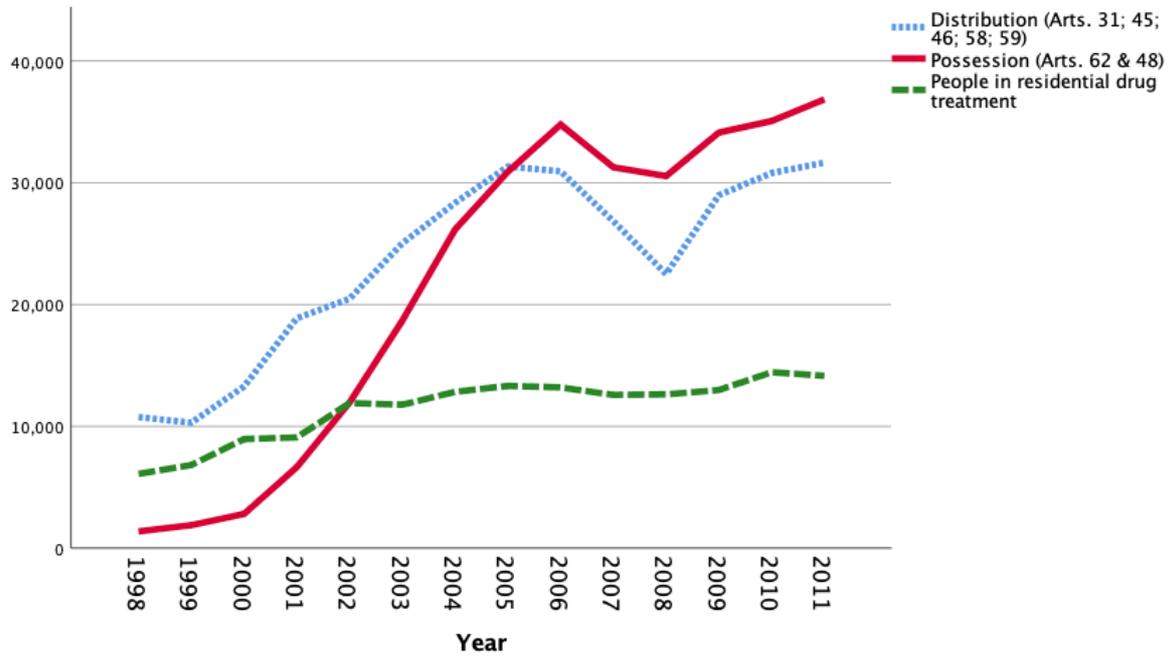
Source: EMCDDA (2017)

**Table 5: Sentencing for drug trafficking in the UK (2015-2019)**

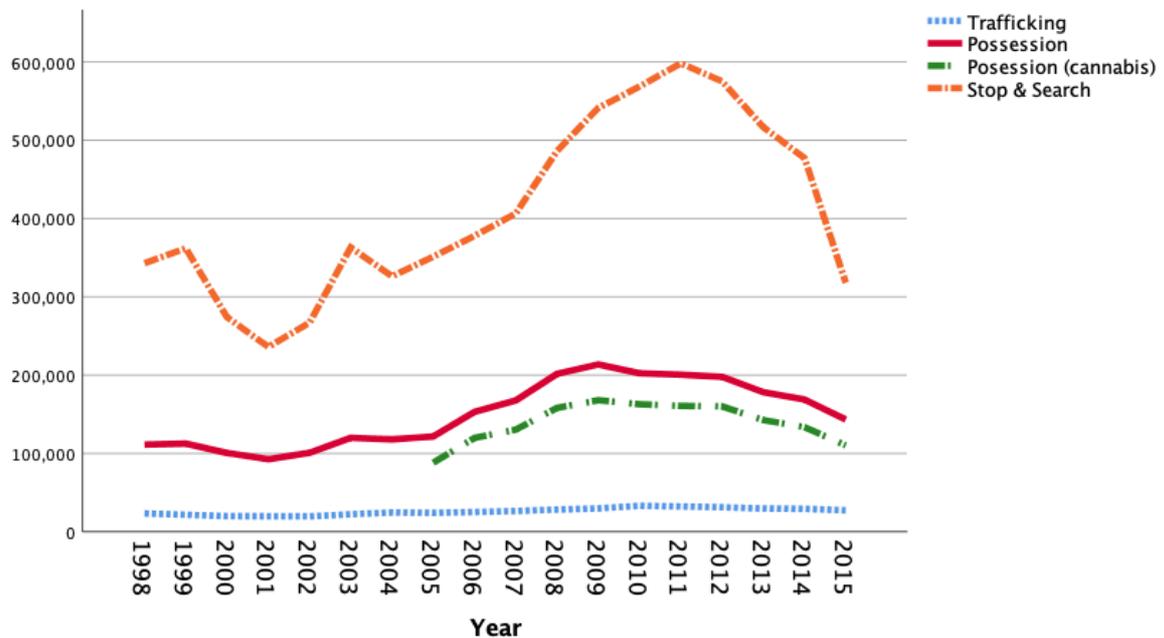
Substance	Weight	Penalty range (from laws guidelines in years)	Average custodial sentence (ACS)
Class B drugs (Cannabis)	Category 1 (~200kg)	7-10 years (leading) 5-7 (significant) 2-5 years (lesser)	3 year, 18 months
	Category 2 (~40kg)	4-8 years (leading) 2-5 years (significant) 18m - 3 years (lesser)	
	Category 3 (6kg)	2-5 years (leading) 18m-3 years (significant) 12w-18m (lesser)	
Class A drugs (Cocaine or Heroin)	Category 1 (~5kg)	12-16 years (leading) 9-12 years (significant) 6-9 years (lesser)	8 years, 8 months
	Category 2 (~1kg)	9-13 years (leading) 6-10 years (significant) 5-7 years (lesser)	
	Category 3 (~150g)	6-10 years (leading) 5-7 years (significant) 3-5 years (lesser)	

Source: Fleetwood (2015) and Sentencing Council (2019)

<sup>2</sup> Using the discrete values or the mid-point of each range, the median expected penalty for the scenario was calculated (the median was chosen in order to compensate for outlying estimates). If less than 80 % of the sentences were for immediate imprisonment, the median was considered not calculable, to avoid conflation of immediate and suspended sentences (EMCDDA, 2017: 13).



**Figure 1:** Polish police reported distribution and possession offences, as well as people admitted to residential treatment. Years 2012-2015 include offences for sections 58 and 29 only due to the changes in reporting. Source: NBDP (2018; 2020)



**Figure 2:** British police reported trafficking, and possession offences (Inc. cannabis) as well as stop and searches. Source: Home Office (2009); Kirk-Wade & Allen, (2020).

## § 2.2 Overlaps and similarities in characteristics in both countries

The aim of this subsection will be to demonstrate the differences and overlaps in relation to economic and political climates in Poland and the UK at the time of policy change. It is important to understand these developments, as they could be indicative of why the society and policy makers viewed conditions associated with substances in certain ways.

The central themes in this comparative analysis are power and pluralism. A good starting point is therefore acknowledging that both states have different experiences of stability, democracy, and public sphere. British society didn't undergo extreme volatile societal changes in the same way that Poland did. The policy making structures have been relatively stable in Britain for hundreds of years with many areas of power concentrated amongst certain groups (George & Wilding, 1999; Wood, 2010). This is the polar opposite to Poland where wars and interference of foreign powers influenced the structure and fabric of the society (Zamoyski, 2009). The size of the elite groups with a large middle class, established upper class, and other influential actors is - and for a long time - has been proportionately greater in Britain (James, 2006). In Poland - these groups and actors have been largely purged due to wars and communism (Davies, 2001; Roszkowski, 2010).

Policy processes, political processes, and theoretical ideas like pluralism, class, and capital will therefore look different in both contexts. In Poland, class is still fundamentally based on income and financial wealth (National Bank of Poland, 2014) whereas in Britain it has a complex meaning (Patrzylas, 2017; Savage et al., 2013). What also makes Poland desirable as a subject of a comparison with Britain is that many factors, which could have influenced the development of Polish drug policy - originated in a short period of time after the collapse of communism (e.g., Krajewski, 1997). In Britain, on the other hand, drug policy has much longer history (e.g., Davenport-Hines, 2002; J. Mills, 2003, 2013). The following content will demonstrate how political and social changes which took place in a space of few decades prior to policy changes in both countries could have acted as mechanisms influencing their developments. The differences and similarities in both contexts are summarised in table six.

### *Religion, Morality, and Normative preferences*

This sub section will demonstrate how ideas surrounding morality as well as religious preferences could have influenced the development of drug policy in both countries. Religion can be important in a drug policy analysis. Varone et al. (2006) show how in relation to other moral issues like assisted reproductive technology, church mobilises and tries to influence policy decisions. It would therefore be advantageous to consider the Catholic Church in any political or social analysis of Poland. The power of the institution can be traced to a several of factors. Historically, Poland has strong roots to Roman Catholicism dating over one thousand years. Following holocaust atrocities, religious demographics in Poland changed further - making it almost religiously homogenous (Davies, 2001). During the morally challenging communist times, the Catholic Church further fortified its position (Ibid.). Zuba (2010) shows how the multidirectional influence of the Catholic Church can be observed

in political as well as economic systems. Polish church is able to take part in political bargaining; directly control political activities; advocate for social values; and create social attitudes. In relation to drug policy - Malinowska-Sempruch (2016) for example, believes that although the Catholic Church was not directly involved in the Polish drug debate in the 1990s, its presence was strongly felt.

In the United Kingdom, on the other hand, the role of the church in legislative and political processes is arguably significantly weaker than in Poland. Some religious elements are still visible in the political system. Twenty-six bishops of the Church of England, for instance, sit in the House of Lords. Their ability to exert influence is nevertheless very limited. The lack of power of the church in Britain can be explained in number of ways. British society never experienced atrocities similar to Poland for prolonged periods of time, and therefore did not have to rely on the church for moral support. In addition, the church as an institution was significantly weakened at the point of separation from Vatican in 1534. As a result of commodification of information in early capitalism, modern public sphere was also allowed to separate itself from the influence of the church and the state (Habermas, 1989). Finally, high levels of secularity of the UK are other reasons for why religion does not have the same degree of influence in the UK. Although Christians are still technically a majority (59.3% in 2011, ONS, 2020b) demography of the UK is much more diverse due to absorption of people from different socio-religious backgrounds, including Hindus and Muslims in the 20<sup>th</sup> Century. As a result, a single church is unable to influence the fabric of the society and social norms in the same way that it does in Poland.

Although the church as an institution is undoubtedly more influential in Poland, normative preferences originating from religious upbringings can still have influence on individual levels in Britain. What can be observed in both cases is how politicians assert moral agency and then use it in the policy setting (Krajewski, 2003; Malinowska-Sempruch, 2016; Stevens, 2017; Stevens & Measham, 2014; Zampini, 2018). Overall, this short subsection demonstrates why polarising, and simultaneously overlapping religious and normative influences are some of the reasons why comparing Poland and the United Kingdom in relation to drug policy may generate fruitful results.

### *Socio-economic transition and implications on drug policy*

The beginning of the socio-economic transition in Poland in 1989 was marked by mass privatisation, as well as the end to the full employment policy and its social security (Rek-Woźniak & Woźniak, 2017). Initial economic changes nevertheless led to side-effects as well as a downfall of economic sectors. As a result - many regions in Poland suffered from unemployment, erosion of social relations, depopulation and poverty (National Action Plan, 2015). These conditions could have therefore created a real increase in drug use and problematic drug use - which in turn was then made more visible by the media (Krajewski, 2003). The transition could have also influenced the official and public understanding of individual health, and in turn influenced perceptions on drug users and drugs. Under the communist system, the paternalist government took care of many health-related things. Cockheram et al. (2002) note that in a society where citizens are dependent on the state, it is unlikely that individuals

will have a strong sense of responsibility for their health. Thus, transition from paternalism to individualism could have further shifted public attitudes on drugs and drug users towards indifference. In such a climate it could have also been easier to manipulate these views by politicians.

The shift from paternalism to neo-liberalism in Poland is similar to changes which earlier in the decade occurred in the UK. Ferge (1997) argues that Polish labour arrangements focusing on pro-market changes as well as welfare reforms resembled the Thatcherite model from the 1980s. Schmidt (2002: 360) notes how both countries experienced prolonged economic crisis followed by external circumstances, which in combination with weak political oppositions, created an opportunity for transformation of socio-economic policy. He also points out that this legacy stretched in the UK across the New Labour years, especially in relation to welfare. The same persistence of the neo-liberal discourse is visible across the post-communist era in Poland. The key differences seem visible in outcomes. Neo-liberalism was more successful in Britain as it resonated with the countries' cultural values of liberal economic principles and limited governmental involvement (Rek-Woźniak & Woźniak, 2017).

In Britain, these economic mechanisms also worked differently in relation to drugs. Young (1999) describes British deindustrialisation as a shift from Keynesian 'work hard play hard' equilibrium towards subterranean world of leisure, which is partially defined by the emergence of the night time economy (e.g., Hobbs et al., 2003). The idea of drug normalisation is important in this context as its implications likely acted as a factor influencing British drug policy. Measham et al. (1998) argue that since drug use has become so prevalent in contemporary societies the non-users are the ones who can be considered the deviant minority (see also: Parker et al., 1998). She, and colleagues, demonstrate drug normalisation in Britain in the 1990s with: availability of drugs; lifetime prevalence; and indicators like: current use; intended future use; evidence of cultural accommodation of drug in society; and being 'drug wise' (Measham & Shiner, 2009). These processes were absent in the Polish context prior to the policy change.

Shiner (2009) however, shows that the normalisation thesis is not fully supported by prevalence data. Instead he advocates for continued use of classic contributions from theorists, such as Becker (1963), Young (1971) and Cohen (1980) to understand subterranean play as a response to leisure and work in the post-war era. The changes to leisure, work and education became increasingly more complicated in the past three decades but the classic subterranean theories can still help with understanding drug use. Most recently in a combined effort, Measham and Shiner (2009) although still disagreeing on the nature of normalisation - agree that this area needs to move away from rational action models of adolescent drug use. They conclude - largely basing themselves on Giddens (1984) - that drug use is a result of an interplay between structure and agency and can be understood as a situated choice and a structured choice. Social structures make action possible, but structures are reproduced by social actions. Overall, normalisation can be considered an ongoing process where the status of drugs is negotiated through actions of distinctive social groups rather than a pre-given product of macrosocial forces.

## *Non-Governmental Organisations and the Civil Service*

The development of public sphere (Habermas, 1975) also looks different in both cases. Modern statehood originated relatively late in Poland. The development of public sphere in Poland is entangled with imperial legacy and being partitioned (Marzec, 2020). Because of these circumstances, Polish elites were occupied with self-assertion resulting in emergence of nationalist ideals in the early 20<sup>th</sup> Century (Bloubaum, 2005). High levels of ethnic differentiations between peasants, nobles, Poles and Jews also prevented class-based parties who could have struggled for welfare provisions in the Parliament from emerging. Urban bourgeoisie who disseminated liberal ideas were likewise absent in Poland (Kocka et al., 2001).

A critical western civil society only began to emerge after 1989 (Kubik, 2000) when the Law on Association (1989) allowed the establishment of civil committees (Grover, 2010). Particularly, for this work, it allowed for establishment of NGOs interested in drugs and drug related problems. Before that, during the socialist period, the government did not allow the public to create or get involved in groups which aimed to contribute to the common good (Malinowska-Sempruch, 2016). Because of these limitations, the people in Poland hadn't learnt how to form, organise, and run NGOs. Kubik (2000) also argues that the civil society in Poland post 1989 still served predominantly ideological functions falling in line with politics, and didn't challenge the government in the way that was envisaged by, for example, Habermas (Edgard, 2006).

Similar constraining mechanisms were absent on the other side of the Iron Curtain where the civil society flourished, and the public sphere emerged since the 18<sup>th</sup> century (e.g., Lake & Pincus, 2006; Habermas, 1989). Habermas (1989) traces it back to the emergence of the Parliament and the Bank of England, cabinet meetings, development of the English press and other mechanisms, such as elimination of censorship and basic rights focusing on critical debate and individual freedom. In the words of Śmiechowski & Marzec (2016: 5):

*In comparison with the Western European path of development, epitomized by the Habermasian ideal-typical, but also normative, model of the public sphere (Habermas, 1989), in the Kingdom of Poland in the late 19<sup>th</sup> and early 20<sup>th</sup> centuries this process was very limited or even muffled.*

They continue that if projected on the Western European benchmark, the development of the public sphere in Eastern Europe fell behind by at least one century.

The British NGO sector accumulated experiences for decades (e.g., Bradley, 2009) and is a stark contrast to its Polish counterpart. In relation to drugs, for example, groups such as Release (active from 1967) and Transform (active from 1996) have been present in the British drug policy for a long time. These groups have been active in highlighting drug problems, advocating for alternative solutions, and 'resisting' the prohibitive framework (Berridge, 2012). In Poland, on the other hand, groups interested in drugs only started to appear as grassroot movements in the 1990s. These predominantly consisted of non-expert parental groups who lobbied for heavier sanctions (Krajewski, 2004; Malinowska-

Sempruch, 2016). Groups similar to Release or Transform which advocated for alternatives to criminalisation only began to emerge post 2000 with the Polish Network for Drug Policy being the most notable example. The sizeable and strong tradition of the voluntary sector in Britain is also one of the reasons why it became an integral part of British drug policy. What can be observed in the 1990s is third way rhetoric of stimulation between voluntary sector and inter-drug agencies falling in line with a Thatcherite model of criminalising of social policy (MacGregor, 2018).

**Table 6:** *Differences and similarities in characteristics of both cases*

	Poland only	UK only
Presence of the church as a potential factor directly influencing the policy processes and having proxy influence through shaping of the societal norms.	X	
Historical experiences with different substances prior to policy change.		X
Limited experiences with drugs prior to policy change.	X	
Presence of normative values with close ties to abstinence in some societal groups.	X	X
Neo-liberal socio-economic context which emphasises values, such as individualism which could in turn influence how drugs and drug users are portrayed.	X	X
Geo-political context which could be directly influence policy processes.	X	X
Major social-transition which influenced the fabric of the society near the time of policy change.	X	
Historically stable society.		X
Long tradition of voluntary sector which attempts to shape views surrounding drugs and drug use; and lobbies.		X
Some evidence of drug normalisation prior to policy change.		X

Finally, differences are also seen in the use of the civil service. The strong tradition of the civil service in Britain is arguably one of the reasons for the emergence of the ‘evidence-based’ narrative where policy makers claim to only be following scientific evidence and reports. The Polish Civil Service was only created in 1996 with a small degree of autonomy. Research shows that politicisation of the civil service in Central European countries in contrast to their Western counterparts is much greater and is characterised by discontinuity as well as reversal of previous implementations – depending on who is in power (Mazur et al., 2018; Meyer-Sahling, 2009).

## § 2.3 Socio-historical overview of drug policy in Poland

The aim of this sub section will be to now demonstrate the development of Polish drug policy. Key statutory changes will be described as well as reasons for their introduction and explanations in relation to relevant social themes. The major emphasis, however, will be placed on different possible mechanisms of policy change, including contextualisation of early developments which will allow for a more comprehensive understanding of later challenges and changes.

Since the mid-1970s - just as in other European countries - Poland saw a rise in opiate use amongst its population. It is estimated that between 1970s and 1980s, there were twenty to forty thousand opiate users in Poland (Krajewski, 2003). The most prevalent substance amongst them was a homemade alternative to heroin called *Kompot*, which was synthesised from poppy straw in rural areas. The opiate market in Poland was likewise different to western counterparts. It consisted out of mutual societies of users, and *kompot* was made by users for users (Bienkowska & Skupinska, 1989). The policy makers viewed the whole issue as a problem of demand, and this is reflected in the first official attempt at challenging the opiate problem. The Prevention of Drug Addiction Act (1985) was the first piece of legislation commenting on illicit substances in Poland. The statute emphasised the production and sale but didn't comment on personal possession. In addition, drug addiction was viewed as an illness (Malinowska-Sempruch, 2016). For its time, it can be considered a modern and liberal piece of legislation which focused on public health (Bienkowska & Skupinska, 1989). The statute was unusual for that period of time as the communist government would usually legislate social problems 'to death' by imposing numerous criminal provisions (Krajewski, 1997, 2003). Overall, early Polish experiences with drugs present an unusual phenomenon where - in face of a growing public health problem - a country adopts a non-prohibitive measure.

The statute of 1985 was, however, ineffective at controlling the synthesis and distribution of drugs across Poland (Bienkowska & Skupinska, 1989; Krajewski, 2003). The vast majority of those convicted for drug related offences were elderly peasants - many unaware of new provisions as they were growing poppy seeds for generations as a cooking ingredient (Ibid.). The drug debate then plateaued until the 1990s when several events took place. During that time, many began to believe that current drug legislation was too permissive, and as a result the government replaced the Drug Addiction Act 1985 with the Drug Abuse Counteraction Act in 1997. This time the statute commented on drug possession in order to target drug dealing. Section 48(8) of that law specified that possession of small amounts wasn't a criminal offence if it was for personal use, but the personal use amount was left undefined and later proved problematic. For the second time, Poland preserved a liberal attitude towards drug possession.

Krajewski (2003) believes that the law of 1997 could have been influenced by crime experts and their views described by Radzinowicz (1991) as a socio-liberal approach to crime policy. Under communism, Polish criminology was still influenced by western academic ideas and sociological positivism (Ibid.). After the fall of communism, these experts were able to use their knowledge to reform the criminal justice system. They did not meet a lot of resistance since policy makers were keen

to remove the communist legacy and modernise Poland to Western European standards. This can be also observed in the abolition of death penalty, decreasing use of incarceration, increasing discretion of the judges and individualisation of criminal sanctions (Krajewski, 2003). As a result of other factors, however, the influence of these experts was diminished.

### *The shift towards criminalisation*

There are numerous possible reasons for the shift to criminalisation in 2000 presented in the literature. As mentioned in the previous subsection, the quantity of drugs considered for personal use was left undefined in 1997. The police thus argued that it was difficult to prosecute drug dealers as they would purposefully carry smaller amounts. In addition, unless an offender was directly caught dealing drugs it was difficult to prosecute them. These were some of the key arguments in persuading the policy makers (Krajewski, 2003; Malinowska-Sempruch, 2016). The second reason can be traced to evolving drug markets in Poland after 1989. What can be seen during that period is a change in domestic consumption patterns (Davies, 2001). Poland became increasingly westernised and people began to adopt many elements of western lifestyle (Rek-Woźniak & Woźniak, 2017). Although *kompot* remained the most popular drug, new substances were rapidly introduced into the Polish society. Drug use was also much more visible, and this led to a widespread concern over public health. Media also linked drug use to other forms of crime and disseminating it as a drug pandemic (Krajewski, 2003).

Poland was also finding its role as a drug producer. Up until 1989, Poland was not significantly involved in trafficking or production of narcotics due to lack of a common border with Western European countries. Things changed drastically in the 1990s as a result of socio-political changes and Poland gradually became a major supplier of synthetic drugs – especially amphetamine. Researchers estimate that over 20% of amphetamines sold in Europe in 1991 originated from Poland (Lee & MacDonald, 1993). Poland's new role as a drug synthesiser could have been a result of two factors. Firstly, following the collapse of the Iron Curtain, Poland bordered a newly reunified German nation and so the door to Western Europe was opened for drug smugglers. This circumstance coincided with high unemployment amongst Polish chemists. As noted by Krajewski (2003), highly trained chemists were seeking means of monetising their skills in a poor labour market, and substances used for the purpose of amphetamine synthesis were not subject to control. The disruption of the Balkan transit route due to war in Yugoslavia could have also made Poland more desirable to drug smugglers and producers (Ibid.). All of these factors contributed to an emergence of organised criminal groups. The ineffectiveness of the law and the police further fuelled the drug trafficking problem. Polish police lacked experience in combating drug trafficking and the laws were inefficient at deterring drug traffickers.

The Drug Abuse Counteraction Act 1997 was finally amended in 2000 with article 62 replacing article 48(4) and criminalising all possession of controlled substances (Kuzmicz, 2010). The amendment introduced three forms of punishment subject to severity of the drug crime. The first form of punishment involved incarceration for a period of up to three years. The second option involved

incarceration from six months to eight years. Finally, the court was also allowed to impose a 'limitation of liberty' or in the case of lesser gravity incarceration for up to one year (Kuzmicz, 2010). Articles 72 and 73 of the statute further allowed for a treatment option if the offences were found to be related to dependence. Krajewski & Wodowski (2015) however, find that these options were rarely used most likely as they prolong investigations and require additional work.

### *Legacy of Article 62*

The impact and legacy of Article 62 remains controversial. Research demonstrates a substantial increase in drug related arrests which could be attributed to inception of Article 62. In the year 2000 there were fewer than 2,000 drug related arrests in Poland with an increase to 30,000 six years later. The majority of these arrests (56%) were made for cannabis possession of less than one gram (Malinowska-Sempruch, 2016).

In 2008, the Polish Ministry of Justice established a committee tasked with suggesting improvements to Article 62. The debate lasted for two years and resulted in Article 62(a). It was a small amendment with an overall lack of influence. The amendment gives prosecutors and judges a possibility of discontinuation of criminal proceeding if the defendant was found with a small amount of a substance and it is believed to be for personal use (UNODC, 2018). The amendment itself was minor but the process of change and especially the debate surrounding the topic of drug policy was of much greater scale. During the two-year debate, media was involved in the debate in a campaign called *My Narkopolacy* ('Us Narco-Poles') (Sołtysiak, 2009). Monthlies, weeklies, and journals were involved in discussing drug policy and alternatives. Over the course of six months, over 160 articles were produced on drug policy by the mass media (Malinowska-Sempruch, 2016). The material varied in what it reflected based on the political spectrum. A right-wing newspaper *Rzeczpospolita*, for example, reported that if 'no one dies of withdrawal then there shouldn't be anything wrong with leaving drug users to deal with their problems on their own' (Bazak & Matyszkowicz, 2009).

Overall, Article 62 remains a target of criticism. Former Minister of Justice, Krzysztof Kwiatkowski, argued that adopted drug laws violate civil liberties (Malinowska-Sempruch, 2016). He criticised amendment 62 for being inefficient at deterring young people from drug use. In addition, he also commented that the law criminalises young people and subsequently destroys their lives. According to him - these laws were a distraction for the police from pursuing serious criminals. Similarly, in 2012, former President Aleksander Kwasniewski acknowledged the inefficiency of laws and expressed that 'such a policy failure should not be repeated anywhere else in the world' (Kwasniewski, 2012). The following section will now address to counterpart of Polish drug laws regarding novel psychoactive substances.

## *NPS in Poland*

Novel psychoactive substances became legally distributed in Poland from around 2007 (Bujalski et al., 2017). They were predominantly sold through online shops with only forty physical vendors operating in 2008. In the same year, a website called *www.dopalacze.com* was launched offering an entire catalogue of substances, varying from powders, pills, herbal mixtures to crystals (Ibid.). It was the first and biggest franchise selling NPS online. The most popular substances were cathinones, mephedrone and pentedrone (P Jabłoński & Malczewski, 2014a). Since these substances were labelled as bath salts, fertilizers, or incenses they were not required to undergo the same safety standards as other products. In addition, packages included warnings claiming to not be for human consumption. These safety warnings, however, only became present after the first amendment of 2009. Before the initial amendment, packages frequently included information on the chemical content of these substances (Krajewski, 2015). After the amendment of 2009, the substance content rapidly disappeared from the packaging. The Polish media immediately reported on the growing phenomenon in an alarming manner.

The NPS was defined at the time as a substitute drug (alongside two other categories of narcotic drugs and psychotropic substances) using the tools from the Act on Countering Drug Addiction as a

*substance of natural or synthetic origin in any physical condition or product, plant, fungus or a part thereof, containing such substance, used instead of a narcotic drug or psychotropic substance, or for the same purpose as a narcotic drug or psychotropic substance, which production and trading has not been regulated under a separate regulation; the substitute drugs are not subject to the rules of general production safety (Art. 4.1) (Bujalski et al., 2017).*

What can be seen in this definition is an overall lack of emphasis on substance itself but rather on the effect it creates and purpose of use. There were from the start numerous problems with conceptualising and defining NPS. The Act on Countering Drug Addiction included four different definitions of 'psychotropic substance', 'narcotic drug', 'new psychoactive substance', and 'substitute drug.' The confusion arising from the NPS definition was the main issue behind policy development (Bujalski et al., 2017; Krajewski, 2015).

The legislative procedure to counter NPS commenced in 2008 triggered with a decision made by the European Commission stating that benzylpiperazine should be subject to scheduling. During initial statutory drafting, an amendment was made by the MPs to cover another synthetic substance as well as fifteen plants which the legislators regarded as important ingredients of NPS (Krajewski, 2015). Despite their presence, NPS were not considered illicit substances until the amendment of 2009. In 2009, a new law was passed which defined novel psychoactive substances and extended the list of banned substances.

The NPS debate intensified from 2010 through to 2015. In 2010, an additional amendment criminalised some groups of NPS, including mephedrone and synthetic cannabinoids meaning

circulation of NPS was prohibited. The responsibility for control over NPS was given to the Chief Sanitary Inspector who was allowed to withdraw any potentially hazardous product for up to eighteen months. As a result, in 2010, over 1300 physical NPS vendors were closed down (Bujalski et al., 2017). Twelve thousand NPS samples were also seized for inspection. Following the amendment of 2010, many of the online shops also moved to Dutch and Czech servers (P Jabłoński & Malczewski, 2014b). The amendment of 2011 then further added additional 23 substances to the list of controlled substances. Bujalski and colleagues (2017) deem these legislative amendments unsuccessful in disrupting online sale of NPS. Purchasing NPS was always made discrete and easy. Bank cards, for example, weren't necessary to complete the transaction as it was possible to finalise the transaction at the post office with a payment form. The mixture of purchasing convenience and continuous legal ambivalence made sale disruption challenging. Statistics indicate that in 2011, the NPS market began to recover as the number of NPS seizures increased on the Polish borders. The border force seized three kilograms of mephedrone, half a kilogram of MDVP, one kilogram of 4-MMC, and over 110 grams of synthetic cannabinoids that year (Bujalski et al., 2017). In addition, in 2015 there were still 224 physical vendors operating in Poland.

Continuous flooding of NPS on to the market and rising health concerns led to additional amendments. The amendment of 2015 modified the previous definition of a novel psychoactive substance and introduced the term 'novel psychoactive substance' to the law. A novel psychoactive substance was from that point defined as:

*A substance of natural or synthetic origin in any physical condition affecting the central nervous system*  
(Bujalski et al., 2017)

As will be demonstrated, such definition is similar to the one used by the British law. The amendment also included over 100 new NPS supplemented in the annex. The Minister of Health was also given powers to create a list of NPS in a form of regulation and therefore reaction to NPS market developed rapidly (Krajewski, 2015). Since then the annex further expanded to now include over 423 scheduled substances.

## § 2.4 Socio-historical overview of drug policy in the United Kingdom

The following content provides a socio-historical overview of British drug policy. There were three main recent phases in British drug policy in the last 40 years (MacGregor, 2018). The first phase is considered to be the harm reduction stage which lasted from the 1980s to mid 1990s as a result of growing anxieties over drug related diseases. What followed is the drugs-crime agenda phase (1997-2010) during which petty acquisitive crime was linked to drug use, and treatment services were seen as one of the solutions by the government. Finally, the inception of the recovery phase can be seen from 2010 onwards with the election of the liberal-conservative government.

### *Historical Background*

Although the introduction describes only three recent stages of British drug policies, there were much earlier attempts at regulating use and trade of illicit substances in the United Kingdom. Drug policy in the United Kingdom seems to be - in contrast to Poland - much more historical. Some of the earliest attempts go back to the nineteenth century and the Pharmacy Act of 1868 which gave exclusive right for opium trade to some pharmacies only (Davenport-Hines, 2002). The Defence of the Realm Act 1914 was a further attempt at controlling illicit substances in Britain. In order to protect the war effort, the law made possession of cocaine and opium illegal (Ibid.). The 1920s then saw the inception of the Dangerous Drugs Act 1920 which officially criminalised the possession of heroin and cocaine. The drug debate more or less stabilised from that point and only reactivated from approximately late 1950s. During that decade, hedonism and consumerism were beginning to break through and challenged puritanical, industrial, capitalist values. Cannabis and psychedelics, such as LSD were beginning to be more prevalent in Britain. Jock Young (1971) discusses how the increased prevalence of these substances challenged moral boundaries leading to excessive media coverage and a feeling that something 'must be done' about growing drug use. As one of the responses to problematic drug use, for example, the government amended the Dangerous Drugs Act in 1964 and introduced mandatory licenses for heroin prescriptions in order to better control the prescription of heroin by British doctors (Stevens, 2017).

It must be acknowledged, however, that during the 1960s, drug prevalence in Britain was still relatively low with 'bohemians' in some areas of London making up the key cohort of drug users (Seddon et al., 2012; Shiner, 2009). Problematic drug use began to appear in the late 1970s due to illegal importation of opiates from Pakistan, Iran, and Afghanistan (Seddon et al., 2012). The aforementioned could also indicate why the 1970s created a context for a major legislative change in the form of the Misuses of Drugs Act (MDA, 1971) which originally came out of the Wootton Commission of 1967. Section two of the 1971 Act created a distinguishable class system of ABC with substances assigned to categories accordingly with their capacity of causing social harm. Under MDA 1971, the government also established an Advisory Council on the Misuse of Drugs (ACMD) which makes recommendations on controlled substances.

### *Harm Reduction (1980s to 1990s) & Drugs Crime Agenda (1990s – 2010)*

The 1980s were a period of changing socio-economic conditions with focus on deindustrialisation, deregulation and privatisation. These social processes led to unemployment, poverty, and increased drug use (Buchanan, 2006; Walsh et al., 2010). Notably, there was a spike in heroin consumption across Britain as well as increased prevalence of HIV amongst people who use it (Buchanan and Young, 2000). Many researchers argue that these pandemics clustered in poor areas, formed a relation with anti-social behaviour, and had an overall negative impact on many British communities (O’Gorman et al., 2016; Walsh et al., 2010; MacGregor, 2018).

During the 1990s, there was a substantial growth of managerialism, expansion of ICT, performance tracking, emphasis on outcome and targets, auditing as well as practice evaluation amongst drug agencies (MacGregor, 2018). Community perceptions were also becoming a measure of progress. A prime reflection of managerialism in this context are the Drug Action Teams responsible for coordination of local programmes on drug misuse and alcohol. In many ways the changes in the 1990s resemble phenomenon described by Beck (1992) as ‘risk society’ where the governing body individualises and uses risk arising from prudential choices to govern. Numerous statutes introduced during the 1990s demonstrate a further shift towards criminalisation of drugs and drug users. The Crime and Disorder Act of 1991 and 1998 allowed courts to attach a requirement to undergo a drug treatment to a sentence. The Criminal Justice and Public Order Act 1994 introduced mandatory drug testing of prisoners and was successful in highlighting the problems of drug addiction in British prisons (Stevens, 2010). In the same year, Tony Blair published a report along with the Greater Manchester Police, disseminating a view that half of all property crime is committed by heroin users (Seddon et al., 2012). Drugs from that point became the centre piece of criminal justice policy as legislators were led to believe that a reduction in problematic drug use might lead to an overall crime reduction.

### *British drug policy in the 2000s*

The early 2000s saw a continuation of that criminalisation trend. The Criminal Justice Act 2003 created new restrictions on bail and implemented twelve additional requirements which can be attached to a basic community sentence (Seddon et al., 2012). The introduction of the statute also increased the maximum punishment for a possession of a class C substance from five to fourteen years of imprisonment. The Drugs Act 2005 and the ‘Tough Choices’ initiative granted police forces more powers to test arrestees for drugs and require from those found positive to undergo assessment for drug problems (Seddon et al., 2012). The government also launched the Drug Interventions Programme in 2003 in order to integrate criminal justice bodies working with people addicted to drugs. This then allowed for exchange of information, as well as cooperation in treatment and aftercare of people addicted to drugs (MacGregor, 2018). The Integrated Drug Treatment System (IDIS) was also introduced in some prisons in 2006 in order to better integrate drug treatment, especially opioid substitution therapy, into sentences. New Labour further created the 2008 Drug Strategy with focus on

families and communities to facilitate new approaches to social reintegration and drug treatment (MacGregor, 2018).

Later years also saw a revival of the recovery debate between the supporters of abstinence and harm reduction (Stevens, 2017). In advance of the general elections in 2010, Ian Duncan Smith and Chris Grayling began advocating for a shift from methadone maintenance to abstinence programmes (Duke, 2013). After the election, the liberal-conservative government began to emphasise recovery and dismantle structures of the previous administration. The recovery emphasis is well reflected in the title of the report: *Reducing demand, restricting supply, building recovery: supporting people to live a drug free life* (MacGregor, 2018). Limitations on social assistance if individuals failed to comply with addressing their alcohol and drug dependency were also beginning to appear (MacGregor, 2018). The National Treatment Agency (NTA) and Drug Intervention Programme established under the Labour party were abolished and their functions were amalgamated into new national and local public health services, such as Health and Wellbeing Boards. These health providers lacked standardisations and led to overall fragmentation of drug services. This was part of the wider project on increasing localism, austerities, and responsibilities which could have also aimed to discourage people from entering services (Ashton, 2016). House of Commons Select Committee on Health (2016) demonstrated a gap between the NHS, public health, and Health and Wellbeing Boards and highlight challenges over provision of safe and high-quality drug related services (Health Committee, 2016).

### *Evidence-based policy and the precautionary principle*

The cannabis debate also peaked in the early 2000s proceeding reclassification of cannabis from a class B to a class C substance in 2004 by the then Home Secretary David Blunkett. The reclassification to class C followed reports published by the Police Foundation (2000) and the Home Affairs Select Committee (2002), as well as the Lambeth Experiment where the Metropolitan Police Commander, Brian Paddick, told his officers to stop arresting people for possession of small amounts of cannabis. Paddick had done so in order to shift resources to other more pressing areas of crime (Paddick, 2017). Overall, this change has been used as one of the prime examples of evidence-based policy and Blunkett was the champion of advocating for this sort of an approach. The relationship of evidence and policy is nevertheless a lot more complicated (Monaghan, 2011). In many ways this context falls in line with how Merton (1957) describes the relationship of intellectuals and policy makers as a 'brutish, short honeymoon' or Caplan (1979) who describes the relationship of evidence and policy as 'fragile.' After reclassification of cannabis to class C, there was a period of concern over a possible link between cannabis smoking and mental health issues (Seddon et al., 2012; Arseneault et al., 2004; Henquet et al., 2004). These findings were disseminated by the media and captured the attention of the Home Secretary at the time, Charles Clarke, who announced that in light of these reports, reclassification would be reviewed (Seddon et al., 2012). Advisory Council on the Misuse of Drugs (ACMD) (2008) published a contradictory review of evidence concluding that reclassification should remain. The report detailed risks associated with

cannabis use and concluded that these risks are only likely to affect a small group of people. Against the advice of the ACMD, the decision was reversed and cannabis was reclassified to a class B.

Stevens (2011) argues that due to the information overload as well as inconclusiveness of information, civil servants often use evidence to create persuasive policy stories. Evidence-based policy can also be understood as a narrative (Hajer, 1995). Policymakers spend a lot of time on ensuring the coherence of evidence as well as removal of uncertain evidence (Sanderson, 2004) and on the creation of 'killer charts' which aid with 'selling policy.' If the evidence conflicts with the aims of the government – in this case it is the desire to appear tough – the policy makers often create an impression of action and continue with the status quo. Here Stevens & Measham (2014) also build on the ideas of Mathiesen (2004) who calls the process of responding to the evidence presenting an alternative vision of reality – in name only – as absorption. They argue that in the first decade of the 21<sup>st</sup> Century, the policymakers were presented with evidence arguing for different treatment of cannabis, MDMA, and Khat by the independent experts. The evidence is however, still ignored and politicians ignore their own pledges to remain 'evidence-based.'

As shown in the case study by Monaghan et al. (2012) the government is also likely to side-step from the evidence for the sake of the precautionary principle. According to the precautionary principle, if the consequences are unclear, it is better to ban the substance than wait till the harms become apparent (Nutt, 2010). In 2009, the ACMD published a report arguing that MDMA was not as harmful (in terms of mortality rates, toxicology, and associated harms) as other substances found in the class A and recommended that it should be downgraded (ACMD, 2009; Nutt et al., 2010). Nutt (2009) famously argued that MDMA is no more dangerous than horse riding. The arguments were nevertheless dismissed by the Home Secretary, Jacqui Smith, who argued that these claims trivialise the dangers associated with MDMA (BBC, 2009).

This is where Nutt (2010) argues for harm of the precautionary principle. Firstly, outlawing drugs with the use of the claim that they may bring harm is impossible to refute. This in itself is a powerful device in policy and politics. Secondly, these claims – in Nutt's view – distort the message of the drug classification system since the substances which are not equal in harm are all placed in the same category. As will show in relation to cannabis – this could have paradoxically acted as one of the mechanisms behind the reclassification to class C in 2004. Monaghan and colleagues then contrast the treatment of MDMA with tobacco and its unique place in commerce. They show that tobacco managed to preserve a legal status thanks to tobacco lobbying groups who, for example, attacked the relation of the dangers associated with second hand smoking (Tong & Glantz, 2007) and disputing claims that smoking can be associated with numerous diseases (Stolley, 1991). Overall, lobbyists argued that the relation of smoking with harms is more complex than shown by research. The WHO (2005) benchmark is based on precaution and on incomplete evidence, but still advocates conclusively in a smoke free direction to protect lives. In their conclusion, Monaghan and colleagues thus argue that the precautionary principle does not always have to be a barrier to evidence-based policy. The core principle of the precautionary principle is that the policymakers should not wait too long for the

evidence to back a certain approach. As will be shown in the following section, these elements are visible in relation to the British responses to NPS.

### *Regulating NPS in Britain*

The beginnings of problems associated with NPS as well as initial policy responses in Britain are similar to Poland. Increased availability of new substances on the British market, including synthetic cathinone and synthetic cannabinoid receptor agonists (SCRAs) led to growing anxieties. The pioneering and most prevalent NPS in Britain until 2010 was mephedrone. Similarly, to the Polish context, media began reporting on possible mephedrone related deaths and called for banning of the substance. After a controversial debate, the ACMD recommended in 2010 that mephedrone should be placed in class B (Stevens, 2017).

What made NPS particularly problematic is the inability to schedule the substances in the traditional way due to the lack of knowledge on new substances and the length of time it takes to ban them. The main difference between NPS and classic psychoactive substances, such as heroin, cocaine, LSD, and amphetamines are the scope of evidence (Krajewski, 2015). When the decisions over legality of a NPS is made, legislators possess only a small scope of evidence and suppose that there must be some risk (individual and social) leading to criminalisation for the sake of precaution. David Nutt (2010) in the context of NPS argues that the precautionary principle might in itself be more problematic as it leads to backfire effects, including violation of personal freedoms, distorted sense of moralism, displacement of use to other substances, and other social harms. The banning of NPS could also lower the harms associated with use but simultaneously produce the harms associated with criminalisation (Costa, 2008; D. J. Nutt et al., 2008). Sunstein (2003) for instance criticised the precautionary principle where he thinks that it promotes a simulations action and inaction. Others (Stevens & Measham, 2014) also argued that the precautionary principle in this context forms a close relationship with the narratives of 'tough of crime' and 'remaining evidence-based' whilst ignoring the potential side effects of overcontrol like displacement.

The initial scheduling of mephedrone in 2010 did not solve the NPS problem and new substances continued to flood the market. The government responded with creation of the Temporary Class Drug Order (TCDO) introduced in 2011. The aim of TCDO was to speed up the process of creating legal restrictions on new psychoactive substances. The TCDO was, however, found inefficient as once the substances were banned, new ones were simply developed to take their place (Stevens et al., 2015) and chemists changed the chemical formulas of existing ones to avoid the law (Measham et al., 2010). In 2014, the New Psychoactive Substances Expert Panel recommended the existing framework created by the Irish Act of 2010 to counter the problem of NPS. The Irish criminal justice system adopted a blanket ban on all substances apart from the ones exempt from ban, such as alcohol, tobacco, medicine and various foods (Stevens, 2017). There was nevertheless no evaluation into the effectiveness of the Irish model resulting in a British bill based on hopes rather than logic and scientific evidence (Chatwin

et al., 2018). Overall, the legislative response in the form of the Psychoactive Substances Bill was deemed rushed (Home Affairs Committee, 2015, para 20).

The Psychoactive Substances Act (PSA) was enacted in 2016 to monitor and control the prevalence of NPS substances not banned by the Misuse of Drugs Act, with a focus on institutions (headshops) similarly to the Polish model. Some believe that the need for the creation of the Psychoactive Substance Act 2016 is further evidence for the inefficiency of the MDA 1971 to deal with challenges of drugs (MacGregor, 2018). PSA 2016 prohibited: production, supply, possession with intention to supply, offer to supply, and possession in custodial settings and gives the police powers to stop and search persons, vehicles, premises (with a warrant) and seize and destroy psychoactive substances (Chatwin et al., 2017). In contrast to recent legislative changes in Poland, however, it is still not a criminal offence to be found in possession of substances under Psychoactive Substances Act unless in custodial scenarios (Stevens, 2017).

Arguably, one of the major issues with the statute of 2016 is its violation of individual liberties, as well as overreach of the definition. Some (Stevens 2017) criticise the fact that Psychoactive Substances Act 2016 uses a scientifically flawed definition of NPS:

*(a) capable of producing a psychoactive effect in a person who consumes it, and (b) is not an exempt substance. A substance is psychoactive if by stimulating or depressing the person's central nervous system, it affects the person's mental functioning or emotional state.*

Stevens et al. (2015) in their work show that not all of the substances are significantly dangerous as, for example, lavender oil, morning glory seeds, and nitrous oxide. It is also impossible, as pointed out by the ACMD (2011) to tell if the substance is really psychoactive without first testing it on a human (Stevens et al., 2015).

A Home Office report (2018) demonstrates outcome and changes before and after the introduction of the Psychoactive Substance Act 2016. The report draws evidence from qualitative and quantitative studies including national and international surveys such as the CSEW and the Global Drugs Survey. The report firstly demonstrates that 332 retailers closed since the enactment of the PSA. With reference to NPS prevalence, the report indicates a decrease since the introduction of the PSA. This is mostly notably reflected by the reduction in use amongst 16-24-year-olds. This group is however not the key cohort of NPS users and reliance on 16-24-year-olds in this context allows for a partial reflection of NPS prevalence only. Repeat and problematic use of NPS is more prevalent amongst prisoners and socially disadvantaged people, such as the homeless (BBC, 2018; Independent Monitoring Boards, 2018; Ralphs et al., 2017; Stevens & Measham, 2018). Internet shops also operate, even though they have moved their operations outside of the UK, providing a continuing source of NPS. In addition, darknet activity in relation to NPS does not appear to have been disrupted. Qualitative evidence further demonstrates an overall increase in prices and decrease in availability of NPS since inception of PSA.

## Conclusion – Chapter Two

In summary, this chapter demonstrated why comparing Poland and the UK can generate fruitful findings. It was firstly demonstrated how both countries adopted contrasting policy choices in the first decade of the 21<sup>st</sup> Century, and slightly different policy choices in relation to NPS later on. There are numerous reasons for these differences, and numerous reasons indicating why both countries decided to implement changes at the particular points in time. Various mechanisms were described in this chapter, ranging from: socio-cultural contexts, events, new evidence, normative preferences, and political contexts. What was demonstrated in both cases, however, is that change does not come easy and requires various mechanisms to activate in order to enable that change. In addition, it does not seem that policy changes brought about desired results – something that will be explored in more detail throughout this thesis. Section 1.2 also showed how both cases overlap and share in relation to certain characteristics which creates a good degree of variance. Overall, using these two cases, the main analytical body of this thesis tests how pluralist and critical mechanisms described in chapter one activate and deactivate.

## Chapter Three - Research Design and Methods

As demonstrated in the literature review, policy change is complex. The only way to capture the complexity of policy systems is by incorporating different data, and conclusions from different approaches. This is why a mixed-methods design enables a fuller picture of generative mechanisms that are activated and deactivated in specific contexts and interventions in drug policy. It allows the systems to be broken down into their key components, processes, mechanisms, contexts and outcomes and ultimately leads to better understanding of possible real causal mechanisms of stability and change in drug policy (Pawson & Tilley, 2004b). The use of a mixed method design is also advantageous in this context as the use of either one solely would be incapable of sufficiently answering these questions. Quantitative exploration itself would not be sufficiently illuminative as it would predominantly demonstrate trends devoid of explanatory power. In addition, it would also be incapable of exploring many of the underlying real causal mechanism which can only be demonstrated with qualitatively generated data. In the words of Latin (2000: 3) “statistical work addresses questions of propensities, narratives address the questions of processes.”

In order to demonstrate social mechanisms, it is necessary to observe some form of phenomena within the system in which they operate. The quantitative part of this investigation fulfilled this requirement. It provided descriptive information on attitudes, access, and reported use. It was used to examine associations between policy change and variation in drug use trends in either country. Most importantly nevertheless, it was also used to test assumptions made by the stakeholders in the policy setting.

Qualitative elements of this study formed the core of this research and helped to incorporate important political, social, and cultural factors. They relate to possible real causal mechanisms in the development, change or stability of drug policy in both countries. Information obtained from key stakeholders, such as politicians and official bodies, for example, highlighted possible ‘official’ and implied reasons for policy stability of change. Interviews with the police, NGOs, and recovery agencies then helped to understand the differences in policy as stated and policy as implemented (Becklova et al., 2017). Following Stevens and Zampini (2018) and Habermas (1989), a focus was also placed on the relation between all these bodies to test the importance of distributions of power in forming and maintaining drug policy.

### § 3.1 Qualitative Data

This research used two sampling approaches. Purposeful stratified sampling was firstly used in order to identify and select respondents who would be particularly rich in information (Patton, 2002). The key aim of the stratified purposeful sampling strategy is to identify as much variation as possible, as opposed to identifying the common core which may nevertheless emerge later (Patton 2002: 240 in Palinkas et al., 2015). The process firstly included identification of individual and groups who would

be particularly experienced (Bernard, 2002) and knowledgeable (Cresswell & Plano Clark, 2011) on policy and policy environment in both countries. In order to do so, I read broadly about the policy context at the time and made a list of potential interviewees. To create a better picture of the context in which the policy decisions took place (Baum et al., 2014; Clavier & de Leeuw, 2013), I also looked at other sources, such as: newspaper articles, magazine articles, TV interviews, and shorthand reports from the session of the Polish Parliament and Hansard from the House of Commons (HOC). In addition, to further inform my list I consulted my supervisor who was active in the policy setting at the time, as well as a Polish journalist who was a personal contact.

The stratification is seen in how participants were predominantly selected if they belonged to a specific group of interest. These groups included: politicians, senior police officer, academics, NGO workers, and journalists involved in drugs in both countries; the Advisory Council on the Misuse of Drugs (ACMD) in the UK, and the National Bureau for Countering Drug Addiction in Poland. This is where a potential weakness of purposive stratified sampling can be observed since it was uncountably prone to researcher bias. Several steps were, however, taken to minimize that bias. Since drug policy is in many ways ideologically divided and a range of more or less extreme positions exist, a significant emphasis was placed on making sure that all of these are included in the sample. Certain governmental departments, for example, are much more prone to holding abstinence beliefs. Certain NGOs, on the other hand, are more likely to hold values focusing on individual freedom. What became apparent very quickly, however, is that members of the abstinence side were much more difficult to reach – especially in Poland.

Availability of respondents nevertheless also proved to be a very important point of the sampling strategy (Spradley, 1979). It quickly became apparent that many of the potential interviewees were already deceased, retired, or inaccessible. Potential high-profile respondents who were closely associated with policy changes, such as Gordon Brown and the former President of Poland, Aleksander Kwasniewski did not want to be interviewed. Some respondents in Poland were also hesitant, for a variety of reasons including the current political climate, and also did not want to be interviewed. Snowballing sampling was therefore used to increase the sample, and to learn of new potential respondents. Sometimes potential interviewees knew each other and were willing to share each other's contact details after the interviews. In addition, this is where the cultural dimension to 'accesses' also became apparent. Arranging interviews only really became possible in Poland after getting recommendations of participants who were willing to tell other potential interviewees about my research and 'approve' of me. This seemed to be a bigger element in Poland. Potential interviewees on the British side seemed much more likely to respond after they learnt that I am conducting a PhD project, and I have already spoken with some high-profile respondents. In both countries, I also connected with relevant stakeholders by attending conferences to increase the scope of potential interviewees, and sometimes asked if they can put me in touch with others. It is nevertheless worth acknowledging that snowball sampling does not allow for a representative sample as it does not include units based on random selection – in contrast to, for example, probability sampling.

Overall, 32 in-depth interviews were conducted with relevant stakeholders: 18 in Poland and 15 in the UK. Four additional interviews were also repeated in Poland to clarify certain questions which emerged during the course of data analysis. The initial aim was to use a semi-structured format since these allow to maximization of the relevant information to be gathered from interviewees who are likely to be short of time (Babbie & Mouton, 2002). Their structure also makes it more difficult for an 'elite' interviewee to use an interview as an opportunity to produce and disseminate narrative which favors them and their political ethos (Berg, 2001). However, it quickly became apparent that respondents enjoyed talking about the subject and so it became more convenient to simply allow them to tell the 'full story' in an in-depth format. As a bilingual Polish/English speaker, I conducted interviews in both languages (for detailed description of respondents see table seven). The sample was significantly dominated with male respondents. Attempts were made to include a variety of opinions and voices and to include opinions from other genders – especially women, however, as drug policy is still predominantly male dominated it proved to be difficult. It is also worth noting that one of my interviewees is my PhD Supervisor (Alex Stevens). There was potential for some conflict of interest here since Alex was technically in a position to influence my data in a way that he thought would be important for my project. However, it was decided that since he was in a senior position in drug policy as a member of the ACMD, it would be very beneficial for my sample to include him. In addition, I tried to be cautious and reflective of his claims when analyzing the data.

A set of 38 questions was prepared focusing on potential reasons for policy change (see appendix three). It was informed with the theoretical framework and split into themes: socio-economic, legal, geo-political, power, morality, and structuralism. Not all questions were asked, and usually the interview schedule was adjusted depending on the interviewee type. It was anticipated that some of the interviewees will not be as informed in certain areas as, for example, geo-political questions. A benefit of the doubt was, however, given to every respondent. Sometimes I simply asked: "can you think of any geo-political factors that could have contributed to the policy change, as for example ...?" and if the interviewee seemed knowledgeable enough, I would then present them with more specific questions. I would also sometimes seek advice from my supervisors on whether they think that I should ask some interviewees more specific questions and adopt a particular approach of an interview.

On top of the interviews, I also did some supplementary analysis of media and reports from the session of the Polish Parliament and Hansard from the HOC. The study of media and politics are linked, and these sources are of high importance in this context as they are reflective of the dominant discourses at the time. These are in turn indicative of the power structures. Secondly, there was also a practical element to studying media and Parliamentary reports. Some of the potential interviewees who didn't want to be interview, were already interviewed by mass media and so I was able to trace their opinions and perspectives as reflected in the media. Overall, I managed to find roughly thirty relevant media and parliamentary sources that I used throughout this thesis. I found these sources through a systematic search of Google and the University of Kent library. I started by using general terms like "media" and "policy change," but then became more specific. In the second stage, I focused on the

names of specific newspapers, magazines, TV channels, and specific policy contexts for both countries (e.g., “Rzeczpospolita” AND “dopalacze” or “The Guardian” AND “NPS/legal highs”). I then did the same thing for the key stakeholders and organizations (e.g., “David Blunkett” AND “Cannabis reclassification” or “CSJ/Centre for Social Justice” AND “NPS/legal highs/drugs”). The search also looked for reports from the session of the Polish Parliament and Hansard with the exception that it focused more on the names of politicians.

As this investigation generated data with the use of human participants, a number of ethical considerations had to be addressed before the investigation took place. The participants of interviews did not fall into the ‘vulnerable’ category in the classical meaning. They are predominantly established officials and stakeholders and therefore precautions, such as ensuring sensitivity of questions, although still taken into consideration, were not be the prime focus. If controversial information was obtained then any data leak was capable of damaging their careers, or in the case of Poland (due to the current political climate) other repercussions. Participants were therefore asked if they wish to remain anonymous before the interviews took place. If participants consented for interviews to be recorded, then a number of steps were taken in order to protect them. Participants were presented with a consent form (see appendix four) and information sheet (see appendix five) on the project. If they wished to withdraw after the interview takes place, then they were given information on how to do so. Other steps were also taken to insure data protection. Firstly, after transcription took place, the voice recordings were destroyed. Transcriptions, on the other hand, were held on a password protected computer, and not a memory drive. Some of the participants decided that they would rather remain anonymous and so their names were not used at any stage of this thesis. It was nevertheless desirable to use the real names of many participants as many of them were the key actors in these policy developments and it is important to know how they are.

### *Qualitative Data Analysis*

Interviews were firstly transcribed using MS word. The Polish data was more time consuming as it had to be simultaneously translated into English. Semantics proved to be an important part, and I therefore sometimes took time to reflect and make sure that the words and sentences have the intended meaning after translation. The data was then coded using NVivo 12. The codes came from the theoretical framework where key elements of different theories were used as nodes. The MS theory, for example, had three core components (its streams) which then had sub-elements in each one (for example policy entrepreneur, and ‘softening up’ in the policy stream). The same level of coding was done for key theories of interest: ACF, and PC. There were also a number of more generic codes which didn’t necessary apply to a single theory, such as: use of evidence, use of capital, manipulation, and conservatism. The data was then split depending on whether it fit in with the context from 2000, 2004, 2009 or in relation to the NPS context from both countries. Finally, theoretical notes were also taken throughout the processes of transcription and coding, and these then made up the core of many

arguments. The same was done for data from newspapers/magazines and session of the Polish Parliament and Hansard from the HOC.

**Table 7: Interviewees for Poland and the UK, their area of expertise, description, and gender**

Poland (N = 18)			
Name	Respondent Type	Description	Sex
Adam Rapacki	Police	A former Police Commander who established first specialized units for countering drug related organized crime in Poland.	M
Agnieszka Sieniawska	NGO worker	Head of the Polish Drug Policy Network - a liberal NGO with an aim of reforming Polish drug policy.	F
Magdalena <i>Anonymized</i>	NGO worker	Drug policy consultant for Open Society Foundation in Poland.	F
Grzegorz Wodowski	NGO worker	Head of the MONAR cell in Krakow. Expert in addiction and harm reduction.	M
Jolanta Koczurowska	NGO worker	Head of the MONAR cell in Gdańsk. Former head of MONAR from 2002 - 2017 and founder of many therapeutic programs.	F
Mateusz Liwski	NGO worker	Member of the 'Return from A' group and an expert in addiction.	M
Piotr Kładoczny	NGO worker	Deputy President of the board at Helsinki Foundation for Human Rights - a liberal organization set up for promotion of respect for freedom and human rights.	M
<i>Anonymized</i>	NGO worker	A MONAR junior recovery worker.	M
Artur Malczewski	Govt. official	Deputy spokesman for the Reitox Focal Point EMCDDA. Polish representative at the Horizontal Working Party on Drugs in Brussels. Working for the NBDP.	M
Barbara Labuda	Politician	A former minister in the Chancellery of President Aleksander Kwaśniewski. Involved in drug prevention programs since the 1990s. Closely associated by many as a driving mechanism of the Polish policy change of 2000.	F
Marek Balicki	Politician	Former Minister of Health and a strong support of decriminalization of small quantity of drugs in Poland.	M
<i>Anonymized</i>	Govt. official	A head of a department dealing with NPS in Poland.	M
Piotr Jablonski	Govt. official	Head of the National Bureau for Drug Prevention (NBDP)	M
Janusz Sieroslawski	Researcher	Researcher at the Institute of Psychiatry and Neurology in Poland and a lead ESPAD researcher for Poland.	M
Dawid Krawczyk	Journalist	Journalist for a left-wing quarterly <i>Political Critique</i> with an interest in drug policy.	M
<i>Anonymized</i>	Journalist	Former journalist for <i>Gazeta Wyborcza</i> with an interest in drug policy.	M
Mateusz Klinowski	Journalist	Publicist, former mayor of Wadowice, and a vocal critic of current Polish drug policy.	M
Krzysztof Krajewski	Lecturer	Professor of Law and Criminology at the Jagiellonian University. Involved in trying to reform Polish drug policy. Member of the Polish Drug Policy Network.	M

## UK (N = 15)

Brian Paddick	Police		A British politician and a former Deputy Assistant Commissioner to London Metropolitan Police. Responsible for the Lambeth experiment.	M
Danny Kushlick	NGO worker		A political activist and a founder of the Transform Drug Policy Foundation (Transform).	M
Jeremy Sare	NGO worker		A freelance journalist, government consultant, and a former secretary to the ACMD. Also worked at the Angelus Foundation (AF) with Maryon Stewart.	M
Niamh Eastwood	NGO worker		Executive Director to Release charity providing free, specialist advice and information to public and professionals on issues relating to drugs.	F
Sebastian Saville	NGO worker		Former Chief Executive of Release.	M
Roger Howard	NGO worker		Former Chief Executive of the UK Drug Policy Commission; former director of Education and Training Services at Nacro; former member of the ACMD.	M
David Blunkett	Politician		Former Home Secretary who reclassified cannabis from a class B to C in 2004.	M
Norman Baker	Politician		Former Drugs Minister under the coalition government.	M
Mike Trace	Drug Czar		Former British deputy drug coordinator; former chair of the EMCDDA and a current NGI chief executive.	M
Molly Meacher	HOL		Chair on the UK All-Party Parliamentary Group for Drug Policy Reform which recommends drug decriminalization.	F
Rudi Fortson	Barrister		An independent barrister with an interest in drug policy. Contributed to the Runciman report.	M
Mike Hough	Lecturer/senior advisor	govt.	Professor of Criminology and a former head of research at the Home Office.	M
Keith Humphreys	Lecturer/senior advisor	govt.	American psychologist and a former Senior Policy Adviser at the White House Office of National Drug Control Policy. Was also involved in informing British drug policy during the coalition government.	M
Alex Stevens	ACMD		Professor of Criminal Justice and a former member of the ACMD.	M
Robin Murray	Lecturer		Professor of Psychiatric Research. His research focuses on finding causes of schizophrenia and bipolar disorder.	M

### § 3.2 Quantitative Data

The quantitative data came from a number of different sources, and it was treated as the most adequate picture of the 'real' to which policy makers had access to. As noted by Dixon & Poteliakhoff (2012), a large proportion of data used in CPAs experience problems with misuse of variables and accuracy. Drug policy as a whole faces challenges when it comes to data reliability. Kilmer et al. (2015) describe how methodological differences undermine comparative studies on prevalence. They specify that prevalence itself is a poor measurement of drug problems and more adequate measures of harm, such as mortality and drug-related crime are generated by institutions which differ in their approach. The best metric is nevertheless dependent on the objectives of the research question. Burns et al. (2013) show that focusing on days of use rather than prevalence can skew the results and different results can be noted when focusing on light and heavy users. They argue that focusing on prevalence rather than 'use' (the number of individuals who used in a specific period of time) makes results more reliable. They also, however, argue that focusing on quantity used may be even more insightful than prevalence.

McAuley & Millar (2017) also point out that comparing data is difficult due to differences in definitions, toxicology as well as coroner processes and delays in reporting. The intensity of enforcement will be different in different contexts resulting in arrest and incarceration data that can be difficult to compare. MacCoun & Reuter (2001) in their study also note that wording and differences with respect to language and sampling create biases which may influence the final inferences. Directly in relation to their study – the difference in cannabis prevalence across the cross-national studies may not be reflective of cannabis policy. The data often only allows for weak causal inferences and correlations may be spurious.

Population level trends in drug use were taken from national surveys. Person-level information is available for adults in the Crime Survey for England and Wales from the UK Data Archive, including information on both cannabis and NPS. CSEW is robust and representative data with 40,000 households being used every year. A Polish equivalent of CSEW does not exist, but it was possible to use police recorded data on drugs as well as epidemiological data from the Centre for Information on Narcotics and Drug Addiction (CINN KBPN). In order to obtain some supplementary results, I extracted information from eleven reports from KBPN. Some police recorded data was also used in the methodology section to draw a clear contrast of implementation in drug policies in both countries. The European School Survey on Alcohol and other Drugs (ESPAD) then enabled examination of the factors associated with adolescent cannabis use. It focuses on adolescents (15 – 16-year-olds) and covers Poland and the UK. In addition, both sets are representative of adolescents as they use cluster sample designs from school classes. A special permission was obtained in order to use raw data from ESPAD. ESPAD data sets covers years: 1994, 1999, 2003, 2007, 2011, and 2015 for Poland and 1995, 1999, 2003, 2007, 2011 for the UK (the 2015 set is missing as UK decided to drop out by that point).

**Table 8:** *Sample size for both countries across ESPAD years*

Year	1995	1999	2003	2007	2011	2015
Poland	7,357	3,269	5,842	2,120	5,934	11,822
UK	7,675	2,624	2,003	2,179	1,712	n/a

ESPAD reports demonstrate that the Polish sample is of relatively good quality. Sample sizes for both countries can be seen in table eight above. The Polish sample for year 1995 was described as “accurate and representative.” Inconsistent answering is only seen in relation to alcohol, tranquilizers and sedatives but low for other drugs. The sample from 1999 seems to be much more problematic since only result tables were provided for that year and there was no way of checking their reliability and validity. ESPAD report nevertheless concludes that the good quality of the data from year 1995 allows to believe that the 1999 study resulted in data of similar quality. The sample from 2003 was also deemed as good quality, with the only weakness being the missing information about the number of un-answered questions. Finally, the data sets from 2007, 2011 and 2015 were also judged to be of sound quality. The set for 2011 was, for example, judged as better than ESPAD average for validity measures and rate of inconsistencies amongst some types of use.

Similar conclusions were reached in relation to the British ESPAD data. The 1995 set, for example, is of generally good quality and only has high missing data for alcohol. There were also some inconsistencies in relation to measuring lifetime prevalence of drug use (highest for amphetamine and inhalants). The data from 1999 was also deemed good and none of the reliability and validity measures indicate many major methodological problems in the UK data collection. The sample size is, however, smaller since one out of four schools refused to participate. This was also the case for the 2003 sample when only 77 schools agreed to participate. The data for that year was nevertheless also of reasonable quality and rates of inconsistent answers for questions about lifetime, last 12 months and last 30 days were low for all drugs. Similar observations were made in relation to the UK samples from 2007 and 2011.

ESPAD data nevertheless has other limitations in the given context. For instance, not all of the questions were asked in all of the samples. Questions for the age of onset which would have been really valuable to contrast with opinions of the Polish respondents in the 1990s (many at the time claimed that increasingly younger people were taking drugs) and are only available from 2007. This makes comparability of certain variables difficult and ultimately led to dropping of some planned statistical operations. Another limitation is the fact that ESPAD lacks questions on the socio-economic background of respondents. Perceived opinions of parents on harmfulness of substances are also only available from 2007. Finally, the problem with using an adolescent survey such as ESPAD is that it does not show a lot about the use of harder drugs, like heroin or cocaine since their use tends to start in late teens and early 20s (Kilmer et al., 2015). There are variations in propensity to honestly reporting use depending on the cultural context and how stigmatized substance use is (ibid.)

The data was analysed using SPSS 26. It was firstly weighted using ESPDA scale which was attached as part of the data set. The data was predominantly used for descriptive purposes and to demonstrate changes in use, perceived accessibility, and other opinions on drugs. The set was firstly split into two sets for both countries. Using crosstab option, different variables were then presented together, for example drug use and risks associated with trying different for every ESPDA year. Some variables were also recoded to make them easier to interpret, as can be seen in drug use (three instead of five categories of use) or access to substances (three instead of five categories of difficulty). It was anticipated at the start that more could have been achieved using the ESPAD data, a factor analysis was attempted to try and extract best predictors of use which could have been then contrasted with political claims, but it quickly became apparent that utility of including these operations is limited in contrast to much richer qualitative data.

### *Process tracing*

Process tracing was used in this investigation to test theoretical propositions and to generate new ones from observations. It is a methodological device suited for explaining phenomena where multiple factors interact to create an effect (Hall, 2013). It aims to identify intervening causal processes, and causal mechanisms (Wendt, 1999). It uses observations within specific cases but these observations are then linked in a particular way to constitute an explanation of the case (George & Bennett, 2005). Process tracing also reduces the problem of indeterminacy by showing in what ways the intervening variables can be connected with the causal process. In this respect process tracing can also be a good tool for demonstrating if the investigated phenomenon is characterised by equifinality with different causal paths leading to the same outcomes (ibid. 212). Path dependence can in turn be effective at using a sequence of events to demonstrate how some paths are closed and the outcome is thus steered in the other direction. One nevertheless must be careful here since it does not always mean that certain outcomes are excluded once and for all by the earlier branching out. Some outcomes, for example, are only less likely at the certain stages, but their probability may still increase later depending on the subsequent branching (ibid. 213). In addition, researchers also ought to remain cautious since path dependency at early points do not automatically determine the outcome.

There are four key variants of process tracing which focus either on: providing a detailed narrative; analytical explanation; more general explanation, and process tracing which adopts hypotheses and generalisations (George and Bennet, 2005). The first variant focuses on providing a chronicle which explains how an event came about. An example of a detailed narrative process tracing includes historical chronicles. The second type is analytical explanation which transfers the historical narrative into an explicit theoretical form. The third type includes a more general explanation which simply does not focus on as much detail, and this may be because there isn't sufficient data or theory to provide a detailed enough explanation. Finally, there is process tracing which uses explicit causal hypotheses as part of the narrative. It can then be decided to what extent these hypotheses provide an

adequate explanation and weaken the alternative hypothesis using four tests (straw in the wind test, the hoop test, smoking gun test, and doubly decisive test.)

This thesis adopted a hybrid of type one, two and to some degree – type three. Every chapter of this thesis starts by summarising the most relevant mechanisms derived from the pluralist and critical theories. As demonstrated in the theoretical framework, some of the theories have explicit hypotheses (e.g., ACF) and other theories (e.g., PC, and MS) are not explicitly stated and had to be derived from key and sub-elements. These are then tested as part of the narrative derived from the qualitative sources. However, instead of testing propositions and concluding in absolute terms which is better, this thesis tests the ability of propositions in explaining a particular context and only in conclusion it contrasts propositions against each other. Overall, the approach taken here can be referred to as soft process tracing.

Even though it is considered a robust tool, process tracing does not come without limitations. Process tracing is arguably most effective when demonstrating a causal pathway which links the causes with the observable effects and, as noted by George and Bennet (2005), the value of the pathway will be weakened if evidence relating to a certain step in the pathway is unobtainable. In this relation it is worth noting that sometimes not all data will be available and process tracing will only be able to reach certain conclusions.

## Chapter Four - Quantitative Analysis in both countries

The chapter provides some quantitative reflections surrounding drug use and public perceptions which were then cross-referenced in the rest of this thesis. The data gathered here falls in the empirical domain of critical realism. The objective therefore is not to treat this data as a reality, but as the most accurate available empirical account of actual phenomena. This chapter draws predominantly on the primary data obtained and analysed from ESPAD, but it also includes sources from the NBDP, CSEW, and the Houses of Parliament. As will be demonstrated some of these mimic ESPAD (e.g., ask about lifetime, yearly, and 30-day use) making them more comparable. Section one of this chapter will focus on Poland and section two will then look at the United Kingdom. Quantitative findings are applied, where most appropriate, to the contexts from pre-amendment 62 as well as post amendment 62 in Poland, both cannabis reclassifications in Britain, and NPS contexts in both.

### § 4.1 Poland

**Table 9:** *Gender across ESPAD years for Poland*

	1995	1999	2003	2007	2011	2015
Male	3591	1532	2842	988	2839	5658
Female	3766	1737	3000	1132	3095	6146

#### 4.1.1 Pre-amendment 62 – the context in the 1990s

ESPAD data for 1995 shows that roughly six years after the collapse of the Iron Curtain, reported overall drug use among 15-to-16-year-olds was nearly on par with the European average for all substances. The use of hashish and cannabis, however, was reported by 10% of respondents in Poland – falling below the European average (12%). The use of inhalants was equal to the European average (9%) and the use of drugs other than cannabis was likewise equal to the average (4%). Poland scored higher in relation to use of unprescribed tranquilizers and sedatives (18%) compared to the European average of 8%.

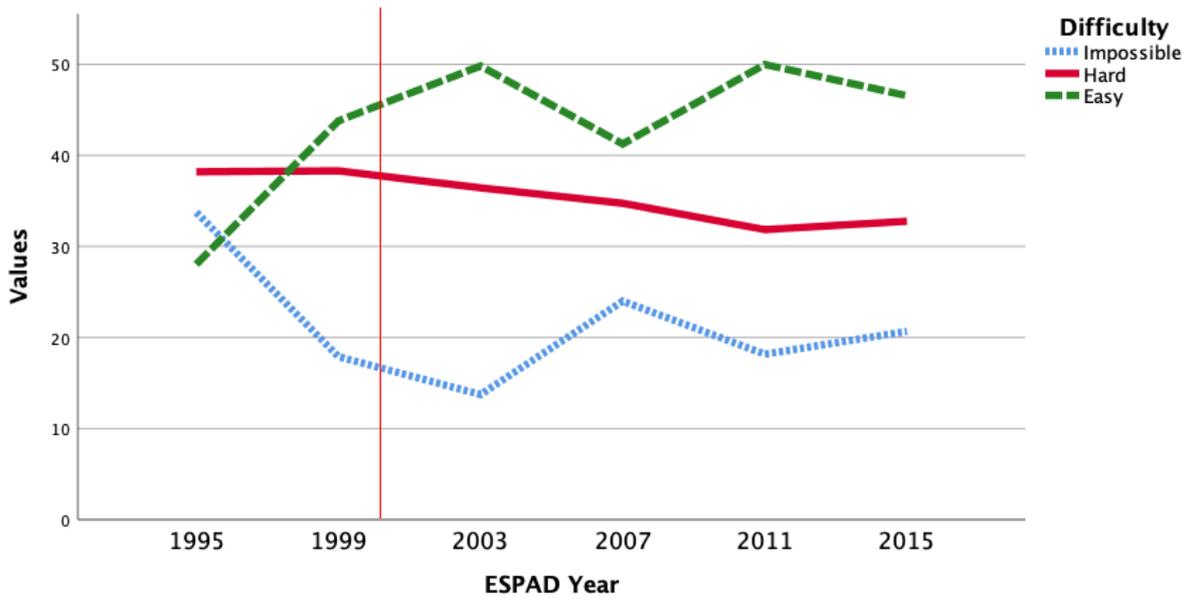
**Table 10:** Lifetime drug use for ESPAD year 1995 and 1999

	<b>Amph.</b>	<b>LSD</b>	<b>Crack</b>	<b>Cocaine</b>	<b>Ecst.</b>	<b>Her.</b>	<b>Heroin smoking</b>	<b>Tranqu.</b>	<b>Cannab.</b>
<b>1999</b>	8.9%	4.0%	0.8%	1.8%	2.9%	5%	1.0%	20.7%	16.8%
<b>1995</b>	2.9%	2.0%	0.4%	0.6%	0.6%	1%		18.7%	10.0%

ESPAD data from 1999 demonstrates slight changes to the reported drug use. The proportion of students who have ever used cannabis or hashish increased since 1995 but was at the time still on par with the European average (16% in Poland and 16% average in Europe). The proportion reporting use of illicit drugs other than cannabis was nevertheless almost twice the European average (11 vs. 6%). Most notably - the use of tranquillizers or sedatives without a doctor’s prescription was substantially higher than in many other European countries (18% compared to 7% on average). Perceived access to drugs likewise became easier in the late 1990s. This can be seen in tables 12, 13, and 14, as well as figures 2, 3 and 4. Overall, this indicates that drug use became more common amongst adolescents and access likewise likely became easier.

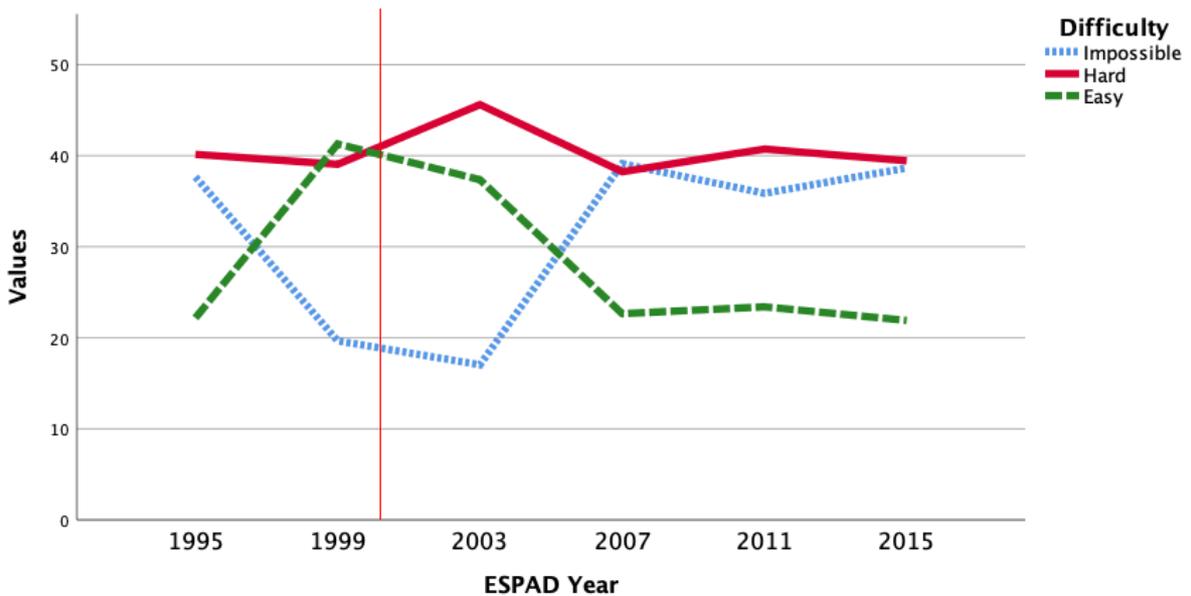
#### 4.1.2 Perceived accessibility and drug use post-amendment 62

Although amendment 62 was supposed to target drug dealers and therefore should have, in theory, had some impact on perceived availability - it does not seem that the effect was there. As a whole ESPAD years 1995 - 2011 there was an increase in perceived availability of most popular substances amongst the respondents. Most notably - in 1999, 43% of respondents thought that cannabis is easy to get, and 17% thought that it is impossible. In 2003, so roughly three years after implementation of amendment 62, 49% thought that it was easy to get and a smaller number - 13% thought that it was impossible.



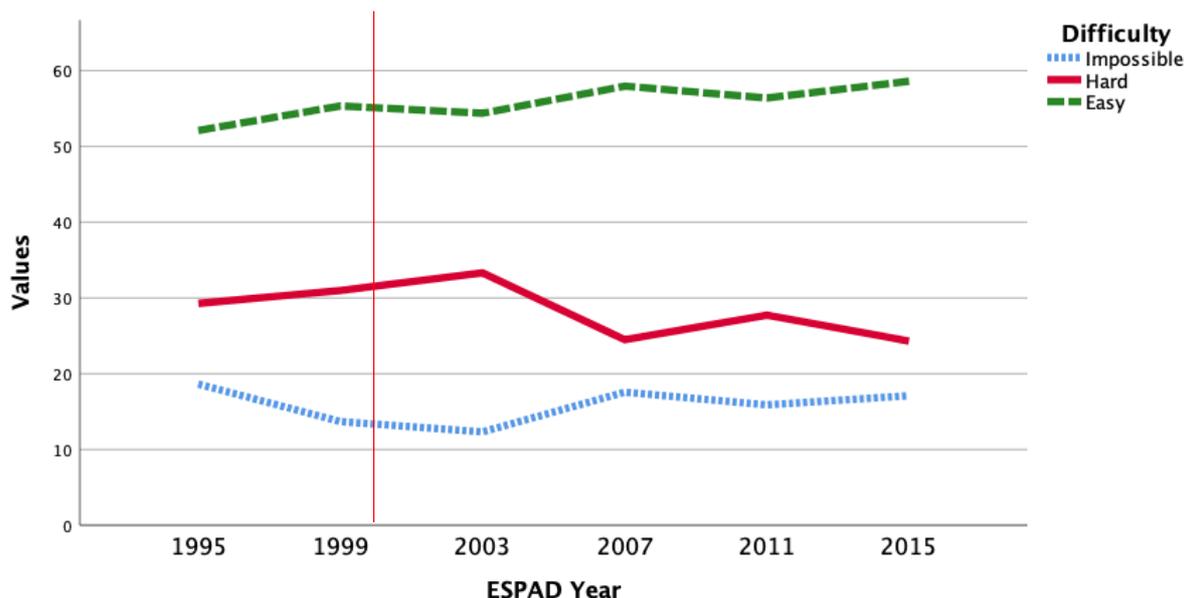
**Figure 3:** Perceived difficulty of getting cannabis. Vertical red line indicates the amendment of 62 in 2000

A slight change can be seen in perceived accessibility to amphetamine where less respondents thought in 2003 than in 1999 that it is easy to get (37% and 41% respectively). 37% is nevertheless still a large number of respondents who thought that access to amphetamines is easy (figure 4).



**Figure 4:** Perceived difficulty of getting amphetamine. Vertical red line indicates the amendment of 62 in 2000

Tranquilizers are arguably the most interesting drug as the perceived difficulty of getting them has not changed much in ESPAD years 1995 to 2015 (figure 5). It seems that very similar difficulty is reported every ESPAD year, which may be a result of tranquilizers being widely available in Poland as prescription drugs.



**Figure 5:** Perceived difficulty of getting tranquilizers. Vertical red line indicates the amendment of 62 in 2000.

All of these findings can be supported and supplemented by the study of NBDP and CBOS (2008). This is a representative general population study, which measures drug use in the population, as well as perceived accessibility. In the set from 2008, one year after the ESPAD study, the most easily available substances were sleeping and calming medicine (46% of respondents thought that they were easy to get). The second most easily available illicit substance was cannabis (45%) and amphetamine came third (24%). Both studies can also be supported with similar conclusions from Sieroslowski (2006) (table below). Data from table 15 shows that in 2002 and 2006, tranquilizers and sleeping pills were substances considered easiest to obtain (39.7% and 42.5% respectively). Cannabis came second with 32.3 % of respondents thinking that it was easy to get in 2002 and the same number in 2006. Finally, amphetamines once again came third in 2002 and 2006 (27.8% and 25.1% respectively).

**Table 11:** *Easy or very easy to get drugs*

	2002	2006
<b>Tranquilizers and sleeping pills</b>	39.7	42.5
<b>Cannabis</b>	32.3	32.3
<b>Amphetamine</b>	27.8	25.1
<b>Hallucinogenic mushrooms</b>	21.0	16.8
<b>Ecstasy</b>	22.6	21.3
<b>LSD</b>	22.2	19.7
<b>Crack</b>	15.4	11.6
<b>Cocaine</b>	19.6	16.1
<b>Heroin</b>	19.6	15.1
<b>Anabolic steroids</b>	25.3	22.2
<b>Polish heroin "Kompot"</b>	23.4	19.9

Source: Sierosławski (2006)

As a whole, ESPAD data and data from other sources, indicates that presence of amendment 62 likely hasn't had a significant impact on perceived availability of substances. The view that that the effectiveness in deterring sale, and purchase of drugs of amendment 62 may have been limited is nevertheless also supported with the prevalence data. ESPAD (table 16) shows that reported lifetime use only experiences a very marginal decrease for some of the substances and increased for others in the years following the criminalisation. Reported lifetime cannabis used, for example, actually increased in years 1999-2003 (16.8% to 20.2% respectively). Use of inhalants decreased marginally (9.1% and 8.5% respectively) and the same can be seen in the use of tranquilizers (20.7% and 18.7% respectively). Finally, another two notable changes can be seen in the use of ecstasy which decreased marginally (2.9% to 2.4%) and more significantly in the use of amphetamines (8.1% to 4.8%).

**Table 12:** *Drug lifetime use for Poland – ESPAD*

	1995	1999	2003	2007	2011	2015
<b>Cannab.</b>	10.0%	16.8%	20.2%	16.5%	26.0%	23.9%
<b>Ecstasy</b>	0.6%	2.9%	2.4%	3.6%	3.0%	3.1%
<b>Amph.</b>	2.9%	8.1%	4.8%	3.8%	4.3%	4.2%
<b>Metamp.</b>						2.6%
<b>Cocaine</b>	0.6%	1.8%	1.6%	2.5%	2.8%	3.5%
<b>Inhalant.</b>	9.4%	9.1%	8.5%	6.3%	7.9%	10.2%
<b>Tranq.</b>	18.7%	20.7%	18.7%	17.9%	14.7%	16.6%
<b>GHB</b>			0.3%	1.0%	0.9%	1.4%
<b>Heroin</b>	0.5%		1.5%	2.2%	2.0%	2.3%
<b>MagicM.</b>	3.7%		2.6%	2.9%	2.6%	2.6%
<b>Crack</b>	0.4%	0.8%	0.9%	1.3%	1.4%	1.8%

Later ESPAD data also shows some dips and some increases. Cannabis use actually decreased from 20.2% in 2003 to 16.5% in 2007. Other substances like amphetamine, inhalants, and tranquilizers also experienced small decreases, but cocaine, heroin, crack, and GHB actually increased slightly. A general population survey from the Public Opinion Research Centre (CBOS 2003, 2008) supports these conclusions where it shows that in 2008, 12% of respondents had contact with cannabis (or hashish) and 2% with amphetamine. This is a decrease from the study taken in 2003, which shows that 18% of respondents had contact with cannabis (or hashish) and 8% with amphetamine. Another general population study (Millward Brown SMG/KRC, 2006, 2008 in NBDP, 2020) also reported a decrease. In 2006, 9% of their respondents had contact with cannabis and that number decreased to 7% in 2008.

ESPAD data can be further supported by a study from Sieroslowski (table 17) who in the general study of Poland shows that cannabis (and hashish) was the most commonly used illicit

substances in 2002 and 2006 (years not covered by ESPAD). Amphetamine came second with 1.9% of respondents admitting to lifetime use in 2002 and 2.7% in 2006 respectively. Finally, the third most widely used substance in the early 2000s was ecstasy (0.7% in 2002 and 1.2% in 2006 respectively). Other substances such as, heroin, crack, hallucinogenic mushrooms, and LSD all fall below 1%. Similar to the picture drawn by ESPAD data, Sieroslawski shows that in years 2002-2006 drug use stabilized in Poland. When split by age, Sieroslawski also concludes that the use of illicit substances in years 2002-2006 was particularly present amongst adolescents and young adults (16-24), occurs very rarely amongst those aged 34 or over, and is almost non-existent with those aged 45 or above. As a whole, use amongst adolescents and general population seems to follow its own patterns and it does not seem that it was particularly influenced by the policy change in 2000.

**Table 13:** *General drug use amongst 16-54-year-olds*

	Lifetime prevalence		Prevalence in the last 12 months		Prevalence in the last 30 days	
	2002	2006	2002	2006	2002	2006
<b>Cannabis or hashish</b>	7.7	9.1	2.8	2.8	1.3	1.0
<b>Amphetamine</b>	1.9	2.7	0.7	0.7	0.2	0.2
<b>Ecstasy</b>	0.7	1.2	0.2	0.3	0.2	0.1

Source: Sierosławski (2006)

#### 4.1.3 Social attitudes, perceived risk associated with substance use in Poland

Literature in chapter three argued that the general public in Poland had negative attitudes towards increasing number of available substances, as well as increased prevalence of drugs in the 1990s. Studies from the first half of the 21<sup>st</sup> century also indicate lack of mechanisms associated with normalisation as could have, for instance, been reflected in the changing public opinion. The most notable study in this context is the general population study by Sieroslawski (2006). He shows that the overwhelming majority of respondents were not supportive of using drugs and legalisation. Respondents disapproved particularly highly of cocaine, amphetamine, and heroin. Cannabis was disapproved of slightly less than other drugs, but significantly higher than vodka. An interesting finding can be seen in religion. Amongst occasional users, the percentage of those who also declared to be practicing believers was approximately six times higher than other remaining respondents. This indicates that religious affiliation could have some effect on drug use in the Polish context. Overall, Sieroslawski concludes that there was no evidence for presence of normalisation mechanisms in his study.

ESPAD data is likewise supportive of Sieroslowski's conclusions. It shows respondents generally believed that their mothers and fathers would not allow them to take cannabis and ecstasy. The data here is, however, only available for ESPAD years 2003, 2007 and 2011 as these questions were not asked in the former ESPAD surveys. Although there were some very slight changes to these opinions, it does not seem like the population was becoming more supportive of certain types of drugs in years 2003-2011. Most notably, the percentage of respondents who thought that their fathers and mother would not allow cannabis and ecstasy decreases slightly for every year. The percentage of those respondents who thought that their parents would not mind and would approve in turn increased marginally for every ESPAD year. Overall, however, the margin of change is too small to make conclusive statements about what respondents' parents would think if respondents took either cannabis or ecstasy.

**Table 14:** *Perceived opinion of respondent's mother and father on cannabis*

	2003		2007		2011	
	Mother	Father	Mother	Father	Mother	Father
Would not allow	80.7%	79.0%	78.3%	74.5%	75.1%	71.7%
Would discourage	4.5%	3.7%	4.9%	4.3%	5.6%	5.2%
Would not mind	6.9%	6.8%	7.3%	7.7%	9.8%	9.3%
Would approve	0.9%	0.9%	1.5%	1.5%	1.4%	1.6%
Don't know	5.6%	7.2%	6.7%	10.4%	7.0%	10.5%

**Table 15:** *Perceived opinion of respondent's mother and father on ecstasy*

	2003		2007		2011	
	Mother	Father	Mother	Father	Mother	Father
Would not allow	81.7%	80.0%	79.3%	75.0%	78.5%	74.8%
Would discourage	3.5%	3.0%	3.9%	3.8%	3.0%	3.2%
Would not mind	6.1%	6.3%	6.4%	7.0%	7.6%	7.8%
Would approve	0.9%	0.9%	1.6%	1.6%	1.4%	1.3%
Don't know	6.2%	7.5%	7.5%	10.9%	8.3%	11.2%

### *Risk and Harm – cannabis*

The final variables demonstrate opinions of students in relation to frequency of use for cannabis and ecstasy. Tables below show how much risk students associate with trying cannabis, smoking it occasionally, and smoking it on a regular basis. The percentage of respondents who associated trying cannabis with great risk in the 1995 (51.18%) and 1999 (47.5%) decreased over ESPAD years to 27.1% in 2015. A decrease for the ‘great risk’ category was also noted for casual smoking and smoking on a regular basis. The percentage of respondents who viewed trying cannabis and smoking it occasionally as ‘non-risky’ also increased with the exception of the category of ‘smoking it on a regular basis’ where the percentage of users who viewed it as non-risky fluctuated slightly.

On the other hand, the percentage of students who associated trying/occasional smoking with slight to moderate risk also increased. These numbers are, however, significantly smaller for regular use. This may reflect the influence of certain mechanisms. In the 2000s a lot of information began to be available on the internet from a variety of sources allowing for shaping of more impartial opinion – in contrast to limited number of sources in the 1990s which were also government/media controlled. Alternatively, this change in perceptions could also be a product of increased usage and seeing that not a lot of evident harm is being caused by cannabis (perhaps also amongst friends).

**Table 16:** *Risk of smoking/trying cannabis once*

	1995	1999	2003	2007	2011	2015
No risk	5.0%	7.2%	10.0%	8.3%	14.5%	15.2%
Slight risk	12.0%	15.1%	19.6%	19.0%	25.1%	27.8%
Moderate risk	15.8%	19.9%	21.0%	20.3%	21.3%	22.2%
Great risk	51.8%	47.5%	43.1%	39.7%	27.5%	27.1%
Don` t know	12.5%	8.9%	5.4%	11.4%	10.5%	7.2%

**Table 17:** *Risk of smoking cannabis occasionally*

	1995	1999	2003	2007	2011	2015
No risk	2.7%	4.0%	5.6%	4.8%	9.9%	10.8%
Slight risk	7.9%	10.2%	12.5%	13.1%	19.3%	20.0%
Moderate risk	22.1%	22.5%	24.8%	25.6%	27.8%	31.5%
Great risk	51.0%	53.8%	50.8%	44.3%	31.4%	30.4%
Don't know	13.3%	8.2%	5.6%	11.0%	10.3%	6.6%

**Table 18:** *Risk of smoking cannabis on the regular basis regular*

	1995	1999	2003	2007	2011	2015
No risk	1.2%	1.5%	2.3%	2.5%	5.0%	5.2%
Slight risk	1.3%	2.7%	3.7%	3.7%	6.7%	6.4%
Moderate risk	3.8%	6.7%	8.5%	8.0%	11.7%	12.7%
Great risk	81.2%	81.9%	80.6%	73.6%	65.0%	68.6%
Don't know	10.0%	5.9%	4.2%	10.8%	10.3%	6.5%

### *Risk and Harm – Ecstasy*

The tables demonstrating percentages of people who associate trying ecstasy with a risk (Table 23) and taking ecstasy on a regular basis (Table 24) show a similar picture to changing perceptions on cannabis harm and use from the previous subsection. The percentage of respondents who associated trying ecstasy with no harm has increased by a small margin in each ESPAD year. Significantly higher proportion of respondents seem to associate trying ecstasy with slight/moderate risk. The percentage of respondents who on the other hand thought that trying ecstasy carried moderate risk fluctuated since the starts of ESPAD in 1995. The same fluctuation is also visible in relation to the 'great risk' for taking ecstasy on a regular basis but the proportion of respondents is significantly greater (61-81%).

**Table 19:** *Risk of trying ecstasy once*

	1995	1999	2003	2007	2011	2015
No risk	2.1%	3.2%	3.4%	4.6%	4.8%	5.1%
Slight risk	5.1%	10.0%	9.7%	13.3%	15.9%	17.7%
Moderate risk	17.0%	22.6%	23.3%	23.8%	23.8%	26.6%
Great risk	42.9%	50.8%	52.9%	40.0%	34.0%	32.8%
Don't know	29.4%	12.0%	10.0%	17.0%	20.4%	17.1%

**Table 20:** *Risk of taking ecstasy on the regular basis*

	1995	1999	2003	2007	2011	2015
No risk	1.2%	0.9%	1.4%	2.3%	2.2%	1.8%
Slight risk	0.8%	1.5%	1.8%	2.4%	3.0%	2.0%
Moderate risk	3.0%	5.4%	5.5%	5.0%	7.0%	7.1%
Great risk	67.6%	81.8%	82.6%	73.5%	67.8%	73.1%
Don't know	24.0%	9.1%	8.1%	15.3%	18.8%	15.3%

#### 4.1.4 Price and Purity

Figure six indicates that for the most widely used substances amongst adolescents including ecstasy, amphetamine, and cannabis, the average price remained relatively similar in years 1999 – 2012 with a small degree of fluctuation. A notable decrease can be seen in the price of amphetamine from 2000 to 2005, but it has since then stabilised. The biggest decrease in price was noted for cocaine from 2003 to 2005 but it then increased to 187zl and it has since been in the 170-200zl range.

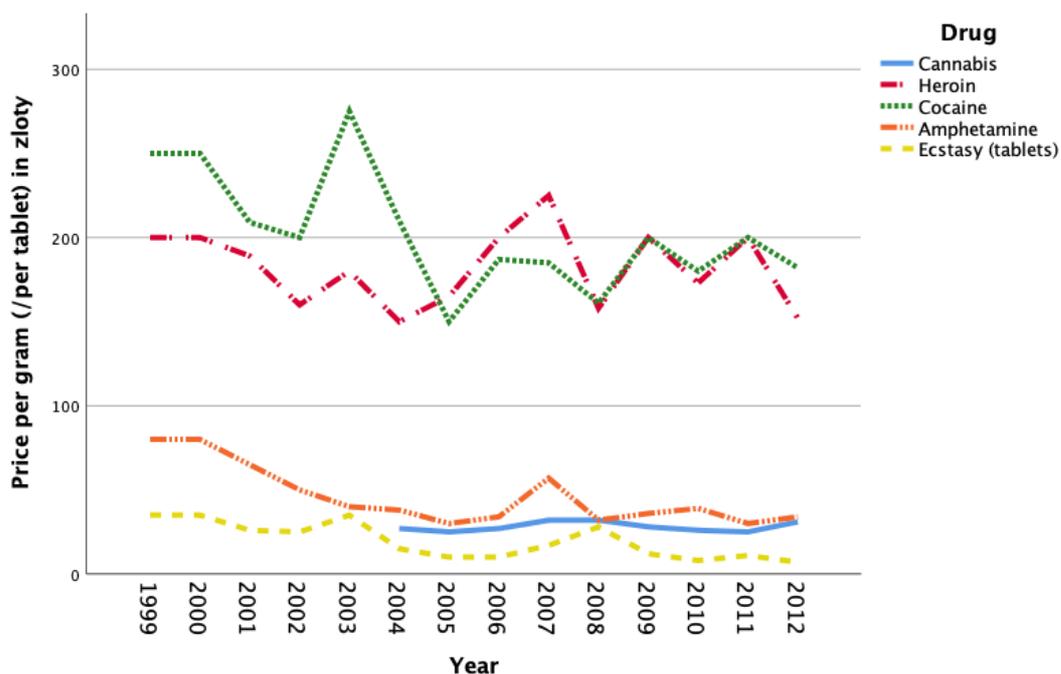


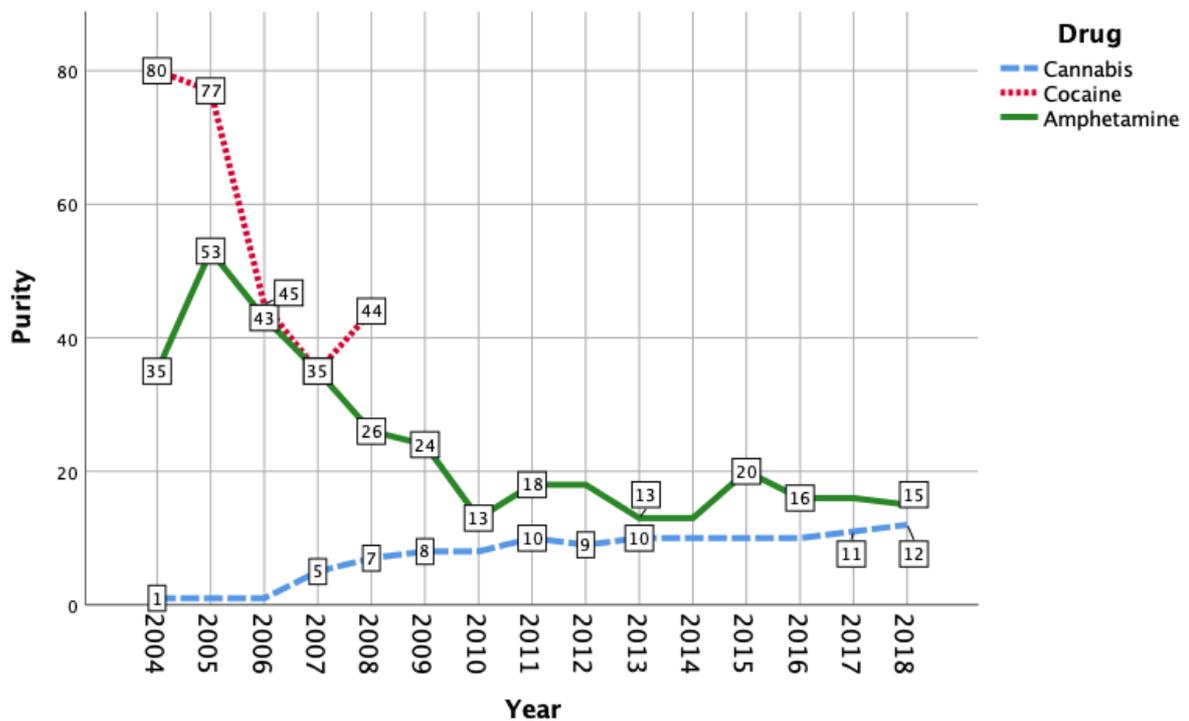
Figure 6: Average substance price per gram (or tablet) 1999-2012

Source: NBDP (2018; 2020)

Table 21: Average substance price per gram (or tablet) reported in Polish Zloty 1992-2012

	Cannabis	Cannabis resin	Heroin	Cocaine	Amphetamine	Ecstasy (tablets)
1999		40	200	250	80	35
2000		40	200	250	80	35
2001		30	189	209	65	26
2002		30	160	200	50	25
2003		30	180	275	40	35
2004	27	30	150	210	38	15
2005	25	35	165	150	30	10
2006	27	30	200	187	34	10
2007	32	25	225	185	57	17
2008	32		158	161	32	28
2009	28		200	200	36	12
2010	26		173	180	39	8
2011	25		200	201	30	11
2012	31		152	182	34	7

Source: NBDP (2018; 2020). For years 2009 and 2010 the reported values are modal.



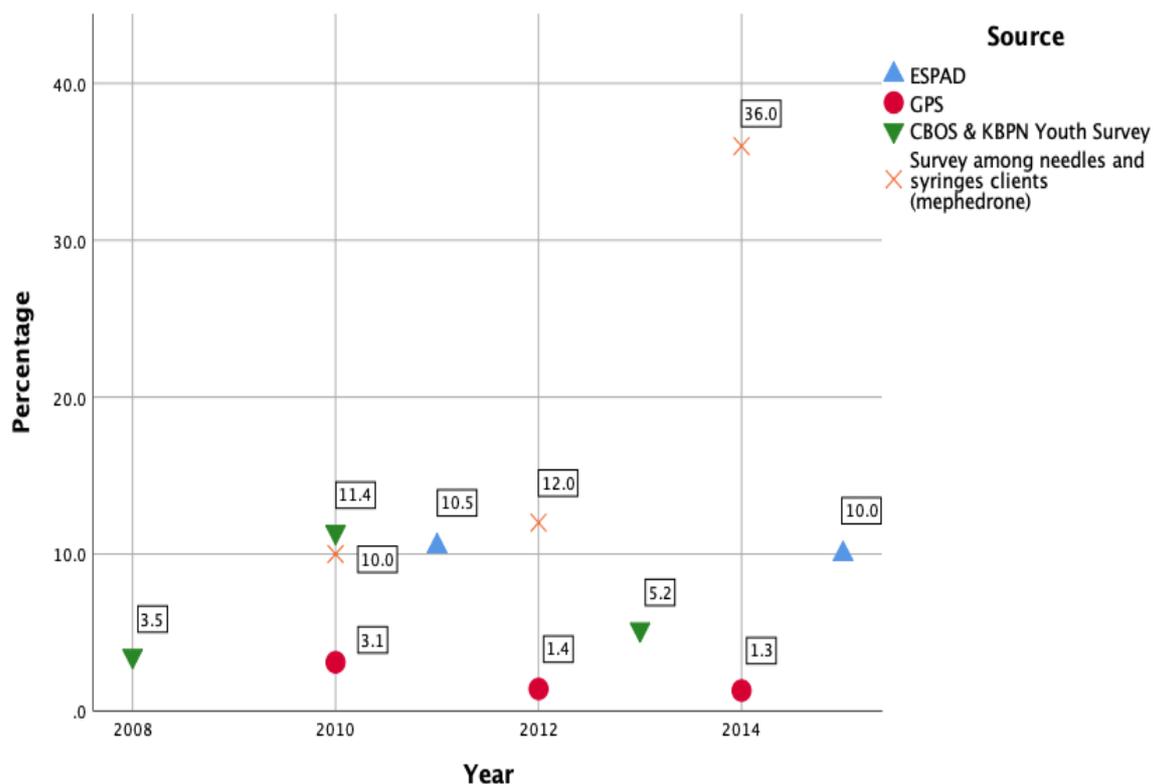
**Figure 7:** Average purity of drugs 2004-2018

Source: NBDP (2018; 2020)

Figure seven then shows average percentage of THC found in cannabis and purity of amphetamine and cocaine. Unfortunately, data for cocaine purity is limited and National Bureau stopped reporting on it in 2008, but it suggests the average purity of cocaine has decreased by roughly 30% from 2005-2008. Purity of amphetamine decreased steadily since 2005 until 2010 when it started to stabilise and since then it falls in range of 13-20% across the years. The average percentage of THC found in cannabis seems to have increased from 2006 to 2011 when it reached 10% and has been relatively stable since.

#### 4.1.5 Novel Psychoactive Substances

As mentioned in chapter three and four, measuring NPS prevalence is difficult. Table 28 includes the main sources that are reflective of NPS usage. What can be seen is how NPS began to emerge in Poland in 2007-2008 but it didn't reach substantial levels until 2010. Since then, NPS has been falling into similar ranges with the exception of survey conducted amongst syringe clients (2014). These sources are also represented as a graph below (figure 8).



**Figure 8:** NPS use amongst general population and population of specific users.

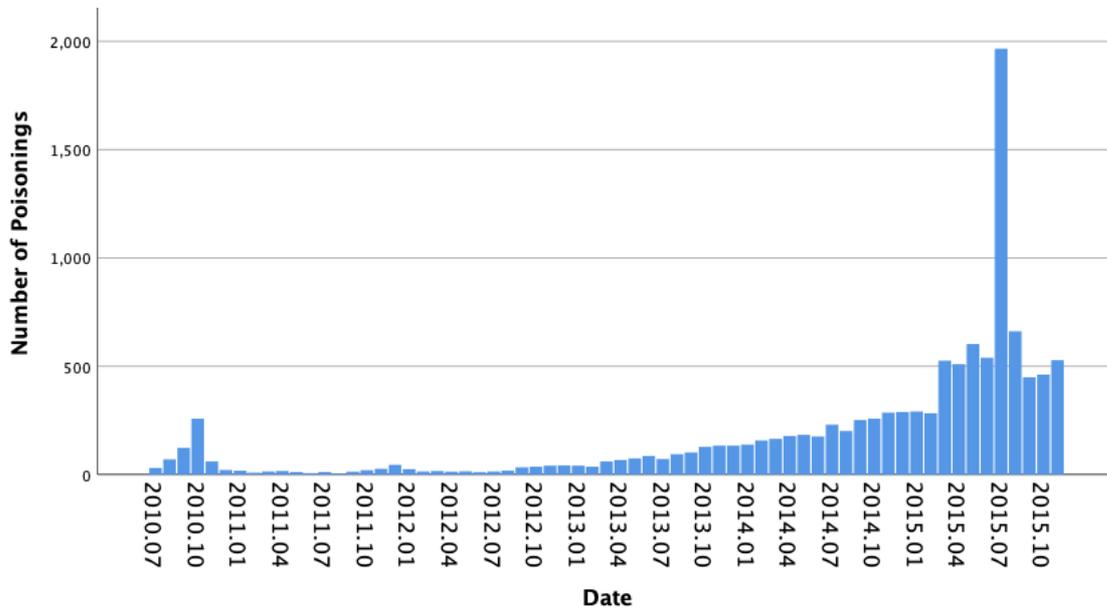
Source: Malczewski & Zile-Veisberga (2019)

**Table 22:** Lifetime and past 12 month use of NPS amongst adolescents

Year	Lifetime	Past 12 months
2008	3.5%	2.6%
2009	6%	
2010	11%	7.2%
2011	9%*	
2012		
2013	5%	2.0%
2014	9%*	
2015	1.3%	0.3%
2016	3.6%	1.1%
2017		
2018	2.6%	

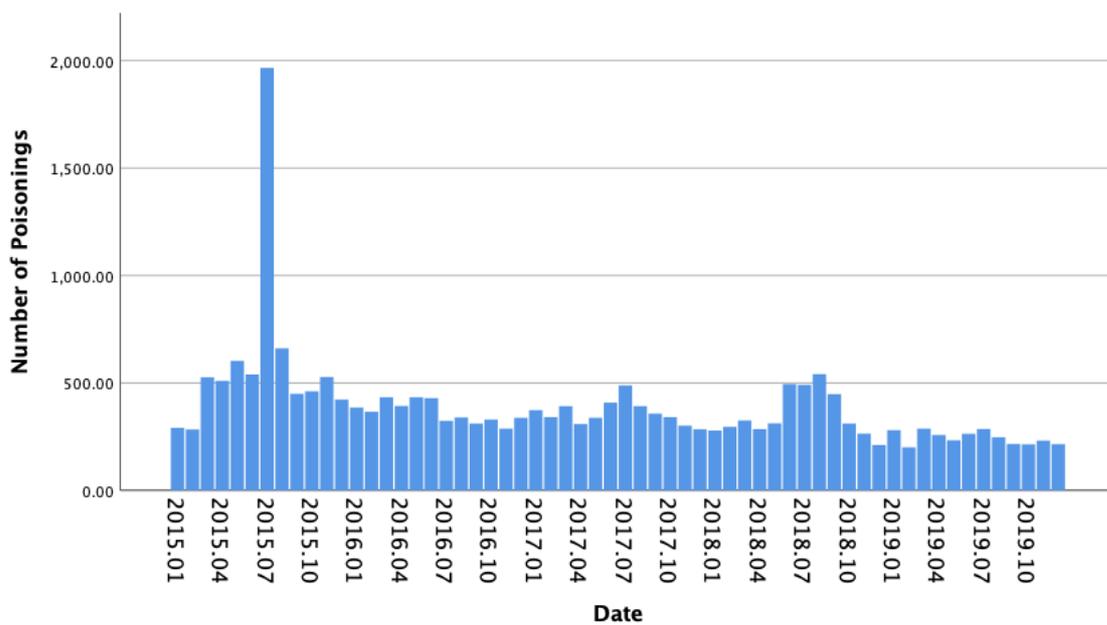
Source: CBOS (2008, 2010, 2013, 2018); SMG/KRC (2010); FlashEuro\* (2011, 2014)

Figures nine and ten below show number of NPS related poisonings. These have been split into pre and post spike of 2015 to make them easier to interpret. What these figures show is a continuous increase on the number of NPS related poisonings from around October 2012 which, started to peak around April 2015, and reached the highest number (nearly 2000 poisonings) in July 2015. Since then, the number of poisonings has been decreasing but never reached the level from before 2014.



**Figure 9:** Number of suspected NPS poisonings in Poland 2010-2015

Source: GIS (2020)



**Figure 10:** Number of suspected NPS poisonings in Poland 2015-2019

Source: GIS (2020)

## § 4.2 United Kingdom

Since the focus of the amendments from 2004 and 2009 was cannabis, this section will focus predominantly on cannabis. Reported prevalence of other drugs will, however, also be reported especially since it may be important in the context of NPS.

**Table 23:** *ESPAD sample size for the UK split by gender of the respondents*

	1995	1999	2003	2007	2011
Male	3600	1270	1033	1004	865
Female	4075	1354	970	1175	847

Table 30 shows that the most widely used substance amongst ESPAD respondents in year 1995 – 2011 was cannabis. Inhalants came second followed by amphetamine, which used to be more popular in the 1990s than ecstasy (ecstasy became more popular than amphetamines in the 2000s). It seems that reported use of the majority of most widely used substances, such as cannabis, ecstasy, cocaine, and inhalants decreased in year 1995 – 2003 and then either continued to decrease in later years or stabilized.

**Table 24:** *Drug lifetime use for the UK – ESPAD*

Drug	1995	1999	2003	2007	2011
<b>Cannab.</b>	40.3%	36.3%	37.4%	28.7%	25.0%
<b>Ecstasy</b>	8.1%	4.9%	4.7%	4.0%	4.3%
<b>Amph.</b>	13.1%	8.8%	2.5%	1.8%	3.8%
<b>Cocaine</b>	2.5%	2.6%	3.4%	4.7%	4.7%
<b>Inhalant.</b>	20.5%	18.5%	12.2%	9.1%	10%
<b>Tranq.</b>	8.1%	5.0%	1.5%	1.7%	3.0%
<b>GHB</b>			0.2%	0.7%	0.9%
<b>Heroin</b>	1.5%	0.8%	0.9%	1.5%	1.5%
<b>MagicM.</b>		7.1%	4.0%	3.9%	3.4%

#### 4.2.1 Cannabis use

Evidence from the ESPAD study shows that cannabis use decreased amongst 15-16-year-old students in the period after reclassification. Table 31 demonstrates how reported cannabis use in the past 30 days decreased for those who use frequently and those who use very frequently from 2003 to 2007. The percentage of respondents who had an opportunity to try cannabis also decreased in years 2007 – 2011 (table 32).

**Table 25:** UK Cannabis use in the past 30 days<sup>3</sup>

	ESPAD Years				
	1995	1999	2003	2007	2011
None	77.0%	82.3%	80.6%	88.8%	87.8%
Some/Freq	17.4%	12.9%	14.3%	8.5%	9.8%
Very Frequent	5.6%	4.8%	5.1%	2.8%	2.4%

**Table 26:** UK Possibility to try cannabis

	ESPAD Years	
	2007	2011
No Answer	0.4%	1.3%
No	51.3%	59.9%
Yes	48.4%	38.7%

A similar picture is then seen in tables 33 and 34 which demonstrate a decrease in cannabis use in the past 12 months and reported lifetime cannabis use for occasional and very frequent users from 2003 to 2007.

**Table 27:** UK Cannabis use in the past 12 months

	ESPAD Years				
	1995	1999	2003	2007	2011
None	65.3%	70.1%	69.3%	77.7%	79.4%
Some/Freq	20.9%	19.4%	18.6%	16.9%	14.3%
Very Frequent	13.8%	10.4%	12.1%	5.5%	6.3%

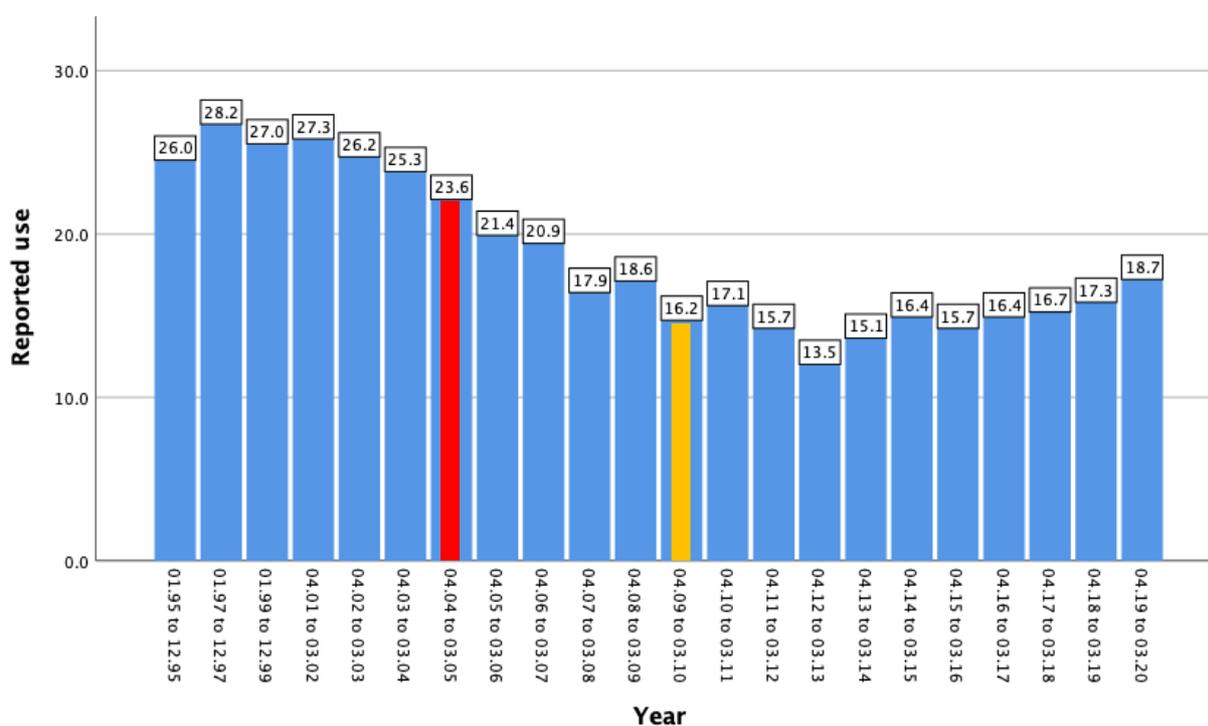
<sup>3</sup> ESPAD 'Cannabis use in the past 30 days' was recoded to simplify the table. Values: 2 (1-2 times), 3 (3-5 times) and 4 (6-9 times) were recoded into a single category of Some/Frequent use. Values: 5 (10-19 times); 6 (20-39 times) and 7 (40+ times) were recoded into a very frequent user.

**Table 28: UK Cannabis lifetime use**

	ESPAD Years				
	1995	1999	2003	2007	2011
None	59.7%	63.7%	62.6%	71.3%	75.0%
Some/Freq	20.6%	20.3%	19.5%	18.7%	15.5%
Very Frequent	19.7%	16.0%	18.0%	10.0%	9.5%

*Crime Survey for England and Wales – Drug misuse*

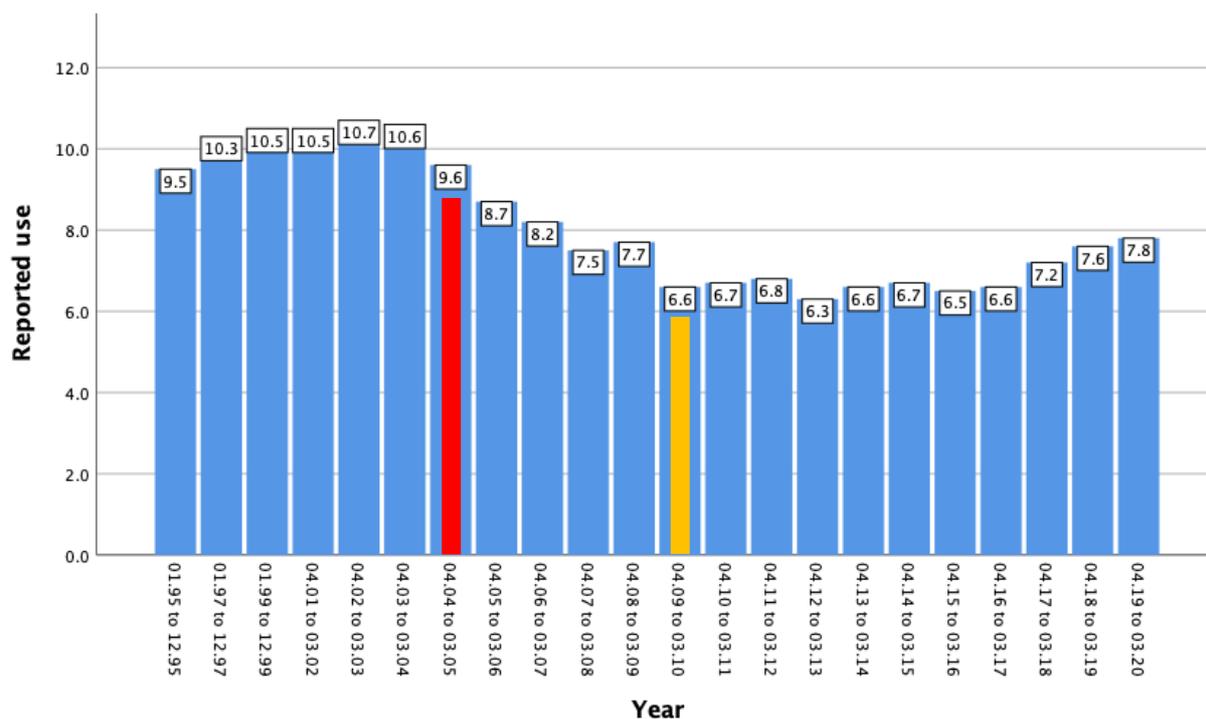
The CSEW data supports ESPAD findings from a different angle where it shows that the proportion of lifetime cannabis users for the 16-24-year-old began to decrease a few years prior to the 2004 reform (see figure 11). In addition, this is also supported by figure 12 which shows that in proportion of 16-59-year-olds using cannabis also began to decrease around 2003/2004.



**Figure 11: CSEW proportion of 16-24-year-olds reporting use of cannabis last year**

Source: ONS (2020). Red vertical bar indicates the policy change from 2004, and the orange vertical line indicates the policy change from 2009.

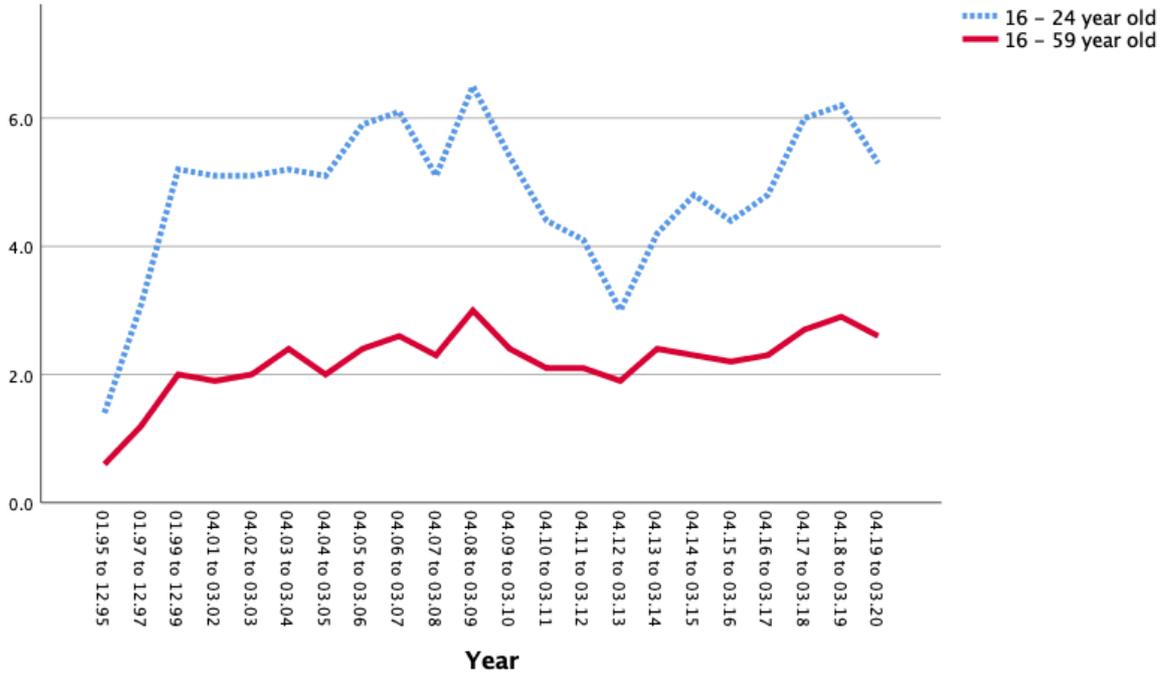
Both graphs (figures 11 and 12) indicate a lack of long or short-term effects on reported cannabis use which could be associated with reclassification of cannabis. These effects could theoretically include, increase in cannabis use from 2004 as a result of ‘sending a message’ that the official stance towards cannabis has become more relaxed, or a decrease in cannabis use post reclassification of 2009 where the government send the message to the public that it considers cannabis more dangerous than originally anticipated.



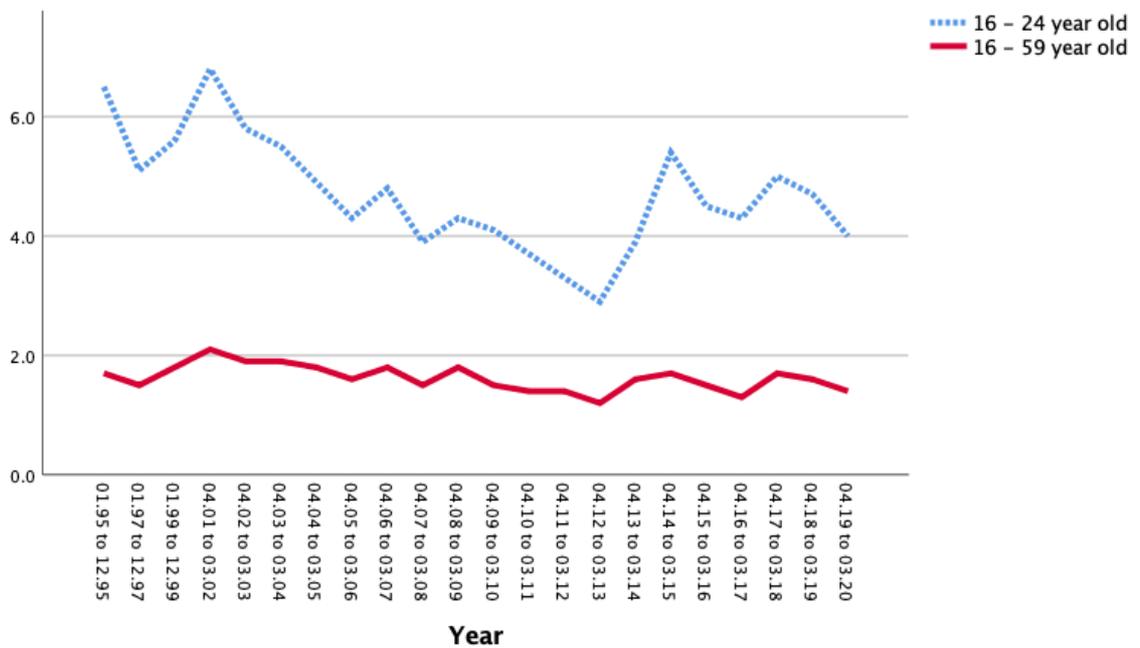
**Figure 12:** CSEW proportion of 16-59-year-olds reporting use of cannabis last year

Source: ONS (2020). Red vertical bar indicates the policy change from 2004, and the orange vertical line indicates the policy change from 2009.

The decrease in use amongst the general population and 16-24-year-olds was not specific for cannabis, and similar trends can be seen in reported cocaine and ecstasy use. Figure 13 indicates that cocaine use was at its lowest for the general population as well as 16-24-year-olds in 1995 before reaching its peak in 2008-2009. From that year reported use began to decrease. The decrease can be seen for both age categories, but it is much more substantial for the 16-24-year-olds (from over 6% to around 3% in 2012-2013). Since then, use has been again increasing substantially and reached about 6% in 2019. Reported ecstasy use (figure 14) on the other hand, has been decreasing from 2001 to 2005 where it increased slightly again in 2006. A relatively smooth drop in use then began again from 2008 until 2021, before increasing significantly in years 2013-2015. Ecstasy use amongst 16-59-year-olds seems much more stable and, although fluctuates slightly over the past 25 years, it fell in the range of 1.7-2.0%.



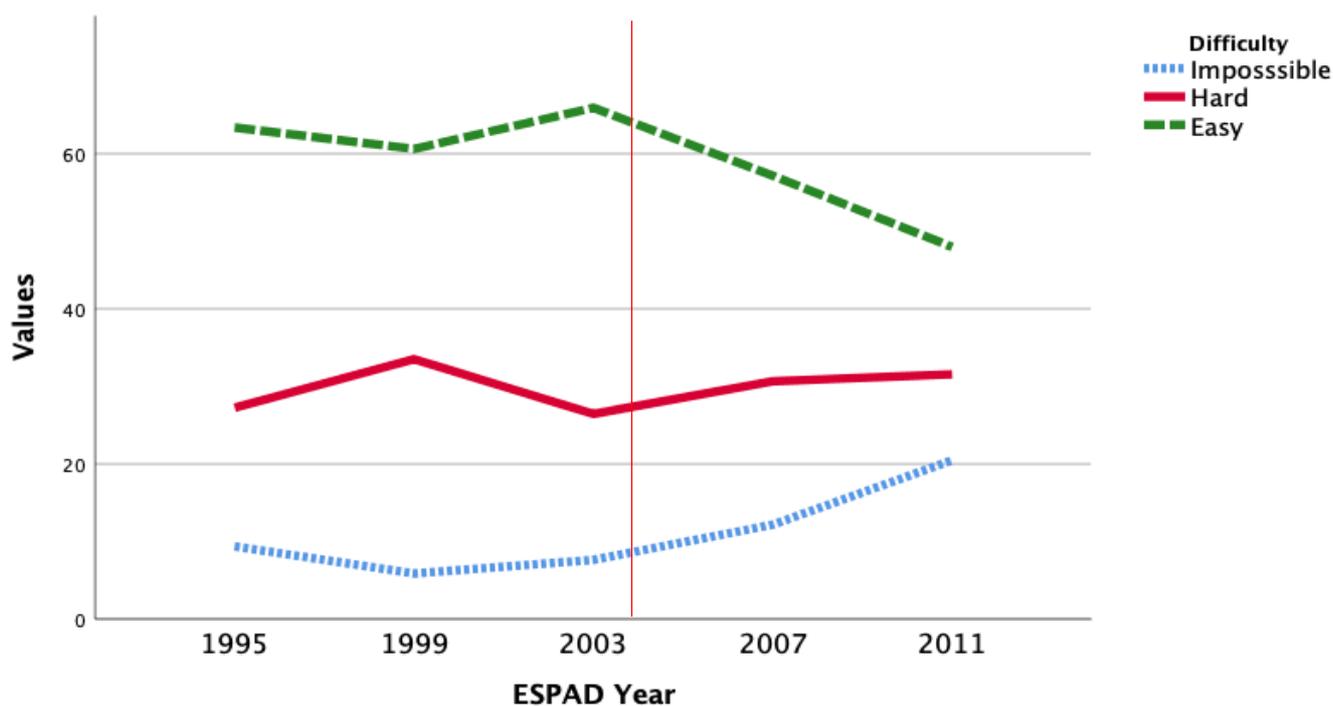
**Figure 13:** CSEW proportion of 16-59-year olds and 16-24-year old reporting cocaine use in the previous year  
 Source: ONS (2020)



**Figure 14:** CSEW proportion of 16-59-year-old and 16-24-year olds reporting ecstasy use in the previous year  
 Source: ONS (2020)

### Perceived availability

ESPAD data on perceived availability supports the view that drug use decreased amongst younger people in the period of early 2000s. It shows that cannabis not only decreased in use as shown in the previous section, but also potentially became more difficult to access. Figure 15 shows how a similar number of respondents thought that cannabis is impossible, hard, and easy to get in sets for 1995 and 1999. That changed from 2003 onwards where less respondents thought that it was easy to get, and more thought that it was impossible.



**Figure 15:** *Difficulty of getting cannabis across ESPAD years.*<sup>4</sup>

The picture is relatively similar for ecstasy (figure 16). ESPAD availability data shows how from 1999 continuously less respondents thought in the early 2000s that it is easy to get ecstasy. In addition, from 1999 onwards, increasingly more respondents thought that it is impossible to get ecstasy. The percentage of respondents who thought that it was hard, nevertheless, has remained relatively stable in those years with a slight decline from 1999-2003. Finally, from 1995 onwards increasingly more respondents thought that it was difficult to get tranquilizers and less thought that it was easy to get them (figure 17). This is also well supported by the declining popularity of tranquilizers (table 30).

<sup>4</sup> In order to make the interpretation of data easier, ESPAD variables 'very difficult' and 'fairly difficult' were combined, and the same was done for 'easy' and 'very easy.' The only variable variables left unchanged is impossible. Category 'don't know' was also excluded from the graph. Same coding can also be seen in graph 15 and graph 16 below.

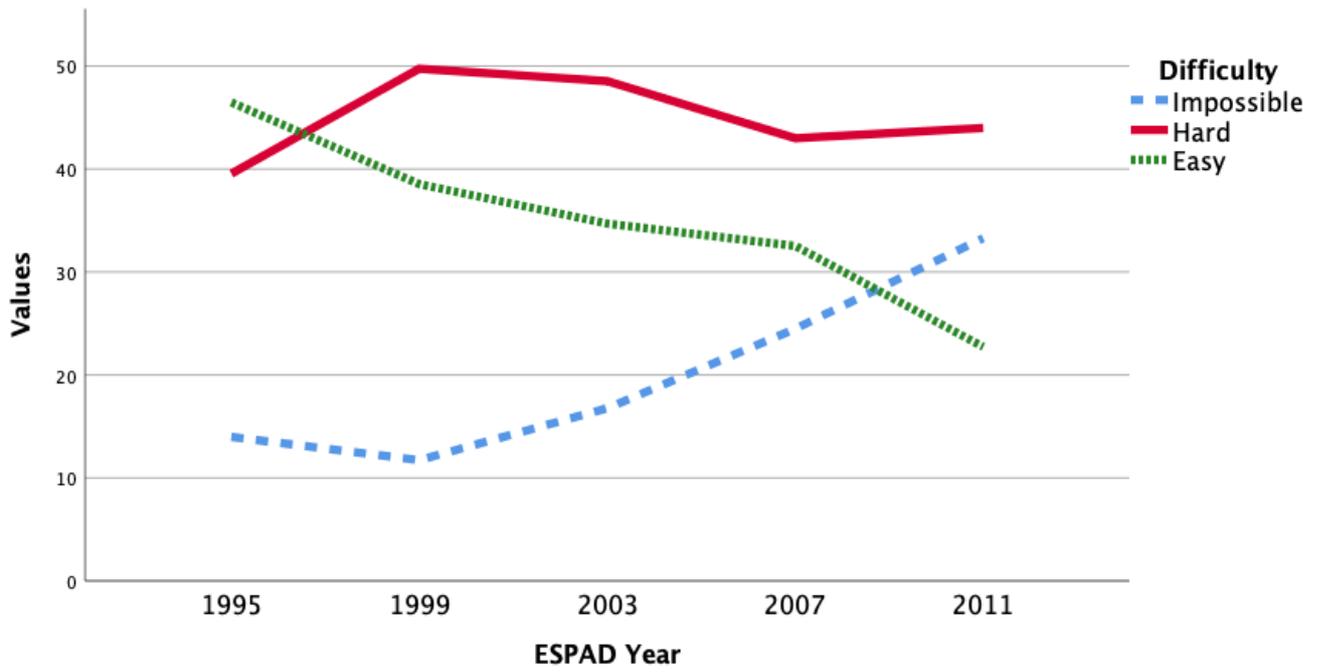


Figure 16: Difficulty of getting ecstasy

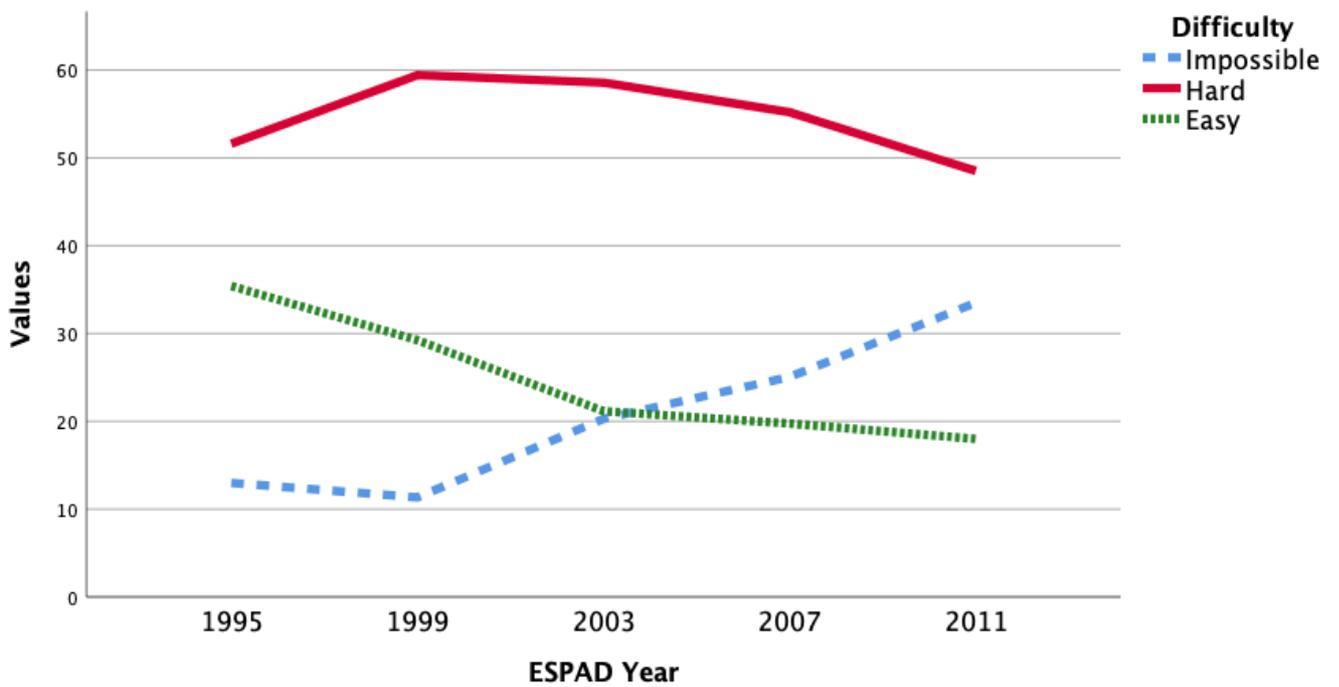


Figure 17: Difficult of getting tranquilizers

*Perceived risk associated with cannabis use*

A potentially illuminative finding from ESPAD data, in relation to reclassification from 2004, can be seen in changing risk association of trying cannabis. As discussed in the literature review, the reclassification from 2004 was followed with a media campaign which disseminated that cannabis was getting stronger, and that it had strong causal links with psychosis. A change in perception reflecting this can possibly be seen in table 37. In 2003 more respondents thought that trying cannabis once had no risks, and slight risk than in 2007. On the other hand, more respondents believed in 2007 than in 2003 that trying cannabis once carried moderate and great risks.

**Table 29:** *Risk associated with trying cannabis once*

	1995	1999	2003	2007	2011
No risk	28.70%	23.10%	29.40%	16.00%	17.10%
Slight risk	27.00%	29.70%	36.10%	33.00%	32.30%
Moderate risk	17.20%	19.90%	17.30%	22.20%	20.40%
Great risk	22.20%	23.70%	12.60%	20.60%	21.50%
Don't know	3.60%	3.10%	4.00%	6.30%	6.60%

A similar picture is seen in tables 38 and 39. Table 38 shows how a smaller percentage of respondents thought in 2007 than in 2003 that occasional cannabis use carries no risk and slight risk. More respondents also thought in 2007 that occasional cannabis use carries moderate risk and great risk. The most apparent change is, however, visible in table 39 where percentages of respondents decreased for categories: no risk, slight risk and moderate risk, but increased for the category great risk.

**Table 30:** *Risk associated with occasional cannabis use*

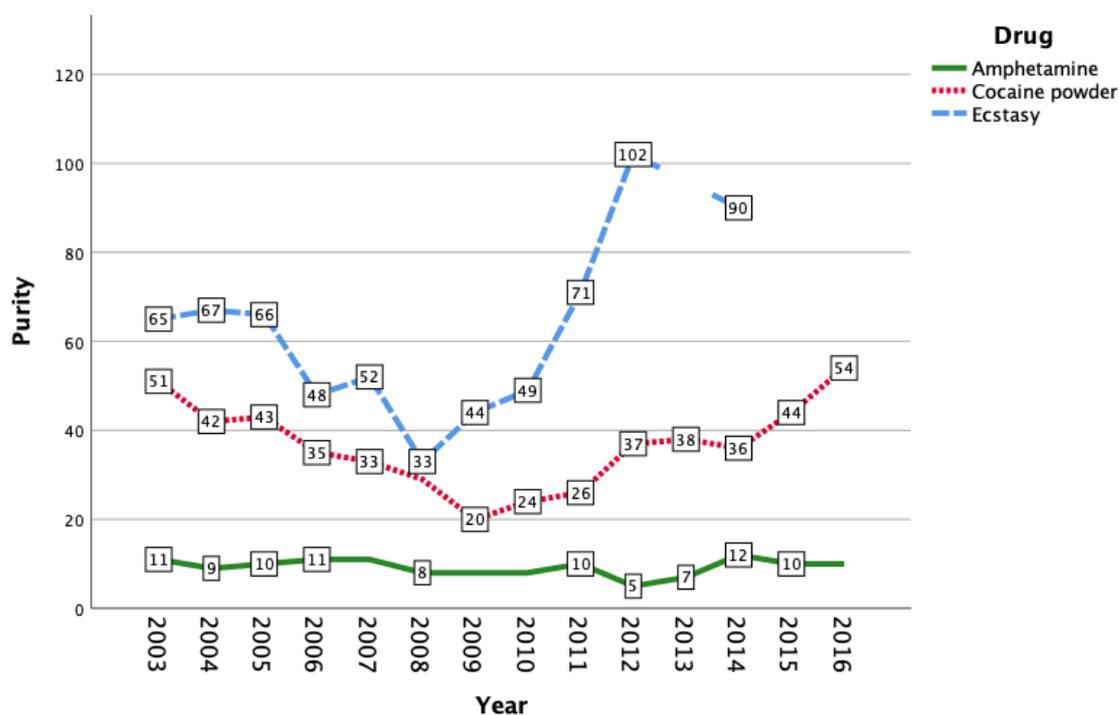
	1995	1999	2003	2007	2011
No risk	19.50%	11.40%	9.20%	4.80%	7.20%
Slight risk	25.80%	26.30%	32.90%	20.40%	20.70%
Moderate risk	24.20%	27.60%	33.90%	36.90%	32.80%
Great risk	25.50%	31.00%	19.00%	29.80%	29.80%
Don't know	3.60%	3.30%	3.60%	6.10%	6.60%

**Table 31:** Risk associated with regular cannabis use

	1995	1999	2003	2007	2011
No risk	11.00%	5.40%	4.20%	2.50%	4.70%
Slight risk	17.10%	11.70%	11.60%	6.80%	7.80%
Moderate risk	23.40%	24.80%	32.00%	22.40%	19.70%
Great risk	42.50%	54.80%	46.10%	60.30%	58.30%
Don't know	4.10%	3.00%	4.90%	6.10%	7.10%

### Purity and price

In relation to average purity of drugs on the British market, figure 18 reveals how the average purity of amphetamine has been relatively stable from 2003-2016 in a range of 7-11%. The biggest drop in amphetamines street quality took place in 2012, when it decreased to 5%. In relation to more popular substances, like cocaine, a different picture can be observed. Cocaine purity decreased continuously from 2003 (51%) and reached its lowest in 2009 (20%) before it started to experience an increase. Ecstasy purity decreased from 2003 (65%) to 2008 (33%) before it started to experience a sharp increase, peaking in 2012 at 102%.



**Figure 18:** Mean percentage purity of drugs seized by police 2003-2014

Source: Crawford et al. (2017). For ecstasy - graph shows mg of MDMA per tablet

The picture is similar for the purity of ecstasy. The average purity of an ecstasy pill (mg of MDMA) fell in range of 65-56% in the early 2000s, but then began to decline and reached its lowest in 2008. From 2008, there has been a continuous increase in the purity of ecstasy pills that peaked in 2012. Similar police data since then was only reported by Focal Point in 2014 where it was found that a tablet of ecstasy has average 90mg of MDMA inside.

Table 32 shows average street level price of selected drugs in the UK. Cannabis price was lower in the first decade of the 21<sup>st</sup> century. Since 2011 it costs on average £10 per gram (with the exception of 2014 where it was significantly costlier). The price of ecstasy doubled in 2010-2011 and again in 2015-2016. Finally, the price of cocaine and amphetamine seem particularly unchanged.

**Table 32:** *Street-level price of illicit drugs in the UK year 2007-2016*

Year	Cannabis*	Heroin	Cocaine	Amphetamine	Ecstasy
2007	6.20	48.00	46.00	9.00	3.00
2008	5.63	45.00	40.00	10.00	3.00
2009	7.15	45.00	40.00	10.00	2.50
2010	7.15	45.00	40.00	10.00	2.50
2011	10.00	40.00	40.00	10.00	5.00
2012	10.00	40.00	40.00	10.00	3.00
2013	8.50	50.00	40.00	10.00	3.00
2014	15.20	50.00	40.00	10.00	5.00
2015	10.00	50.00	40.00	10.00	5.00
2016	10.00	50.00	40.00	10.00	10.00

Source: Crawford et al. (2017)

\*The price per gram is converted from a 3.5g street deal – only exceptions are 2011 and 2013 where average was calculated on gram basis. Ecstasy includes a price per tablet.

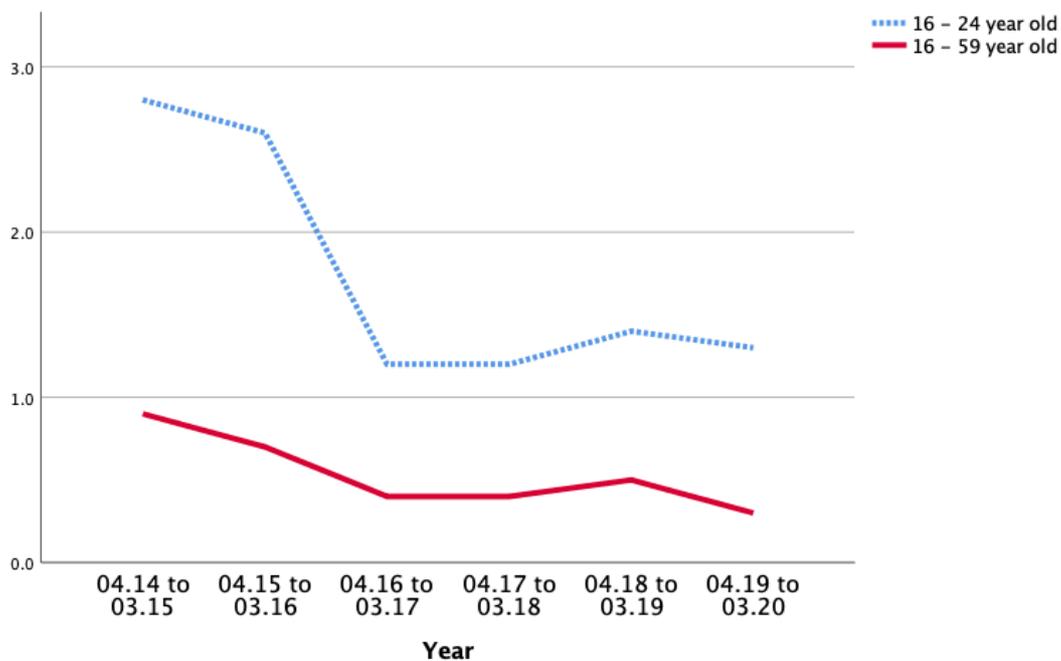
#### 4.2.2 Novel Psychoactive Substances in Britain

Table 33 shows a continuous increase in the number of reported distinct NPS drug types since 2005. What the table indicates is that NPS began to emerge around 2005. For the first few years, however, the number of reported NPS were relatively small (12-21 substance). It seems that it was only around 2008 when it started to increase significantly and in year 2010, reporting reached a very significant level.

**Table 33:** *Total NPS (reported to the EMCDDA in year and prior to the year) 2005-2012*

	2005	2006	2007	2008	2009	2010	2011	2012
<b>NPS</b>	12	21	36	49	73	114	163	236

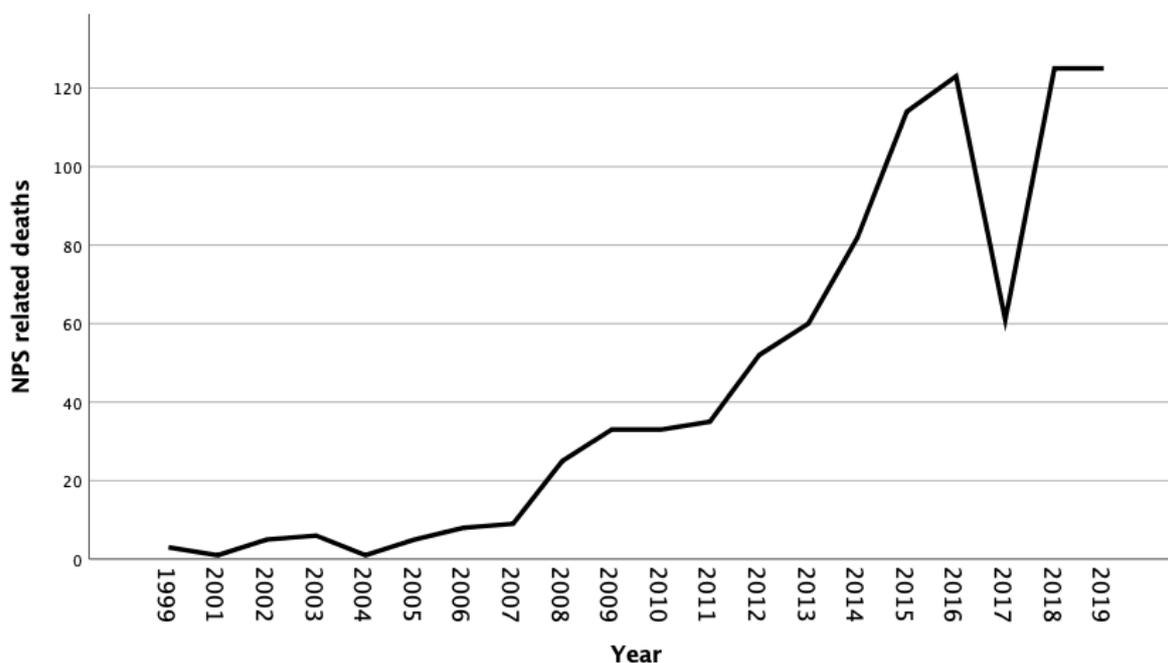
Figure 19 then shows the proportion of 16-24-year-old and 16-59-year-olds who, in the past year, reported using a NPS. Unfortunately, ONS only started to measure NPS prevalence in 2014-2015 and so the data is unavailable from before then. The available data nevertheless shows that NPS prevalence most likely peaked amongst general population and 16-24-year-olds in year 2014-2015. The number then started to decrease for younger people, before reaching its lowest in 2016-2017 and stabilising since then. NPS prevalence amongst the general population seems much smaller. ONS data shows that in year 2014-2015, only 0.9% of all adults aged 16-59 reported taking an NPS. That number then decreased in year 2015-2016 to 0.7% and again to 0.4% in 2016-2017. What needs to be considered, however, is that the scale of the problem was significantly different amongst prisoners and groups who used problematically (Alexandrescu, 2017; Blackman & Bradley, 2017; Ralphs et al., 2017).



**Figure 19:** CSEW proportion of 16-59-year olds and 16-24-year old reporting NPS use in the previous year

Source: ONS (2020)

Finally, figure 20 shows the number of reported NPS related deaths. As will be discussed in chapter eleven, NPS related deaths were controversial and some claim that many of them were not even caused by NPS. This data is, however, still indicative of a growing prevalence even if it is doubted. Figure 20 shows how the number of reported NPS deaths was low in the early 2000s. A substantial increase seems to have begun in 2007 before steepest increase from 2013 until 2014/2015.



**Figure 20:** NPS related deaths (selected substances mentioned on the death certificate).

Source: Home Office (2018)

## Conclusion – Chapter Four

In conclusion, the aim of this chapter was to show some of the quantitative reflections of drug use, perceptions of accessibility and harmfulness, drug purity, and the price of drugs for Poland and the UK. This was achieved using ESPAD data, CSEW and other sources. In the Polish context, it was shown that six years after the collapse of communism, the use of substances was predominantly on par with the European average or below average. A few years later, in 1999, the use of substances was above the European average (with some exceptions like cannabis) and the four most common types of substances were tranquilizers and sedatives, cannabis, and amphetamines. Perceived access likewise changed, and respondents generally viewed that it was easier to get most popular drugs in 1999 than in 1995. Amendment 62 in 2000 does not seem to have influenced the context in a way that politicians at the time anticipated. Three years after the amendment was introduced, adolescent respondents generally viewed cannabis, amphetamines, and tranquilizers as comparably accessible to 1999. Reported cannabis use actually increased in 2003 and reported use of other substances remained similar (with the exception of amphetamines which decreased in 2003). Section 1.4 also shows that the amendment does not seem to have had an effect on average price of substances. Use and accessibility only seem to really fluctuate in years 2003 – 2007 before stabilising in years 2011 – 2015. Polish data finally shows the emergence of NPS in 2008 and the early 2010s as well as increasing numbers of reported NPS related poisonings.

In the UK, on the other hand, ESPAD and CSEW data show that the most popular substances in Britain, in the 1990s amongst adolescents were cannabis, inhalants, and amphetamines. It was then shown how the reported cannabis use amongst adolescents decreased after the reclassification in 2004, and CSEW shows that the use actually started to decrease a few years before reclassification took place. Similar trends can be observed for other drugs including ecstasy and cocaine. ESPAD also shows that respondents began to view cannabis, ecstasy, and tranquilizers as increasingly more difficult to obtain in years 1999 – 2011. Data also shows a notable decrease in cocaine and ecstasy purity from around 2005 to 2009. Finally, ONS data demonstrates that reported NPS prevalence peaked from 2014 – 2015 and then began to decrease. The number of NPS related deaths began to increase relatively quickly from around 2007 before peaking around 2016 and stabilising since then, although it must be again stressed that this data is of limited reliability due to reasons discussed in chapter eleven.

## Chapter Five – Explaining Polish drug policy change in 2000

This chapter shows how different groups and actors contributed to passing of the amendment 62 in the year 2000. Using process tracing and predominantly qualitative evidence from those involved in the Polish system at the time, the chapter links theoretical mechanisms proposed in ACF (Sabatier & Jenkins-Smith, 2006) and PC (Stevens & Zampini, 2018) with data to serve as explanations of the policy choice from 2000. The strengths and weakness of pluralist and critical accounts are discussed in the conclusion of this chapter. Throughout this chapter, key quotes from interviewees are used, with table seven on pages 66-67 to be consulted for a brief overview of who they are.

- (1) The pluralist approach (ACF) – Section one reviews a range of potential mechanisms found in ACF and the attention will be drawn to evidence supporting these mechanisms. It will focus on the extent to which competing coalitions existed. Core and policy values will be described throughout this section in order to show alignment of these groups. They will be split based on whether they supported the amendment of 2000, but also depending on normative preferences, as well as ideologies, and political objectives. ACF's hypothesis two will test if they showed consensus on the policy core and less on secondary aspects. It is then explored whether actors and groups cooperated and coordinated their actions to achieve preferred policy outcomes, before considering the influence of 'forces' that ACF considers independent from the policy subsystems. These will be described and partially tested in sub-sections 1.2 (ACF hypothesis five). Overall, the key aim will be to test ACF's hypothesis four which claims that the policy core attributes of a governmental program in a specific jurisdiction will not be significantly revised as long as the subsystem advocacy coalition that instituted the program remains in power within that jurisdiction.
- (2) The critical approach (PC) – Section two uses Habermasian (1989) framework to test the extent to which some actors in the policy setting prior to the decision from 2000 enjoyed preferential status. This will be tested with evidence supporting systemic advantages and media power of these actors. Contrastingly to the ACF, this section also argues that actors and groups in the policy setting acted predominantly independently, and their actions were not coordinated.

## § 5.1 Advocacy Coalition Framework

This section will focus on testing ACF propositions and will be split into the key components, namely: policy sub-systems and external events.

### 5.1.1 Policy Subsystem

This first subsection tests the extent to which actors and groups involved in Polish drug policy had matching core values prior to policy change in 2000 and could be considered coalitions advocating for distinctive policy options. This will be shown with opinions of policy actors who were present at the time as well as other evidence. Proposed mechanisms and measures for process tracing are summarised in table 34. During data analysis, two key groups with contrasting opinions on drugs, drug addiction, and possession were identified. The first group is the 'conservative' group whose core values are congruent with abstinence, social control, purity, and respect for authority. Some of the most notable members of this group include certain NGOs, the police, conservative politicians, and the Catholic Church. This sub section will start by describing this group since evidence for overlaps in their core values and cooperation is much substantial than for the other group, who will be referred to as the liberal group. The core values of the liberal group are congruent with individual freedom and some of the most notable members include addiction experts, and a few liberal politicians. As will be shown throughout this section – both groups accepted and advocated for some form of harm reduction, although these voices were more mixed on the side of the conservative group. Before evidence is explored in support of the view that these were indeed coalitions and coordinated their action – both will be referred to here as conservative group and the liberal group - as opposed to the conservative coalition and the liberal coalition.

**Table 34:** *Mechanisms and measures derived from Sabatier & Jenkins-Smith (2006)*

Proposed mechanisms	Possible measures
Coalitions cooperated to achieve preferred policy option	<ul style="list-style-type: none"><li>- Evidence showing that some groups and actors involved in drug policy prior to 2000 had matching core and policy values.</li><li>- Evidence demonstrates rational cooperation between actors and groups in trying to change the policy from 2000.</li><li>- Evidence showing that groups and actors showed consensus on issues pertaining to policy core and less on secondary aspects prior to change in 2000</li><li>- Evidence for changes in subsystem coalition, and as a result – a revision of policy core attributes in Polish drug policy.</li></ul>

*Conservative group – core values are congruent with abstinence, social control, purity, respect for authority*

Based on the opinions of all Polish interviewees, it is clear that the majority of groups and actors – many who emerged in Polish drug policy in the decade prior to the change – wanted the amendment 62 to pass. A government official who was present at the time, for example, says that “the vast majority supported the change” (Jablonski). An ESPAD researcher in a similar manner describes that: “... everyone really supported it and that’s why it went through so easily.” A Polish NGO worker specifically recalls three groups supportive of the amendment 62 (Sieniawska). She categorises these groups based on stances they held during social consultations which took place before the amendment was passed. The first group consists of therapists, doctors, and experts sympathetic with tighter regulations. She then highlights police officers as well as prosecutors who make up the second group. Finally, she talks about the group consisting of local authorities and politicians who also lobbied for the change. All of these groups will be explored throughout this section.

*NGOs in the conservative group*

According to Agnieszka Sieniawska, the views of addiction specialists in relation to amendment 62 are complicated and can be split into two groups - those who were supportive of the amendment and those who opposed it. She firstly talks about MONAR who were the first professional organisation to deal with drug addiction in Poland (see appendix one):

*We have MONAR here which grew to be the leader in the 1980s in Poland but not only was it a therapeutic leader, it also monopolised the addiction recovery market. Like an octopus it spread its tentacles over Poland. And imagine that our methods are mostly based on the drug free approach because MONAR is so powerful.*

A current government official emphasises the influence of MONAR by saying that the whole system of countering drug addiction in Poland is generally built on ideas presented by the organisation (Malczewski). The stance of MONAR on the introduction of the amendment is, nevertheless, more ambivalent. Many of the respondents, including those who still work for the organisation claim that it was divided between those who were for and against the amendment. One of the current workers explains that MONAR was never for punishing people (Koczurowska). Another respondent similarly claims that MONAR was against the amendment and during some of the discussions argued that the amendment 62 “will hit their clients” (Klinowski). These differences in opinions are also geographically reflected across the country with some MONAR centres emphasising abstinence and some putting more focus on harm reduction. The MONAR centre in Krakow, for example, is considered more liberal than the others in the country. This is a first indicator that the problem of drug use and addiction didn’t mean the same things to different members of the group even within individual institutions.

The central values of MONAR are nevertheless based on abstinence and many argue that MONAR's official stance at the time was supportive of the amendment. One of the senior MONAR employees explains that organisations who deal with a "drug free approach" such as MONAR would have benefited "from this sort of political approach" (Wodowski). Agnieszka Sieniawska also describes MONAR as likely inclined with the amendment 62 since "their drug free" values would have aligned well with "punishment politics." She explains how MONAR's ideology was black and white and focused on abstinence as opposed to alternatives, such as substitution and maintenance. The drug-free stance was not exclusive to MONAR. Former Minister of Health, Marek Balicki, describes how substitute treatment was thought of by the dominant experts in Polish psychiatry during the 1990s as unethical. Experts at that time claimed that substitute treatment was maintaining addiction. He further explains how the substitute treatment was overshadowed by the 'MONAR approach' focusing on full abstinence "even though the effectiveness of their methods were questionable."

Another NGO emphasised by the responders is Powrot z U (Return from Addiction). Powrot z U is an example of an association of parents of children with drug problems, and according to one of the officials it was really supportive of the amendment (Malczewski). Their stance is well reflected in the letter sent to MP Hausner who cited it in Seim (2000):

*I received this letter from Powrot z U. The letter states that "previous law (1997) proved to be harmful from the point of view of entities dealing with reducing the phenomenon of drug addiction. The proposed changes (amendment 62) may significantly reduce drug use among children and adolescents."*

There is an emphasis on parental organisations, such as Powrot z U and their influence. One of the government officials describes how the parental organisations "had an important voice" (Malczewski). Their importance is a result of two factors. Firstly, during the early stages of Polish drug policy in the 1990s, many of the NGOs dealing with drug use and addiction were not professional movements. According to Malczewski - "they were very bottom up." Alternative and more professional voices were therefore in many ways absent. Secondly, these NGOs had a lot of power due to their parental status - an element which is given more attention throughout this chapter. A few who criticised the drug free approach and advocated more radical alternatives, such as legalisation of drugs were quickly criticised for not wanting to protect the children. Overall, the parental groups can be viewed in this context as an elite group due to their status.

The 1990s were in general described by Professor Krajewski as a period when many radical NGOs appeared. Some of these groups were linked to the Catholic Church and adopted radical abstinence as their core value. He does nevertheless also explain how these methods were not popular with other members of the conservative as, for example, Krajowe Biuro Do Spraw Przeciwdziałania Narkomanii (the National Bureau for Drug Prevention - NBDP). The NBDP was created in 1993 and is situated under the Ministry of Health. The NBDP serves numerous functions, including gathering epidemiological data and providing advice to the government. In some ways its roles also resemble

some of the tasks of the British ACMD. During its early years of existence, one of the main objectives of the Bureau was also to financially support NGOs who dealt with drug use and drug addiction. The streaming of resources thus reflects some elements of the pluralist frameworks since by supporting these groups financially, their existence was ensured. Without the Bureau and its financial resources these groups would have struggled to exist.

The Bureau considered radical methods described by Professor Krajewski as unethical and like other members of professional therapeutic communities “tried doing something about them.” This exemplifies presence of different voices at the time. Although the abstinence paradigm dominated Polish drug policy, radical abstinence was scrutinised amongst the conservative group. This is also demonstrated with the importance placed on the needed exchange programmes. The ultimate goal of the conservative group was a drug free country, but needle exchanges were present as part of the Polish drug policy from early on in the 1980s therefore incorporating elements of harm reduction. The Bureau was likewise critical of the amendment 62. A current Bureau employee remembers an internal discussion before the amendment was introduced and claims that there were critical objections as many worried that the amendment is not going to achieve its objectives (Malczewski). The Bureau, however, seems to have less importance in relation to the amendment 62. It is placed in an advisory capacity, and public health, and does not have a large voice in relation to legal regulations. It seems to be dominated by the government and predominantly possesses autonomy in relation to how policy is implemented or deciding which NGOs are given support.

### *Police*

One of the most influential members of the conservative group which - according to many respondents - demonstrated the greatest desire to amend the law in 2000 was the police. What provides strong evidence for the importance of this mechanism is how the police were mentioned by MP Wawak in the drug debate prior to the amendment (Seim, 2000):

*Representatives of the police confirmed that they support removing the ‘side-door’ for organised crime (amendment 48(8) from 1997) following the footsteps of Western European countries, such as: Austria, Belgium, France, Sweden and introducing a total ban on drug possession.*

Police officers at the time allegedly explained how they wanted to create informers out of those caught with small amounts of drugs and use them to apprehend the dealers. The core values of the police are well reflected in their stance on other drug policy models. Former Police Commander, Adam Rapacki, recalls how the police considered solutions adopted in the Netherlands in the form of depenalisation. He mentions a conference where experts and police officers from the Netherlands explained their model. He concludes that “they didn’t convince (the Police) to these liberal solutions which were implemented there (Netherlands).” He explains that the Polish police were worried about drug tourism and the ease with which apparatus and cannabis could be imported into the country.

During the 1990s, the drug-crime link was more firmly established as the police became more involved in Polish drug policy. There seems to be an overall consensus amongst the interviewees that it was a result of increased involvement of organised criminal groups in importation, exportation, and distribution of drugs. Many interviewees argue that this is when the police began establishing new specialised anti-drug bodies. These were – according to Rapacki – created from the beginning of the 1990s. They had centralised structures but also had their own cells in each province. In 1997, a Bureau for countering Drug related Crime was also created in the Police Force. This body was later joined with other structures for countering all forms of organised crime under the Central Bureau of Investigation. Their focus was on countering production, sale, and distribution. The drug-crime connection nevertheless began stretching beyond the realms of organised criminal groups. Some began to argue that users commit crimes in order to fuel their drug habits and are therefore part of the problem. Rapacki recalls that more sophisticated legal tools were therefore needed as “existing at the time solutions became obsolete.” There was – according to him – a need for more complex law which covers treatment and medical help but also encompasses prevention and allows to “fight narcotics.” Rapacki describes a general sense of friendship between himself and other members of the conservative group. His statement also acts as strong evidence for some cooperation amongst members of the conservative group:

*When I was the police boss and when Piotr Jablonski was their director (NBDP) or Olaf Maier ... we were friends and this cooperation was going really well ... as the police back then we were putting great emphasis on prevention ... Basia Labuda was helping us when she was the Minister.*

Police officers were, for example, active in numerous prevention campaigns. They were attending schools and conducting training sessions for those dealing with addiction, such as teachers and school rectors. He specifically recalls one campaign called “you use ... you lose” which was conducted alongside Minister Barbara Labuda. Drugs were beginning to be treated “in a complex way” and elements of prevention and countering were closely interlinked. Media and other members of the conservative group were also cooperating at the time. He explains how they “managed to persuade the media to cooperate” in creating prevention campaigns. This will be further described in section two of this chapter. The current head of the NBDP (Jablonski) nevertheless implies that there were possible misinterpretations amongst different members of the conservative group. Jablonski explains how, for instance, many police officers at the time associated needle exchange with facilitating drug use and considered it a crime. As a result, the NBDP was forced to react and specify that harm reduction is not facilitating drug use and it is the major pillar of drug policy. Increasing awareness amongst police officers also became an important objective. Officers were taught that: “people addicted to drugs are sick, and that the real criminals are the people who profit from selling them drugs” (Jabłoński).

## *The Catholic Church*

The Catholic Church is arguably the most ambivalent member of the conservative group. The stance of the Catholic Church on the amendment is not clear but it can be considered a member of the conservative group due to its conservative values and belief in abstinence. The potential role of the church can be viewed from two different angles. Firstly, in relation to anti-drug campaigns, and secondly - in relation to disseminating its views in churches and influencing public opinion.

The majority of interviewees indicate that the Catholic Church was relatively absent from policy debates before the amendment was passed. Jablonski views the role of the church as “morally ambiguous.” He claims that church was passive on the topic of drugs and does not recall a particularly strong stance in either – criminalisation of possession or continuity with decriminalisation of possession. He does, nevertheless, describe how individual priests were at the time very active in helping AIDS positive people, and that could have been what the church and priests associated drugs with. Barbara Labuda similarly recalls that the church was “unwilling to cooperate in her anti-drug campaigns and was simply doing its own preaching.” Agnieszka Sieniawska, on the other hand, contrasts these opinions. Her stance is that church supported the reform due to its conservatism but did so in a silent way. She believes that the Catholic Church does not play a major role in the policy environment but somewhere its stance could be influential – especially considering that church wasn’t supportive of harm reduction nor drug use in general. The opinion in the right-wing daily *Rzeczpospolita* (2009) supports that claim. The article explains that “there are different views (in the Catholic Church) when it comes to addiction with many priests participating in needle exchange and harm reduction.” The stance is nevertheless clearer when it comes to the substitute treatment:

*The biggest opponent of the left when it comes to this (substitute treatment) is the Catholic Church. Its opinion is clear. It should not be allowed to substitute some narcotics with other narcotics – weaker, such as methadone used to treat heroin addiction. Using half measures in the name of the lesser evil does not lead to the elimination of the phenomenon and it deepens it.*

Overall, the stance of the Catholic Church on the context of 2000 is not as strong as anticipated. As demonstrated in the quantitative section there is some evidence to support the view that religious affiliation may have some influence on use, but it does not seem that the church as an institution had strong views on drug possession in the official sphere.

## *Liberal group – core values are congruent with individual freedom*

A coalition which would align with values congruent with individual freedom was absent in Polish drug policy at the time. Balicki explains how the only actors who opposed the change of 2000 were those dealing with specific areas of harm reduction. A few respondents, for example, mentioned that “prison services were particularly worried about the effects of the new amendment, as they believed

that prisons will be overcrowded” (Sieniawska). The opposition to repressive solutions came predominantly from liberal political actors. The reason why Polish drug policy managed to preserve its liberal character seems traceable to the political context and power of the ruling groups. Balicki expands how there were two political camps with distinctive opinions on the drug topic in the 1990s. The first group is the liberal camp which had greater opportunities up until 1997. The government during that period was a coalition between two left wing parties: Democratic Left Alliance (SLD) and Polish People’s Party (PPP). The Democratic Union (DU) which later merged into the Freedom Union (FU) was likewise active at the time. It was described as consisting out of liberal people with voices which “had a good degree of influence in many areas” (Balicki). This is where a degree of cooperation can be seen. According to Balicki - when “populist tendencies began to wake up” and some attempts were made to make the laws more restrictive in 1997, Balicki along with other liberal politicians “effectively resisted these proposals.”

*Conferences were organised, experts from the U.S and Open Society were invited, and letters were written to the executive. This with an overlapping confusion during the vote in Seim allowed the liberal law to survive.*

The political context as a whole was favourable for these actors. In the newly reborn country, the political climate was described as “more flexible” by Balicki. In the 1990s, parliamentarians were able to achieve policy success in groups as small as three people. He describes his personal involvement and cooperation with other likeminded politicians, such as MP Kuratowska. He claims that they were sometimes “pulling things together.” The Seim Marshall, Kozakiewicz, also shared a more liberal outlook on the topic of drug. Such flexibility – according to him - is now impossible since “one is now forced to vote along with the parliamentary club lines.” Overall, apart from actors like Balicki and a few others who resisted, there does not seem to be evidence for existence of a group congruent with values of coalition A. The liberal actors will be therefore simply referred to as ‘those opposing more restrictive solutions.’

In some ways the evidence for change in the political context provides strong evidence for why the law became more restrictive that year. Making the law more restrictive most likely fell in line with the ideas of members from the conservative group, but they were unable to do so without the right political support. Although other members were able to lobby and create a certain anti-drug discourse – they were unable to introduce or push the amendment through themselves. Professor Krajewski stated that it is difficult to explain the amendment in a singular way with a ‘wave’ of similar opinions leading up to the criminalisation:

*It was more of an outcome of the situations ... political forces ... or finding a prominent person who started to disseminate their views in the public sphere ... what influenced public opinion.*

In 1997 the conservative party - Solidarity Electoral Action (AWS) won the elections, but in order to obtain the parliamentary majority it was forced into a coalition with Freedom Union (FU) with Aleksander Kwasniewski as President, Jerzy Buzek as Prime Minister, Lech Kaczyński as the Minister of Justice and his deputy Zbigniew Ziobro. The core values of the AWS are reflected in the statement by Adam Rapacki who claims that the AWS were “traditionalists and treated narcotics as an absolute evil which had to be fought against.” In addition, he adds that the “problem of narcotics (was) very clearly ... negative to them.” This is likewise directly exemplified in a speech by AWS MP Baszczyński (Seim, 2000):

*In the name of recreating social awareness, and in the name of recreating awareness that drugs are evil, I want to one more time express my faith that this amendment (62) will become law.*

The core values of AWS MPs thus match the core values of other members of the conservative group, such as the police, and parental groups. In describing the political context, it is nevertheless important to remember that the amendment 62 wasn't a governmental initiative. Professor Krzysztof Krajewski believes that the government wasn't preoccupied with the whole matter. Furthermore, he claims that the government “didn't have an unequivocal stance but most likely decided to not go against it.” The amendment was in fact introduced by a group of AWS MPs. Jerzy Hausner acted as their head and represented the Christian National Union - a right wing group with values “based on the pre-war National Democratic” party.

Krajewski concludes that the amendment was therefore predominantly an outcome of parliamentary majority. Marek Balicki similarly emphasises the political dominance and directly links the amendment 62 to the conservatism of the governing party in the years 1997 - 2001. As the AWS had won the parliamentary majority, the FU was forced to align itself with the AWS in order to stay in power and they lost the voice they previously had to defend their ideas (Balicki). This coincided with other mechanisms, such as declining flexibility of the political context, and increased susceptibility of politicians to adopt populist tactics.

In conclusion, evidence reported here provides some evidence for mechanisms from table 34. This section demonstrated the emergence of actors and groups who cooperated to aim for a drug free country, with some of them also advocating for amendment 62. Recollections of actors involved in Polish drug policy at the time indicate that these groups agreed on core policy ideas (creating a drug free Poland) but less so on secondary aspects (harm reduction approaches and sometimes amendment 62). This is, for example, shown where at certain times, there were disagreements between more radical NGOs, the Church, the NBDP, as well as the police. That said, there is no evidence to support the view that these groups were indeed coalitions, who coordinated their actions in a rational way. Substantial evidence for centralised cooperation of these groups to achieve amendment 62 is absent. In addition, there is no evidence to show that the liberal coalition exited or coordinated their actions to oppose the conservative coalitions - apart from actions of political actors who lost the majority of influence in 1997.

### 5.1.2 External Events

There were also a number of changes and events which could have shocked the sub systems and values of the groups described in the previous section. The collapse of the Iron Curtain can be considered an event here which activated two mechanisms – mixing of Polish and western experts, and the desire to be closer to The West. This section will test if these mechanisms really created a crisis of confidence for liberal actors opposing the change, and if the conservative group attempted to capitalise on these mechanisms and tried to demonstrate that their beliefs system was better equipped to solve them.

Many of the respondents agree that external influences on the Polish drug policy were felt at least in some ways. This mechanism has three sides to it. Firstly, there is the influence of foreign organisations on the policy actors, including those involved in addiction and rehabilitation. Secondly, there is the possibility of copying prohibitive western laws and enforcement tactics, to secure its position as a western country. Finally, ratification of the Vienna Convention 1989 could have also been a mechanism that pushed Poland towards criminalisation.

An NGO worker who used to work for 'Return from A', explains how many Polish experts were going to the U.S in the early 1990s and American experts were likewise coming to Poland to participate in the training sessions. He speculates that if the American law was more restrictive than the Polish law, a mixing of experts could have had some influence on later choices to make Polish laws more restrictive. This is directly contradicted by the FOCAL point worker who claims that these experts didn't have a significant influence. He views possible influence of liberal actors and NGOs in a similar way. He claims that this is especially evident in relation to the Open Society Foundation (OSF). He recalls how the OSF was active at the time and even invited experts from South America in order to demonstrate the flaws of the War on Drugs. In his view, however, these panels never brought about expected results as what they presented was a "very distant perspective" for many in Poland (Artur Malczewski).

An important mechanism which became apparent during that period was the Polish desire to be closer to the western countries. Krawczyk describes how in the aftermath of the Cold War, Poland desperately tried to "sign up to the western club." As a result, the government was willing to do "everything that the West wanted" - in order to differentiate itself from the Soviet *ancien regime*. This falls in line with the points made in the literature review which claimed that Polish mentality at the time is reflective of a desire to differentiate the country as much as possible from the previous system. Polish policy makers were trying to adopt the most radical options. Ideas offered by the Western States and Geo-political organisations could have therefore carried more weight for the Polish policy makers. Professor Krajewski narrates that any legal change at the time was also closely associated with prospects of joining the European Union and NATO. He believes that as the United States played a very important role in allowing Poland into NATO, it was important to give into pressure the US exerted on some elements of drugs policy. This was, for example, very evident he recalls - in a State Department report emphasising the role of Eastern European countries - in particular Poland - as a new transit route from Asia. He likewise recalls that the arguments from the report and influence of

the U.S were reflected in parliamentary discussions. Similarly, a current ESPAD worker also believes that other international groups, such as UNODC and WHO emphasised the importance of Polish geography and how it may facilitate transit of drugs.

Interpreting the Vienna Convention 1989 in a prohibitive way would likewise support the argument on trying to become more closely aligned with the Western countries – especially the United States. The current Director of the NBDP emphasises the role of the Vienna Convention and claims that it was used as “one of the key arguments for penalisation.” The interpretation of Vienna Convention in a punitive way could also reflect other mechanisms since it does not deterministically specify that possession must be a criminal offence (Bewley-Taylor, 2003). This was highlighted by Jablonski who believes that this shows a lot about a Polish way of thinking:

*Polish interpretation was like this: if we ratified the convention then penalisation needs to be introduced there is no other way. 'If we accepted international law then its direct effect is introduction of penalisation.'*

Balicki also explains how this interpretation fed into the Polish ‘rule of legalism’ where “if it’s written that you can’t ... then you can’t ... black and white.” What nevertheless provides strong evidence for influence of the Vienna Convention on amendment 62 is the statement by MP Hausner (Seim, 2000) who explains that:

*Vienna Convention of 1989 soothed the Convention from 1961 ... our amendment is more in spirit of the Convention from 1961.*

Overall, this short section demonstrates how several external mechanisms had a degree of influence on the Polish drug policy setting. A number of mechanisms were indeed activated which were then used to support the position of the conservative group. The evidence presented here nevertheless does not fully support hypothesis five of the ACF. It does not seem that these events took a form of an ‘internal shock’ where those who supported less restrictive solutions suddenly joined the conservative group. These mechanisms were effectively exploited in the political context by the conservative group to weaken the position of liberal actors who preserved the liberal laws during the 1990s and earlier. However, since coalition A didn’t exist, these mechanisms couldn’t have weakened their beliefs system as presented in ACF.

## Conclusion § 5.1

Using process tracing it was shown that ACF presents some explanation of amendment 62 from 2000. Sub section 1.1 shows the emergence of groups and actors who contributed to its passing, including: various NGOs, specialised police bodies, and how they cooperated with politicians. The evidence

nevertheless does not support the view that they acted in a rational and coordinated way. A degree of cooperation can be seen in how these actors and groups used each other's statements and ideas. The ideas and proposals of the police and parental groups were, for example, disseminated by the conservative MPs during the drug debate. Their cooperation is nevertheless predominantly seen in prevention campaigns, as opposed to passing of the law. It seems that all of these actors and groups cooperated in creating a certain setting, and the amendment 62 seemed like a natural extension to that setting, but it cannot be said that actions of the conservative group were really as rational and centralised as anticipated by Sabatier and Jenkins-Smith (2006). This section also shows how some influence of external factors, and overall 'desire to be closer to The West' likely exerted influence on the policy setting at the time.

There is also no evidence to support existence of an advocacy coalition formed by members of the liberal group. There seem to have been some loosely connected policy players who opposed the amendment, but they were predominantly found in the political context. The ability of the liberal actors to assert dominance over this matter began to change during the 1990s with emergence of the drugs-crime link, activities of the pro-abstinence groups, as well as changes to the political climate. The evidence from the political section explains why the policy change took place in the year 2000. The election of 1997 significantly weakened the ability of liberal actors to defend their policy preference. As will be shown in the following section, the political change also put more conservative actors in a position of power where they were able to reinforce their position through strategic actions.

## § 5.2 Policy Constellations

In PC terms, the conservative group can be understood as the conservative constellation. Since the liberal coalition didn't exist, but there were some loosely connected liberal actors, they can be referred to here as forming part of the liberal constellation. The aim of this subsection will be to test if some drug policy actors used their systemic advantages to achieve preferred policy options. The focus will lie with how abstinence orientated members of the conservative constellation were not only more numerous, but also enjoyed systemic advantages. This will be, for example, demonstrated in their use of media power which was used to influence social perceptions and to reinforce their position. The following sub section will also demonstrate the public sphere in Poland, and how some succeeded at having their empirical realms accepted as the truth due to systemic advantages they enjoyed. This will be described from three different angles using frames. Firstly, in relation to how drug use and drugs were presented by the media, and which discourse dominated. Secondly, how drug use and drugs were presented in the widespread national campaigns which could have also influenced people's way of thinking. Finally, how the need for the amendment was presented.

**Table 35:** *Mechanisms and measures derived from Habermas (1981) and Stevens & Zampinii (2018)*

Proposed mechanisms	Possible measures
Systemic advantages enjoyed by policy actors contributed to the policy change from 2000	<ul style="list-style-type: none"> <li>- Evidence of media power of some policy makers (e.g., dominant media discourse; interviewees admitting to enjoying preferential media treatment/access).</li> <li>- Evidence for how systemic advantages allowed some actors to frame the drug issue in a certain way.</li> <li>- Evidence for strategic communication.</li> </ul>

### 5.2.1 Public Sphere in Poland

The aim of this subsection is to demonstrate the extent to which rational debate and communicative action were present amongst experts during policy stages. The key theme present in this sub section will be the use of Habermasian (2006) social power as some actors were able to use their status to disseminate the need for amendment as morality policy (Euchner, 2019) and due, to their status and resources, have it accepted as the truth.

Agnieszka Sieniawska describes how the amendment of 2000 was introduced after social consultations where different groups were given an opportunity to speak out via sub-commissions. This is indicative of different voices being collected before the policy decision took place. Barbara Labuda also describes how there were numerous discussions on what should be done about the problem of narcotics. She explains how “politicians, community workers, doctors, and therapists with

different views” were present. Labuda mentions the Former Minister of Health, Marek Balicki and how he was supportive of total legalisation and how she was, on the other hand, supportive of “soft repression” and “not putting people into prisons.” Her narrative therefore creates an impression of a pluralist setting, or an ideal speech scenario, where different voices were collected, no one was prevented from participation, and amendment 62 was to some degree an outcome of a rational deliberation amongst these groups and actors.

To other respondents this reflection of communicative action seems to be a façade. Marek Balicki recalls how his liberal “opinion was exceptional in that team.” In addition, discussions and debates – according to him – although present were “emotionally charged.” Other respondents claim that parental organisations dominated the meetings with radical views. They were not considered experts, but their voices had a lot of influence. These groups had social power as their status allowed them to defuse counterarguments that would favour continuity of the liberal law. They often described the liberal law of 1997 as harming their children and blaming it for their children’s misfortunes. According to Professor Krajewski, some experts and politicians found their presence troubling. They believed that due to their traumatic experiences, parental groups should be moved away from drug policy and decision making “as they were not neutral participants.” Others were also sceptical of the view that having a child who is addicted to drugs is a good enough reason to be declared an expert on addiction and drug policy.

Rapacki agrees from a different angle but explains how back in that period, “voices advocating for a differentiation between soft and hard substances, for example, were weak.” They only appeared once it became clear that police are stopping everyone equally for possession of narcotics after amendment 62 was passed. The ‘gateway effect’ mechanisms likewise dominated the discourse in certain ways. Many members of the conservative constellation disseminated the view that there is no point in separating drugs into different classes as softer substances lead to harder substances and are therefore equally as harmful (Krajewski). A current FOCAL Point worker explains that “there was this way of thinking that all substances are bad ... and if something is bad we shouldn’t differentiate if something is less or more dangerous.” Another respondent in a similar way describes how policy makers “adopted this idea that if you smoke a joint, you later inject heroin.” This opinion is also well exemplified in a comment by MP, Marian Krzaklewski (AWS) who said that: “acceptation of so called ‘soft drugs’ leads to general domestication of a drugs culture which then brings about hard drugs ... their spread and often irreparable addiction of young people” (Seim, 2000).

### *The role of evidence*

Both identified constellations tried to have their empirical realities accepted as the truth. However, certain types of evidence – especially originating from the conservative constellation - dominated the policy debate in the 1990s. These were deployed by AWS MPs who gained power in 1997. Firstly, MPs argued that permissiveness of the law from 1997 allowed the drug market to grow. MP Sikorska-Trela uses the Police report to argue that: “drugs touch 40% of children in primary schools and 70% in middle

schools.” MP Walczyńska-Rechmal then claims that “10% of young people use drugs systematically.” Similar sense of urgency was also created in a statement by MP Wawak who claims that in 2000 there were already 200,000 people addicted to drugs in Poland. One of the key policy actors – Barbara Labuda also claims that growing prevalence was the main reason for the amendment 62:

*I started to deal with this problem with some people and some therapists ... after the research which I conducted as an MP ... it became apparent that the worst problem were narcotics ... a growing social phenomenon ... firstly it was 9% ... 10% ... 12% and so on. Today its 40% or 50% ... so it was happening extremely quickly.*

She describes the problem without specifying the substances or the characteristics of the problem and reduces all of the different substances, and their harms to a single category of a ‘drug.’ She then links the growing phenomena with different criminal activities, such as “weapons trade, violence, and prostitution” and summarises that drug use is “much worse and destructive than alcoholism.” All of these statements present different pictures and mix concepts of addiction, access, problematic drug use, and drug use as a whole. Some MPs therefore tried to question the validity of these claims. MP Zakrzewski, for example, asked (Seim, 2000) how “this research was conducted, and with what methods.” MP Baszczyński then replied that he asked for specific details from the sub-commission, “but detailed information was not granted” he was therefore “unable to respond as he didn’t have this knowledge.” Overall, the validity of these claims were also picked up on by MP Ulicki (SLD) (Seim, 2000).

*Who knows in this room how many drug addicts there are in Poland [...] We do not know the scale of the problem, the size of the problem, and the phenomenon has not been quantified. No epidemiological studies have been conducted in Poland, there are myths about the number of drug addicts. Recently I read that there are 27 thousand drug addicts in Poland. I also read recently that there are 40,000, and at other times that there were 3 million.*

Chapter five shows how drug use has indeed increased in the second half of the 1990s (at least among adolescents) but these claims were exaggerated by the politicians. When compared to other European countries in 1995, cannabis and hashish use were under the European average (10% vs 12%) and so was use of other drugs (4%). That changed and cannabis use increased by 6.8% from 10% in 1995 to 16.8% in 1999 (still in the European average). A large increase can also be seen in amphetamine use from 2.9% in 1995 to 8.9% in 1999. However, it seems that proportionately an overall increase in use in years 1995-1999 was predominantly driven by unprescribed tranquilizers and sedatives (18% in 1995 and 20% in 1999) as well as inhalants (9.4% in 1995 and 9.0% in 1999). These would be largely accessed through pharmacies, and other sources as opposed to dealers.

The emotional narratives (Habermas, 1982) concerning criminal groups and use by children were nevertheless powerful diffusers of any criticism. The conservative politicians claimed that the law of 1997 allowed organised criminal groups to flourish. The MPs based that claim on the work with a sub-commission with police officers and claimed that amendment 48.4 (1997) prevents the law enforcement from prosecuting dealers and mafia bosses. They then argued that with the use of amendment 62, they will be able to reach the “centre ... the mafia ... those who organise drug trade” (Seim, 2000). Klinowski further describes how the dominant narrative at the time was that drug dealers were present in the vicinity of the schools with small quantities of narcotics and if these small quantities are made illegal then it is going to be difficult for dealers to defend themselves if caught. This opinion is reflected in some of the most vocal voices behind the amendment 62, such as MP Krzaklewski (AWS) (Seim, 2000):

*Not punishing for possession of small amounts opened up Polish schools, not only middle but also primary, as well as clubs and coffee shops for drug trade which lead to approximately 200,000 addicted people.*

The same MP further explains how the “real drug war” reaches increasingly younger people “sometimes as young as seven.” ESPAD data does show that perceived access became easier (chapter five). More respondents thought in 1999 than in 1995, for example, that cannabis is easy to get, and less respondents thought that it was impossible. Very similar results are also seen in relation to amphetamine. Perceived accessibility to tranquillizers, on the other hand, has been relatively similar from 1995 to 1999. These changes were nevertheless disseminated in a sensational way. Agnieszka Sieniawska explains how fear tactics linking to children were also used with an advertising campaign showing a “grave and a mother and the mother was saying that she would rather have her child in prison than at the graveyard.” In many ways addiction and the picture of the moral downfall was again linked to the perceived failure of the article 48.4 from 1997. Many AWS MPs expressed their view that the law of 1997 created a social belief that possession for own use was legal (MP Baszczyński) (Seim, 2000):

*Ladies and gentlemen! Let's not be blind. From 1997 a conviction appeared in our society that possession of small amounts for own use and therefore taking drugs ... is legal ... is permitted.*

Ineffectiveness of the law from these three angles was then used to create a sense of urgency and the whole phenomena was dressed into something that resembles a national emergency. MP Krzaklewski (Seim, 2000) in one of his conclusive statements, for example, claimed that:

*Today's debate is unlike hundreds of others in this hall. It's similar to a few ... maybe a dozen cases during mandate of every Sejm where decisions of extradentary nature ... of a human and humanitarian character have to be taken.*

The evidence presented here fall in line with the ideas presented by Kangas et al. (2014) who argue that values are more important than knowledge, and Loseke (2003) who shows how fear or anger are adopted to create a sense of urgency. In one of his concluding statements, MP Krzaklewski (Seim, 2000) uses emotive language where he says that: "a great number of these human tragedies, which especially touch younger people, is a result of the faulty law which we finally solve today." Arguably, increasing drug use would have never got the attention of as many people and would not be considered as grave if it didn't include children. Family is an important part of Polish society and drugs were portrayed as an attack on users and mothers. A former Minister of Health explains how in fact the amendment was passed so quickly because it was difficult to vote "against something used to 'protect children' and 'schools.'" Overall, this section shows the empirical realm favoured by the conservative constellation which viewed drugs in a sensational way and as causing a particular threat to children was accepted as the truth.

#### *Using Media Power in the Conservative Constellation*

For Habermas - public opinion is important not because it 'rules' but because it points out policy makers in particular directions through communication channels (Habermas, 1996). Many interviewees argue that negative perceptions towards drugs always existed in Poland, and this never really changed. Some of the respondents claim that: "Polish society was always conservative" when it comes to drugs (Agnieszka Sieniawska). An ESPAD researcher also claims that drugs are "culturally foreign, unknown, and were always portrayed as dangerous in Poland." This could have been due to the lack of experiences with other substances across the time, as well as due to the fact that attitudes were predominantly initially shaped by the heroin pandemic. It could thus be argued that existing negative public opinion 'pointed' policy makers towards criminalisation. As will be explored in this section, however, a number of mechanisms prevented a considered public opinion from emerging. This will be explored with the use of Habermasian media power or the ability of some actors to use their privileged access to media and using it to influence the societal views. An ESPAD worker recalls how throughout the 1990s, the media informed the general public that drug use as well as addiction are becoming widespread in Poland in a "very incompetent and sensational way." This view is shared by Professor Krajewski who in a similar way describes how during the 1990s "the problem of narcotics became much more visible in the public discourse in Poland."

Piotr Joblonski likewise recalls how in the 1990s media became interested in drugs, but the ways in which drugs and users were portrayed have changed. Whereas before drug users were presented as victims of their addiction and victims of others, they increasingly became associated with other forms of crime. Drug users were presented in relation to robbing and stealing in order to fuel

their habit. As a result of these connotations - it became increasingly believed that prevention and rehabilitation were no longer the only mechanisms capable of dealing with the drug problem, and there was also need for legal sanctions (Jablonski). Another respondent contrasts how drugs are presented in recent years with how they were presented before the amendment 62 in the media. People's opinion on drugs and people who use drugs is being influenced with commercialised media who depict them in a very negative and simplistic way. Many people then accept these portrayals as the truth. Krawczyk, for example, recounts how drugs were always presented as mysterious and shrouded in a vision of moral downfall on the Polish TV. All major soap operas always had a young protagonist who took drugs and overdosed or went to prison because of them. In his words - "drugs were the gates to hell." These soap operas were then predominantly watched by older people "who also go and vote" (Krawczyk). In the 1990s and early 2000s these images were easily created. TV series or streaming platforms like HBO or Netflix which now produce informative series on drugs were absent. Since social media was non-existent, newspapers as well as TV had the monopoly on influencing public attitudes. This also supports Habermasian (1989: 165) idea on stimulation as a key function of mass media as opposed to education and creating guidance for the public.

Another respondent similarly describes how negative attitudes surrounding drugs were reinforced by the media (ESPAD worker). He believes that "media are ruled by their own rules" and easily increased public anxieties regarding widespread drug use. In addition, after new substances became more widely available in Poland during the 1990s, a panic appeared which was fuelled by the media who claimed that addiction is becoming more prevalent. This further demonstrates how media actors could have been partially responsible for influencing public opinion on drugs prior to the change of 2000. As a result of these negative opinions, the public could have then directly created pressure on the government to take some actions (Habermas, 1996). An ESPAD worker refers to media in relation to not only how it "influences the society - but also how it influences the politicians." This is according to him important as "politicians very frequently look at social attitudes through the media prism." He further expands that often instead of research, "politicians prefer tracing social attitudes through newspapers." This is directly reflected in a parliamentary speech by Krzysztof Baszczyński MP (AWS) (Seim, 2000) who uses what he saw on the television as one of the arguments for penalisation:

*We see on public television youth advertising their use by saying 'it's not illegal so we are allowed' ... we will take it once ... we will take it twice ... its nothing dangerous.*

Another strong evidence for influence of perceived public opinion on the amendment can be well seen in the statement of MP Cycoń (Seim, 2000):

*A rather radical public opinion demands for tightening and more effective fight with criminality ... it empowers (us) to take every attempt to fight the plague of narcotics.*

There is a risk here of assuming that these perceptions were created independently of political actions. Politicians themselves used media power to shape anti-drug discourse in pursuit of their own goals. According to one of the respondents - Lech Kaczynski, for example, was at the time looking for a way to break out as a party leader. Klinowski recalls how in late 1990s Kaczynski appeared on TV in what he refers to as a "sheriff role" to explain that amendment 62 won't criminalise people, and it will only be used to apprehend the dealers. Such an appearance was unprecedented up until then. This supports an opinion of another NGO worker who was present at the time and explains how the main motivation behind the amendment was to "build political capital" (Krawczyk). Kaczynski wasn't alone in his approach and Balicki describes how politicians were becoming increasingly prone to populist devices used to reproduce their power. Small groups of conservative politicians could have, for example, blackmailed the majority by accusing them of being 'too leaning to the left' and 'tolerating things.' This 'threat mechanism' as explained by Krajewski could have been very influential in getting the parliamentary majority to push the amendment through. Indeed, this is reflective in how amendment 62 was passed with 367 out of 387 votes, and the only MPs who went against it came from the FU and SLD, including prominent voices like Włodzimierz Cimoszewicz and Bronisław Geremek. The use of media power, however, will probably be best exemplified with actions of Minister Barbara Labuda.

#### *Barbara Labuda - use of strategic action and media power*

The majority of respondents closely associate amendment 62 with strategic actions of Barbara Labuda, and how she used her position to influence public and official opinions. Some say that she had direct influence over the President and even enjoyed a friendship with the President's wife, Jolanta Kwasniewska." Both women often visited MONAR centres and there was a general feeling that they wanted to cure the world" - recounts Agnieszka Sieniawska. A journalist and a former politician describe Labuda's role in the policy process as paramount and believes that: "she was personally convinced that narcotics are a threat to children." In addition, according to him - she also believed the "dealers hover in the vicinity of the schools" (Klinowski).

The experiences of the former Minister could be an indicator of why she took and still takes such a strong stance on drugs. She associates drug use with children and claims that "this phenomenon started with children near the borders." According to her - children were offering prostitution services to pay for drugs. These events shocked her and subsequently she felt the need to do something about them. In 2019 she maintains similar beliefs and in one of her conclusive arguments says that:

*I think that no tumour related illness or any other illness is a threat as big as narcotics in Poland ... and worldwide.*

The mobilisation of media by Barbara Labuda and other members of the conservative constellation in nationwide anti-drug campaigns provides strong evidence of how officials shape public opinion

(Habermas, 2006). The former minister used her status to access and persuade the media that they should all participate in her anti-drug campaigns. She describes how her anti-drug media campaigns were present in every commercial TV station and singles out one achievement with particular pride:

*I don't remember in which year ... I would have to remind myself ... 1999 or 2000 ... we asked all TV stations to play a prophylactic film ... on the same day ... at the same time. Everyone agreed ... it was something incredible ... and that film was viewed by 12 million people so more than people who saw the pope visit.*

She adds that her aim was to show the film at all TV stations at the “same time so people couldn’t watch anything else.” The media initiatives are nevertheless just one element of her campaigns focusing on drug prevention. Labuda first “began anti-drug actions around the 1990 and cooperated with therapists, police officers, and politicians.” Once appointed as the minister in the Chancellery of President, the anti-drug campaigns intensified and “lasted from approximately 1996 to 2005” (Labuda). Her campaigns reflect a view that policy is based on promotion of normative values (Barton & Johns, 2013). The campaigns – according to Labuda - were based on discouraging drug use as well as “awareness, emotions, feelings, and a value system.” Different education bodies, such as primary schools, secondary schools, colleges, and universities were involved in these campaigns. She concludes that tens of thousands of schools were involved in her anti-drug campaigns. A former politician and journalist, Klinowski refers directly to these campaigns in his online blog. He describes the impact of Labuda’s anti-drug campaigns as responsible for creating false consciousness amongst members of the public:

*Her ‘narcophobic’ campaigns reinforced harmful myths on drugs for years preventing changing the ineffective policy.*

He summarises that her campaigns created a perverse relation between the parents of children who used drugs and law enforcement where parents were encouraged to be grateful for repression of their children. In addition, in his view they were made to believe that repression is saving the lives of their children.

## Conclusion § 5.2

In conclusion, section two demonstrates the Habermasian perspective on the Polish drug policy decision from 2000 and evidence presented here strongly supports mechanisms and measures from table 45. Although the setting in which the decision to amend the law creates a façade of communicative action with panels of ‘experts’ voicing their opinions and trying to reach the most optimal conclusion, it does not seem to be the case. The debates were dominated by emotional discourse, and the dominant evidence came from the police. The validity and reliability of other evidence is also questionable. The discourse of MPs is reflective of that as it presented inconsistent and conflicting epidemiological

pictures. As a result of the emotionally charged setting in which the decision was taken, however, the precision of quantitative evidence didn't seem to matter. This section also shows the use of media power where the media participated in shaping of an anti-drug discourse, as well as active use of media by key stakeholders. Some actors, such as Barbara Labuda were particularly active in shaping of the discourse using media power.

## Conclusion – Chapter Five

The aim of chapter five was to test pluralist and critical accounts of Polish drug policy change from 2000. At first glance it could be argued that amendment 62 resembles a pluralist decision since, clearly, the vast majority of groups and actors involved in the policy process – some bottom up – wanted to the law to change. It can nevertheless be disputed if a decision reached in such an emotional setting can be best explained by a pluralist approach. The involvement of parental groups in the policy process is theoretically a strong indicator of pluralism since the powerful gave the opportunity to the ones touched by the problem to voice their views and recommend solutions they would like to see implemented. Yet this is also where the paradox is visible since these groups dominated the policy setting with their emotional discourse which disrupted rational deliberation. The voices of users, on the other hand, were only echoed through communities of practice and mostly concerned problematic users. This demonstrates a structural advantage since voices of parents and certain NGOs mattered more than, for example, voices and cultures of recreational drug users.

The pluralism of the context was further questioned in section two of this chapter where it was demonstrated that some actors enjoyed systemic advantages in creating a favourable setting for amendment 62. In ACF terms, this context exists independent from the policy setting, but in PC, political and media contexts merge. Mass media and politicians who enjoyed media power were able to influence the fragile and only just emerging – Polish public sphere. Polish context provides a good example of how normative preferences intertwine with the desire to pursue own political objectives. Some of these actors like Lech Kaczynski wanted to reproduce political power, whilst others like Barbara Labuda were likely motivated by a sense of wanting to contribute to the common good. The overlap between structural advantages and normative preferences is then seen in how police evidence presented by conservative politicians was given precedence in the policy context. The idea of a pluralist context is further weakened when the reliability of the data used to support amendment 62 is considered. As shown the quality was questionable, and there was also no discussion of recreational use. Whenever drugs emerged in political discourse or a debate, it was only in relation to addiction.

## Chapter Six – Explaining British reclassification of cannabis to class C in 2004

Chapter six attempts to explain the decision to reclassify cannabis to a class C substance in 2004 using MS (Kingdon, 1985), ACF (Sabatier & Jenkins-Smith, 2006) and PC (Stevens & Zampinii, 2018). Using process tracing, the mechanisms derived from each theory will be tested with data to demonstrate the strengths and weaknesses of pluralist and critical accounts. Overall, this chapter can be split into two propositions which will be later summarised in the conclusion:

- (1) The pluralist approaches (MS and ACF) – Section one of this chapter will firstly review mechanisms derived from MS and evidence supporting or disputing these mechanisms. Evidence will test the extent to which three independent streams existed prior to the policy change from 2004, and their overlap opened the window of opportunity for the reclassification to occur. Section two will then use ACF to demonstrate groups and actors in the British drug policy prior to 2004, as well as their alignments based on held policy belief systems. Following the conclusions from the Polish chapter on the change from 2000, even more emphasis will be put on trying to see if these groups can really be called coalitions and if they rationally coordinated their actions to achieve preferred policy options. Using ACF hypothesis two, it will be considered if these groups really showed consensus on the policy core and less on the secondary aspects. The main aim will be to again test hypothesis four of ACF in order to see if policy core attributes of a governmental program in a specific jurisdiction will not be significantly revised as long as the subsystem advocacy coalition that instituted the program remains in power within that jurisdiction.
- (2) The critical approach (PC) – Finally section three will use the PC and Habermasian frameworks. It will focus on a presence of normative alignments as well as strategic actions and the use of media power.

## § 6.1 Multiple Streams Framework

Section one will demonstrate Kingdonian (1985) problem stream, policy stream, and politics stream as well as evidence for their existence. Proposed mechanisms and measures for process tracing are summarised in table 46.

**Table 36:** *Mechanisms and measures derived from Kingdon (1985)*

Proposed mechanisms	Possible measures
Overlap in: <ul style="list-style-type: none"> <li>- Problem stream</li> <li>- Policy stream</li> <li>- Politics stream</li> </ul>	<ul style="list-style-type: none"> <li>- Evidence for how problem leading to change moved up on the agenda e.g., in how policy makers learnt about it.</li> <li>- Evidence for suitable policy option which was congruent with values of key stake holders.</li> <li>- Evidence for policy entrepreneurs and their actions.</li> <li>- Policy makers describing how they tried to sense the national mood and how they concluded that it was supportive of their policy choice.</li> </ul>

### *The problem stream*

As outlined in the literature review, the problem stream refers to how a problem moves up on an agenda. There are two ways which reflect how David Blunkett learnt about the problems associated with cannabis. He explains how parents of children who went on to use heavier drugs presented the view that “they were not easily able to educate their own children or other people’s children (on the harms associated with drugs) because they weren’t believed.” Some children allegedly tried cannabis, did not experience expected problems and then concluded that the rest of the classification table is inaccurate – thus leading to ‘heavier’ drugs. In some way the experiences of these parents could also be interpreted as a focusing event which drew Blunkett’s attention to cannabis.

Another condition which related directly to cannabis can be traced back to the Lambeth experiment which was discussed in chapter four, section four of the literature review. Many of the respondents proclaim the Lambeth experiment as instrumental in the reclassification of 2004. David Blunkett himself directly emphasises the importance of the Lambeth experiment. The illustration presented by him nevertheless differs from those presented by other respondents. He narrates that as he became the Home Secretary, he visited the station in Brixton:

*And I got an impression from the police that we were being dishonest ... we were saying to them treat cannabis in a different way to a class A or class B drugs ... don't get tied up in meaningless and mindless hours of prosecutions when a warning would suffice.*

He explains that the message was unclear for the police officers as cannabis remained in the same class despite the Lambeth experiment. What motivated him to reclassify cannabis was thus what he describes as “sheer honesty and transparency.”

*If we are going to say to them concentrate on class A drugs ... don't run after everyone who is buying for personal use of cannabis ... then we should say so.*

What can be observed here is how a solution to a different problem became a condition requiring action. The experiment itself was not problematic since it provided solutions for the police. Mike Trace explains that one of the mechanisms behind the reclassification from 2004 was “freeing up of the police time” which largely originated in the Lambeth experiment. Paddick likewise explains how the Lambeth experiment was instrumental in motivating the reclassification from 2004:

*So my understanding was that as a result of the cannabis pilot that we were doing at that time when we were not arresting people for small amounts of cannabis the Home Secretary, David Blunkett, thought that the quickest and easiest way to spread that across the whole country would be to reclassify cannabis from a class B to a class C which would remove the power of arrest from the police.*

Political costs were nevertheless also important in moving perceived problems associated with cannabis higher on the agenda list. David Blunkett argues that cannabis reclassification wasn't higher on the agenda, and much more, could not have been done in terms of changing its status. That was due to political costs associated with its reclassification, and in the words of David Blunkett – “how much political bandwidth could have been spent on that decision.” The idea of the ‘political bandwidth’ relates to the seriousness of the problems in relation to how resource intensive it is to solve them. David Blunkett explains how ‘bandwidth’ is the time and energy the policy makers can devote to a particular issue. He claims that prior to the reclassification of 2004, the policy makers didn't have a lot of bandwidth because it was taken by other pressing issues:

*We were dealing with the aftermath of September 11 attack in NY and Pennsylvania. We were dealing with a massive surge of inward migration particularly asylum seeking. We'd got a surge in street crime that we were dealing with ... all of these effectively but it took up an enormous amount of time and energy.*

In addition, he also expands that policymakers were responsible for the criminal justice system, prisons, probation, and sentencing and thus had a “lot on their plate.” As will be shown in the political stream these ideas can nevertheless be also understood in relation to political capital and the desire to reproduce and preserve power through strategic actions.

This section shows two conditions which were directly associated with cannabis: the problems of parents of children who went on to do heroin and crack; as well as the problems originating out of the Lambeth experiment. However, as will be shown in the policy and problem streams, the changes to understanding of how other drugs should be treated also contributed to reclassification of cannabis.

### *Policy stream*

In the policy stream, the solutions to problems are found and given to the policy makers by the policy entrepreneurs. Although policy solutions to the problems associated with cannabis have indeed 'floated' for some time (e.g., Home Affairs Select Committee, 2002; The Police Foundation, 2000), it was the context prior to 2004 which allowed the policy brokers and policy entrepreneurs to present these solutions and be accepted. As will be shown, they framed their proposals in terms of overlapping values and ideologies – especially in terms of a narrative of being tough on crime, as well as managerialism where claims focused on the use of resources more cost effectively and focusing on 'hard drugs.' The policy stream will also be of particular interest in the given context since as discussed in the literature review, the New Labour party was active in trying to associate itself with being 'evidence-based' – something that was also criticised in the literature review.

Mike Hough claims that the reclassification of 2004 is a direct result of an independent enquiry conducted by Ruth Runciman under the Police Foundation (2000). His opinion is shared by Rudi Fortson who was part of the report, and also emphasises its importance. He describes it as a "landmark report" in terms of assessment of the UK and international drug laws. David Blunkett likewise portrays how the decision was influenced by three major studies including the one conducted by the Police Foundation, as well as the ACMD and the Home Affairs Select Committee:

*There'd been quite a lot of research ... police foundation ... the ACMD ... going back to 1972 ... the home affairs select committee undertaken ... so there'd been three major studies with the ACMD going back several times saying this doesn't make sense ... we are not comparing like with like.*

The importance of the ACMD recommendation is something that was also pointed out by Rudi Fortson. He explains how the decision to reclassify cannabis was directly influenced by the ACMD who took a view that "schedule two ought to be realistic" and "meant to be saying something about relative harm of different drugs."

What may be more important than the evidence itself, however, is the congruence with the ideological approach of the New Labour Party. Although David Blunkett never referred directly to the political approach of the Party in the interview, his other comments indicate presence of underlying political mechanisms which fall in line with the New Labour ideologies. In Blunkett's view, the reclassification was "practical" and trying to "get people to avoid taking class A drugs."

*I suppose in political theory we were hitting the positivist mode of what works. We had a problem ... there is a challenge ... how do we deal with it?*

As will be shown, both - the Labour Party and the Conservative Party were eager to persuade the parliament that they were the ones following the evidence. To make their claims more persuasive, they predominantly utilised quantitative evidence and expert opinions to support their claims (HC Deb, 2002, 2004, 2008) thus adhering to Kingdonian arguments on the persuasive nature of scientific neutrality and 'bureaucratic knowledge.' What makes the use of evidence particularly interesting in the context of 2004 reclassification are the opinions of other respondents who believe that evidence usually does not play a major role in drug policy. A more pessimistic view is, for example, outlined by Saville who believes that politicians "have no interest in evidence at all." He claims that they are selective of which evidence they decide to disseminate as it must fit their "political necessity" at the time of the policy decision:

*You could turn up with a truck full of documents by most eminent doctors in the world saying one thing about drugs and if it doesn't fit into the political necessity of that moment ... a little scrap of paper from one other person will suffice to negate the real evidence.*

This indicates that only certain forms of high-profile evidence that fit the political necessity of the dominant stakeholders were indeed given attention during the process of reclassification of 2004 and politicians used evidence from various sources to justify their decision. In addition, Saville implies that policymakers don't have an interest in getting closer to what is scientifically and empirically portrayed as true, but are more interested in how 'evidence' helps them achieve their political aims. However, the evidence-based narrative is not the only ideological mechanism present at the time and there are others which also served functions in the given policy context.

What closely relates to the narrative of being evidence-based is the idea of managerialism. The policy proposals also agreed with the governmental ideas on spending. Some of the respondents see the reclassification of cannabis in relation to managerialism which became more influential in the New Labour years and also linked with the focus on high harm. Howard explains that "focus on high harm individuals feeds through the year 2000 spending review" where more money became available for the treatment of high harm individuals. Mike Trace also relates to that spending review where he recalls that "work was conducted in the first Blair term to understand the cost of processing a lot of cannabis offences." Similarly, Mike Hough says that "action against cannabis was expensive" and there was a lot of discussion on how cannabis can be addressed in the more cost-effective way. Overall, Howard concludes that:

*I think that when the spending review happened and the taps were turned on ... Blair and number 10 in particular ... adopted a managerialist approach to public spending.*

He continues that there were conditions attached to extra money. This meant that results were expected from initiatives and that required close performance management which Howard believes could have “influenced Blunkett’s decision:”

*I genuinely think that one of the reasons behind it was because he knew that all of the extra money that is coming to the Home Office ... he had to deliver results.*

Overall, what can be seen in this subsection is that the policy stream has indeed provided policy solutions as shown with the Police Foundation report, the work of ACMD, and the Home Affairs Select Committee. These solutions were likewise congruent with ideologies of the New Labour Party at the time. This matches Kingdon’s second criterion saying that policies which would run contrary to the values of the party are unlikely to receive the attention of the government. The importance and emphasis on these ideological elements by the interviewees nevertheless further weaken the idea of being ‘evidence-based’ and shows how it was predominantly a narrative. If being ‘evidence-based’ was simply a technocratic exercise, these ideological influences would not have been considered as much as they had been. It seems therefore that although the decision from 2004 is the closest in many ways to the ‘evidence-based’ decision, it still had to go through numerous filters which had an influence on policy development. In addition, what will be shown in section two is how the success of these reports in influencing policy may also be linked to the status of those who produced them, power imbalances, as well as other political mechanisms.

### *Political Stream*

The political stream focuses on perceived ‘opportunity’ of policymakers in relation to implementation of their ideas. The opportunity here involves sensing the ‘national mood’ and how receptive the society will be to policy. This subsection will firstly focus on demonstrating that prior to the change of 2004, the perceived harmfulness of cannabis changed, and it became to be viewed as a more socially acceptable substance. This coincided with changes to understanding of how other substances, such as crack and heroin should be treated, which was to a certain extent influenced with governmental initiatives.

The use of political capital and political calculations made in relation to reclassification of other substances act as indicators of trying to sense a ‘favourable political mood’ prior to the decision. Similar calculations have been already referred to in the problem stream and - as explained by Blunkett - not only did not the policy makers have enough time, but there was also a lack of “political value” in looking “at all dangerous substances.” Political capital thus serves two functions in this context. Firstly, as a mechanism which stimulated policy change where policy makers realised that they have enough of ‘political capital’ to make a potentially risky decision. Blunkett narrates how at the time he “thought that (they) had sufficient political space to reclassify cannabis.” Mike Trace also relates to this where he explains how Blunkett “made a couple of political speeches about cannabis and drugs” but made sure

to always say that the government “had to be careful about liberalisation of drug laws.” He believes that these were reflective of “political calculations.”

Secondly, political capital was also a limiting factor itself as according to some of the respondents - there was not enough of it to make more radical political decisions. Blunkett continues that a number of NGOs advocated for decriminalisation and shift from the criminal justice approach. In his view - there was indeed an “open door” for them in relation to the second idea, but decriminalisation was “politically not possible.” He believes that at the time there was not “political space to do much more.” Paddick also believes that the decision to reclassify cannabis in 2004 was motivated with the political gains and potential losses:

*Unfortunately, politicians generally tend to make decisions based on how many votes they think it will win them ... and lose them.*

An important element in the given context is the idea of being tough on crime. The role of the mechanism can also be viewed from two angles. Firstly, as a policy driver where the New Labour party decided to target serious drug-related crime and the importance of cannabis was thus diminished. Secondly, as a limiting mechanism since the new Labour Party were unwilling to do anything beyond the rhetoric of ‘tough on crime’ explaining in turn why policy framing focused more on the harms of other substances rather than cannabis itself. This shows how the decision was made to fit these ideas in order to always fall in line with the ‘political mood’ which the policymakers perceived as punitive (Garland, 2002, 2018).

There are, however, also other reflections of the public mood which seem to indicate that it was supportive of the reclassification. Parker et al. (2002) suggest that cannabis met all of the normalisation conditions<sup>5</sup> in the 1990s and no other drug was in such position. As discussed in the literature review, the idea of normalisation cannot be fully supported due to data discrepancies (Shiner, 2009). Some ideas extracted from the interviews, however, suggest that the ‘mood’ surrounding cannabis had changed at least to some degree. Robin Murray, for example, indicates that cannabis reclassification in 2004 could have been partially driven by changing ideas surrounding cannabis. He explains that “cannabis has been a more traditional drug” than other drugs, such as MDMA and has been around for much longer. Professor Murray then continues that many middle-aged people would have experimented with cannabis, and so the general opinion could have been that cannabis is not as dangerous as other substances. In addition, in his view, this has some scientific reflection since cannabis in the 1960s, 1970s and 1980s was not as risky as it later became in the 1990s when its potency increased. Mike Trace similarly believes that cannabis was given a special status as “it was the most widely used and a culturally embedded substance.” His ideas are finally supported by Rudi Fortson who identifies ‘public climate’ as one of the driving factors behind the policy change of 2004:

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<sup>5</sup> availability, trying, regular use, and cultural accommodation

*I think it was driven by a feeling at the time and political climate and public climate that cannabis was perhaps not as harmful as people in the 1960s and 70s were led to believe.*

The 'mood' most likely didn't change exclusively amongst the public but quite likely also changed amongst some of the politicians. This is to some extent seen in the parliamentary debate on cannabis (2002). MP Hughes' (HC Deb, 2002) statement for instance, is mirroring previous claims as he believes that cannabis should receive a special course of actions since "it's widely used." MP Brian Iddon, from a different angle, also illustrates the changing climate surrounding cannabis debate where he says that:

*If somebody had told me in 1997 when I came to the House, that we would have such a debate just five years hence, I would not have believed them.*

What also could have influenced the view on how cannabis should be treated prior to 2004 are the shifts in how other substances were understood. In the 1990s, people began to understand that not all drug use is problematic, and a vast proportion can be considered recreational (Mike Hough). This more 'tolerant' mood is reflective in one of the statements by Blunkett, who suggests that one of the aims of the reclassification was also to "persuade the people not to use but if they are then to use sparingly." As a whole Hough summarised that "something changed in the 1990s:"

*Broadened a view that most drug use was not problematic ... recreational and it did not lead to any stereotype you see on TV. So that understanding bedded in through those years.*

This subsection shows the Kingdonian political stream in relation to the cannabis policy change from 2004. It firstly demonstrates political calculations as well as links to the 'tough on crime' rhetoric reflective of searching for a favourable political mood. The section then shows some evidence supporting the view that cannabis was becoming more accepted, at least to some extent with changing perceptions on more harmful drugs further disassociating it from other drugs.

## Conclusion § 6.1

In conclusion, this section provides strong evidence in favour of the Kingdonian approach in the context of cannabis policy change from 2004. The section shows how conditions associated with cannabis became problems and moved up on the agenda when David Blunkett learnt about them. The way problems relating to cannabis were then used to fit the policy of focusing on more 'harmful drugs,' however indicates that there wasn't a universal cannabis problem to which the policy makers responded to but a wide range of other problems where reclassification of cannabis fit. These problems were also able to move up on the agenda because of the political bandwidth described by Blunkett. In the policy stream, entrepreneurs then provided solutions, and these were accepted due to ideological

overlaps with the values of the key stakeholders. Finally, the problem stream shows how political calculations – closely relating to capital – in corroboration with a favouring ‘political mood’ allowed politicians to pass legislation. In Kingdonian terms these streams aligned as an opening window of opportunity for policy. This is nevertheless a simplification of complex mechanisms involved in this policy setting – especially when it comes to power. As will be shown in the following sections, there are numerous ways in which stakeholders involved in these processes performed different actions to facilitate passing of legislation. Proposition one also fails to explain in sufficient depth why these policy entrepreneurs and brokers were finally given access to the policy setting. It seems insufficient to simply state that their ideas matched the conditions. Some of these stakeholders were arguably in privileged positions due to shared characteristics and overlaps in normative values with the key actors. They could have also contributed to the favourable mood with the use of media. Although some consideration here is given to mechanisms such as ‘softening up,’ the Kingdonian perspective is not reflective of how complicated these processes are with some actors clearly being at an advantage in their use.

## § 6.2 Advocacy Coalition Framework

This section will test propositions derived from ACF with focus on the policy subsystems in which the groups involved in British drug policy exist and hypothetically coordinate their actions to achieve preferred policy options. Table 47 demonstrates process tracing mechanisms and measures. Just as in the chapter on Poland, coalitions will be referred to as groups until it is sufficiently supported that they indeed coordinated their actions to achieve preferred policy preferences.

**Table 37:** *Mechanisms and measures adopted from Sabatier & Jenkins-Smith (2006)*

Proposed mechanisms	Possible measures
Dominant coalition cooperated to achieve preferred policy option	<ul style="list-style-type: none"> <li>- Evidence showing that groups and actors showed consensus on issues pertaining to policy core and less on secondary aspects prior to change in 2004.</li> <li>- Evidence demonstrates cooperation between actors and groups in trying to change the policy from 2004.</li> <li>- Policy core attributes of a governmental program in a specific jurisdiction will not be significantly revised as long as the subsystem advocacy coalition that instituted the program remains in power within that jurisdiction.</li> </ul>

### 6.2.1 Policy Subsystems

*Liberal group - core values are congruent with individual freedom, and harm reduction*

The British liberal group prior to the decision in 2004 consisted out of various politicians, such as: MPs who sat on the Home Affairs Select Committee, MP Hughes, MP Iddon, Home Secretary David Blunkett, the ACMD, some media, some police officers, and non-governmental organisations. The political alignment in the traditional sense nevertheless does not seem to be as influential in the context of cannabis reclassification. Rudi Fortson narrates how “the government has been” at the time “pretty consistent regardless of political colour” that it would not “decriminalise cannabis.” In addition, the desire for reclassification didn’t mean that politicians from the dominant parties suddenly changed their stance on drugs. As will be shown, some of the politicians were convinced by the arguments without necessarily supporting decriminalisation or more radical actions. As pointed out by Rudi Fortson: drugs “divide people ... across the spectrum regardless of class and regardless of politics.” Hughes (HC Deb, 2002) also comments on these political divisions in relation to cannabis where he says that:

*There are different views in all parties. We must not dishonour the debate by pretending that party allegiance is its most important factor.*

Overall, the political support for the reclassification wasn't uniform and clear. Some of the respondents note that many politicians probably didn't want to get involved with the reclassification debate as it was safer to stick with the status quo. Saville, for instance, notes:

*... I think a lot of politicians ... I've even had quite senior politicians off the record saying we know it's not bright what's going on but how do we get from where we are now to a better place without making everyone before us looking stupid.*

Many politicians were in fact not only hesitant to declare their support for reclassification but most likely viewed it as an unnecessary risk. Mike Trace narrates that members of the New Labour government, including Tony Blair, Alastair Campbell and Peter Mandelson "generally viewed it as an unimportant issue and something that the Conservatives can use to attack them with."

#### *Media in the liberal group*

The role of the media in the British reclassification context is not unambiguous. Except for a few 'stable actors,' media switches their sides depending on their understanding of the problem as well as their own needs. A few respondents do nevertheless claim that a lot of media came out in support of the reclassification of cannabis to class C. Robin Murray points out how *the Independent on Sunday* had a campaign supporting the process of reclassification which they later reversed and apologised for.

*The Independent had a formal campaign to legalise or liberalise cannabis but then that lady for some reason got the sack and was replaced by somebody who had the opposite policy and wanted cannabis to go back to B drug.*

The pro-reclassification view was - according to him - quite prevalent across the media. He continues that it became very clear to him when he was interviewed by *Channel 4*, and his ideas on the harmfulness of cannabis were dismissed by the interviewer and other members of the panel:

*He said ... this reefah madness this is ... so he was a so called ... independent liberal individual ... he was thinking it was ridiculous to think that cannabis could induce psychosis.*

Roger Howard further expands that the *Daily Telegraph* "which always had a bit more of a libertarian character" also came out in support of the reclassification and its editorials were, as a result, "benign." This shows how the ideas surrounding drugs of different media outlets are not always necessarily politically aligned. Their support status changes, and so does their alignment which is subject to

political mechanisms. This is clear in relation to the reclassification of 2004. Some interviewees, such as Hough and Eastwood point out that even the right-wing media “was on the side of the Runciman Report” (Mike Hough). Eastwood explains how there “was a lot of media support for the Police Foundation’s work, including from *the Daily Mail*” which she found quite unusual.

#### *NGOs in the liberal group*

Finally, a few NGOs can also be considered members of the liberal group. Mike Trace recalls how “Transform was particularly vocal” in supporting the reclassification, and so was the International Drug Policy Consortium (IDCP) which acted as a network rather than individual organisation. Most importantly, Release was identified as playing a consistent part in identifying problems with the existing law and recommending change. Brian Paddick explains that there “was as a broad support across the spectrum from politicians and the NGOs.” This can also be seen in the cannabis debate (HC Deb, 2002) with various MPs referring directly to the work of NGOs. MP Hughes for example, praises the work conducted by the charity DrugScope in producing “evidence-based research” helping to inform the policy context.

#### *Conservative group - core values are congruent with abstinence, social control, purity, respect for authority*

On the opposite side to the liberal group sits the conservative group which most notably consists of political and medial opposition, as well as the Home Office, and some police officers. From the political angle, some of the most vivid political opposition to reclassification seems to come from MPs: Hawkins, and Evans whose views will be quoted throughout this thesis. Mike Trace also describes that two other key voices which opposed any reclassification were Alan Milburn and Jack Straw. They allegedly “resisted and stopped any proposals from moving forward.” Another vocal oppositionist mentioned by the respondents is Ann Widdecombe who – according to Paddick – maintained that reclassification will “undermine the authority of the Parliament.” Mike Hough mentions how she was “one of the few strident politicians arguing for tough legislation against cannabis.” The press, however, “ridiculed her tough stance on cannabis” (e.g., Wintour, 2000) which according to Hough is one of the things which further encouraged Blunkett to reclassify. Other senior politicians, like Michael Portillo were also “dismissive of Widdecombe’s” response to reclassification. This also coincided with an unprecedented ‘coming out’ of some members of the Conservative Party who “announced that they had used cannabis at certain points.” As discussed in the MS Section of this chapter, this fits idea on normalisation. Guardian (2000) for instance, reported that seven shadow ministers revealed that they have smoked cannabis the past. These ‘coming outs’ were problematic for more vivid oppositionists, such as Ann Widdecombe and served as a tool for disarming their arguments (e.g, Telegraph, 2000).

## *The Home Office*

The Home Office is of major importance as a member of the conservative group since drug policy is in many ways coordinated there. Many of the respondents believe that drug policy would be based on different principles, such as harm reduction as opposed to criminal justice if it was coordinated by the Health Department. Blunkett explains that the Health Department “wasn’t interested” in coordinating drug policy at his time and he believes that its because “they have always seen it as a criminal justice issue:”

*I chaired a cabinet sub committee and it was the cabinet subcommittee that was pushing it through ... I never understood why the Department of Health was so hands off in relation to drugs.*

The Home Office as an institution and its relation to drug policy reflect a few mechanisms which could have been and still are influential in the context of British drug policy. Robin Murray for instance, claims that: “the Home Office was against reclassification.” Similarly, Brian Paddick stresses that the Home Office always disseminated the view that “drugs are illegal, harmful and people who use them should be criminalised.” A contrasting view was again presented by David Blunkett who recalls that the Home Office was split between “those in favour (of the reclassification) or indifferent.” As a whole he recalls that “there wasn’t great resistance internally.” According to him - those who were dealing with drugs were really pleased with the approach that was being advocated. That could nevertheless be a product of policy framing as at first - in his words - there wasn’t a “clear policy” which could lead people to believe that reclassification meant decriminalisation. Secondly, Blunkett continues that many in the Home Office thought that reclassification will help with reducing drug related gang crime and drug supply.

The lack of resistance from the Home Office, on the other hand, could also be reflective of occupational changes. Mike Hough who was the director of research at the Home Office in the 1990s describes how the Home Office underwent numerous changes starting in the 1980s. In his view the Home Office senior servants had a lot more autonomy in the 1980s and a lot more trust existed between the senior civil servants, academics, and ministers:

*The mandarins of the Home Office in the 80s saw themselves as highly educated generalists who would go to academic specialists they would trust and develop policy with their support and I don't think academics are trusted in the same way at all now.*

Ministers and civil servants shared a similar approach and outlook on what should be done about the criminal justice policy whilst holding “the media and fierce public opinion at bay.” He recalls that many decisions were taken stealthily as ministers tried to keep policy away from the public eye. This balance of power changed as Michael Howard became the Home Secretary in 1993 and “policy became something to create political capital with” (Mike Hough). In addition, senior policy advisers became

much more controlled by their ministers. When these processes began to occur, the civil servants allegedly tried redirecting the minister towards the 'evidence-based' ideology, but it only further strained the relationship between them. Overall, in Mike Hough's view - Jack Straw, Tony Blair and David Blunkett all continued with the populist legacy.

The aforementioned coincides with another devolution in power. In 2002, the Drug Czar position was dissolved and so the responsibility for drug policy went away from the coordination structure in the cabinet office and reverted to normal departmental approach. As a whole, the degree of power and autonomy which could be exerted by the Home Office changed in the decades preceding the reclassification in 2004 and this could also be a potential mechanism explaining why the Home Office itself did not have a lot of influence on the change.

### *The police*

Just as with other members of the conservative group, the role of the police in relation to the reclassification of the 2004 is not unambiguous. The police seem to be split into those supportive of the reclassification, seemingly indifferent, and those against it. Since the role of the police is fundamentally to enforce the law and these deviations do not often occur, the police as an organisation can be placed in the conservative group. Most notably - there was a group of senior officers who opposed the reclassification and lobbied to retain the power of arrest. David Blunkett explains how the press used their accounts to create doubts that the reclassification is needed. Keith Hellowell may be one of the officers Blunkett refers to. In the cannabis debate (HC, 2002) MP Hawkins describes how Hellowell is critical of the government and its change of approach on drugs. In addition, he adds that "police forces and media commentators still listen to Hellowell." Hawkins then uses the fact that Hellowell fell out with the government as criticism where he says that "the Government's failure has been made clear by their czar."

On the other hand, there were other officers who came out in support of the reclassification. Brian Paddick for example, supported the reclassification due to his experiences as a commander to Lambeth. It allegedly became clear to him in the aftermath of Brixton riots in 1982 that arresting people for small amounts of cannabis was not a priority for the local people. He explains that when he later became the commander for Lambeth he continued to have that view. He faced multiple challenges, including: the "highest robbery and burglary rates in Western Europe" as well as much more highly harmful drugs like crack cocaine and heroin "traded openly on the streets." In addition, the resources were stretched but meanwhile "the police officers were arresting large numbers of young black men for possession of small amounts of cannabis."

Although Paddick still shares that view and is politically active as a member of the Liberal Democrat Party in advocating for decriminalisation of cannabis on numerous social justice grounds (Paddick, 2017), his other points slightly contradict his initial comments. He explains how in his previous role as a police commander for Merton, he was able to adopt a different approach to cannabis because he had sufficient resources to do so:

*I was the police commander before Lambeth in Merton where we had too many cops and not enough crime and we took a zero-tolerance approach to possession of cannabis because we could. But in Lambeth ... we had to ration police resources and focus them on what was the most important to the local community.*

His comment thus demonstrates that the problem of cannabis meant different things for him and other members of the liberal group with whom he momentarily aligned at the time. It may indicate that his deviation from the conservative group was primarily motivated with resources and not a sense of social justice which was the case for some of the NGOs like Release. Paddick also comments that a number of chief police officers came out in support of the depenalisation of possession, but that was mostly the case where “they had the support of their senior bosses” with Durham in particular. The arguments made by David Blunkett expand on that point. Blunkett points out that the officers who came out to support him came from areas most affected by heavy class A use:

*Those who were really dealing with the sharp end were strongly in favour of an honest ... transparent policy of saying: you have our consent now ... political backing to treat these in different ways and to be intelligent and logical about this.*

Other police forces were not as involved in drugs and drug possession, which could have influenced their stance. Paddick argued that it is due to a number of reasons. Firstly, “because of lack of resources” as policing drugs is very resource intensive and devices such as surveillance operation are expensive. Secondly, many were also not involved as they believed that the more “activity is being put into policing drugs, the worse the problem looks.” He continues that drug crime is only recorded when the arrest is being made and so the easiest way for the commanders to make it look like the drug problem does not exist is to simply “not do anything about it.”

## Conclusion § 6.2

This section shows how prior to the reclassification from 2004, two groups of actors and organisations with distinctive opinions on cannabis possession, and drugs more generally, participated in the policy processes. David Blunkett was interested in cannabis as he thought that it would be better placed in a class C due to its level of relative harmfulness. His interest coincided with interest of police officers like Brian Paddick who thought that the resources used on policing cannabis offences could have been better used in other places. There was likewise support for reclassification from various NGOs. However, it cannot be said that these actors fully shared their core values. Although the views of David Blunkett momentarily aligned with the views of other members of the liberal group, he was still motivated by different things. NGOs, such as Release were motivated by the sense of social justice and their perceived unfairness of criminalising cannabis, whereas Blunkett was most likely influenced by managerialism whilst trying to remain tough on crime. Although social justice in relation to

criminalisation of cannabis is something that Blunkett could have considered – it is not something that he pointed out to be the major factor influencing his decision to reclassify cannabis in 2004. In 2001, he only used three arguments for reclassification of cannabis in his Home Affairs Select Committee, and they were: liberating police time, protecting the credibility of drug education and greater overall clarity (Lloyd, 2008a). Social justice is therefore not one of the apparent driving factors. Similarly, Paddick likewise admits that the Lambeth initiative was motivated by resources. It seems therefore that pragmatism is the ultimate middle-ground where all of the actors could reach consensus. Overall, the section provides some evidence supporting the theoretical position of ACF in the context of cannabis reclassification from 2004 as there was consensus on the matter in two groups. However, the position of the theory is weakened as it does not seem that these groups rationally coordinated their actions to push the reclassification through.

### § 6.3 Policy Constellations

Since the previous section argues that advocacy coalitions – as the ACF describes them - did not exist in the British context of reclassification from 2004, the groups described in the ACF section will be understood here as constellations. Some actors from the liberal group can be understood as forming part of the public health constellation and some actors from the conservative group as forming part of the social control constellation. Some of their members will meet in the middle – also known as the medico-penal constellation - since measures used to protect social health are often based on social control (Lupton, 1995; Stevens, 2011). As will be demonstrated, an alignment of individual actors as well as their cooperation within constellations are not straight forward. The statement by MP Mullin (HC Deb, 2002) is strong evidence for that division:

*As we quickly discovered, there is no one true path. On the contrary, there is an absolute difference of opinion among experts of every relevant profession – doctors, police, social workers.*

Although some constellation members are more normatively stable, such as certain NGOs on the public health side and the Home Office on the social control, other members can momentarily align with members of the opposite constellation depending on their needs and understanding of the problem. This section will focus on ideological power asymmetries and values which are reflective of the socio-economic conditions. Using process tracing, it will be tested if actors on both sides were engaged in strategic communication and trying to distort the debate to favour them, but only some enjoyed structural advantages that allowed them to make that communication effective and achieve their aims (Habermas, 1986). Some, for example, could have enjoyed better access to decision-making process, and this will be reflected in this section. The key mechanisms that this section will focus on are the use of media power, and strategic action.

**Table 38:** *Mechanisms and measures adopted from Habermas (1989) and Stevens & Zampiniii (2019)*

Proposed mechanisms	Possible measures
Systemic advantages enjoyed by policy actors contributed to the policy change from 2004.	<ul style="list-style-type: none"> <li>- Evidence of media power of some policy makers (e.g., dominant media discourse; interviewees admitting to enjoying preferential media treatment/access).</li> <li>- Evidence for how systemic advantages allowed some actors to access the policy setting</li> <li>- Evidence for strategic communication.</li> </ul>

## *Using media power in the Public Health Constellation*

As presented in section two of this chapter – some media were relatively supportive of the reclassification of 2004 at least for some time and in some editorials. Although their support could originate out of overall pragmatism of the reclassification and relative impartiality, it could also be a product of other mechanisms, including strategic action and media power of constellation members (Habermas, 1989). The power of the mass media is well reflected in how David Blunkett describes that he wanted to avoid scrutiny by purposefully not announcing the amendment to the public:

*On this occasion we've kept it under wraps so it came out of the blue.*

The first announcement of reclassification took place at the Home Affairs Select Committee “rather than a dispatch box in the chambers.” Blunkett explains how this allowed him to “fulfil the obligation” of having to announce a “big change to Parliament.” He continues that announcing the decision there and not “on the floor” was his way of saying to the MPs that after deliberation and taking into consideration their argument he came to announce that this will be the most sensible approach. This was a point where Angela Watkinson (HOC, 2002) criticised Blunkett, claiming that his decision to reclassify was already made before the investigation of the Home Affairs Select Committee:

*Two weeks before the investigation began, the Home Secretary informed the committee of his intention to downgrade cannabis from class B to class C. At that moment, I knew that whatever proved to be the outcome of the Committee's deliberations, cannabis would indeed be downgraded to a class C; a serious misjudgement, in my view.*

The decision to reclassify – according to Blunkett – was surprising to everyone as it “hadn't leaked” and “most things leak:”

*Most things when you come to cabinet someone would come out and queer your pitch.*

He acknowledges nevertheless that his secrecy and some form of success didn't come without consequences as he was unable to “build up ... or schmooze Paul Dacre or Rebekah Wade.” As a result, the policymakers had to prepare for “a hit” when the announcement for reclassification came out.

Actions and opinions of other respondents, however, suggest that the right-wing press and opposition were already ‘softened up’ to a certain degree. Some of the actors from the liberal and public constellations used their media power to create a more favouring policy setting. Niamh Eastwood largely attributes the success of being able to reclassify cannabis to a “couple of years of advocacy beforehand.” She also associates that support with the fact that Ruth Runciman as well as other member of that report “were highly respected.” In her view - the status of certain actors who advocated for reconsideration of the approach towards the possession of cannabis granted them a more favourable

media and political treatment. Roger Howard similarly explains how the Police Foundation along with Ruth Runciman enjoyed media power. They were – according to him – given opportunities to participate in numerous meetings with Paul Dacre where they were able to persuade him that this sort of an approach is better. As a result – the “subsequent editorial was much more benign and much more accommodating” than people expected. This demonstrates how members of the same constellation have different functions in relation to the policy processes. The Police Foundation not only presented policy suggestions but also participated in creating a more favourable public opinion. Their access was most likely dependent on their status and congruence with normative preferences of the key stakeholders rather than simply the quality of their ideas.

Paddick likewise took strategic actions which seem to fall in line with the idea of creating a more favourable public opinion. He narrates that before the Lambeth experiment was officially announced, he met up with a journalist he knew from before. Paddick admitted to him that as his “predecessors have failed” in this area, he plans to stop arresting people for the possession of cannabis. He continues that they “worked together for three months” and “played the devil’s advocate” by “going through all potential opposition” to their move. He reports that once they were satisfied that they have “covered all of the ground,” they published the story at the front of the London Evening Standard without informing his bosses. He said that after two days of national debate and a positive response, the Commissioner reached out to him for more information regarding his ideas. As will be shown in the previous section, however, not everyone in the police shared that enthusiasm and his decision was then met with opposition. Overall, actions of all respondents here demonstrate their media power since they used their status, and position to gain access to the media setting where they were then able to disseminate a preferable view. They have done so to influence the public and official opinion and create a more favourable setting for their policy preference.

### *Strategic action of constellation members*

The aim of this section will be to show how other actors used strategic actions to create a more supportive policy setting, and how some of the actors enjoyed systemic advantages which allowed them to make these actions particularly effective. Strategic actions, in this context, can be seen in using their positions, and resources to access or grant access to the policy setting. An example of strategic action can, for instance, be seen in how David Blunkett used his position to convince other politicians that reclassification should be implemented. It was described earlier how politicians were generally unsure about the reclassification and saw it as an unnecessary risk. David Blunkett narrates how he “persuaded Downing Street that this wasn’t going to be a major political hit.” He explains how Tony Blair “was not fully sure about it” but “trusted” Blunkett to make the decision:

*I was very grateful for that because he would often say to me ... you haven't totally convinced me but I am prepared to go with.*

His use of social power is further seen in how he granted access to the policy setting to some NGOs, like Release, to voice their opinions. In Habermasian terms these are the outsiders who were invited to the policy process by the insiders. Mike Trace notices that Release “who backed up advocacy ... were listened to.” Similarly, David Blunkett explains how groups, such as Release – some of them who have been lobbying for years - were given voice prior to the reclassification of 2004. He goes on to say that these groups “suddenly realised that they had a space” and they could potentially “get somewhere.” This shows strong evidence for importance of normative preferences in accessing the policy setting. This is important since, as argued by other members of the liberal constellation, access to the policy setting is limited. Roger Howard, for example, highlights that: “civil society groups are not that critical” in influencing policy decisions and Saville also claims that: “NGOs have little effect on drug policy.” In addition, they also implied that the influence of NGOs predominantly depends on their status and ideological overlaps with the powerful stakeholders. The access to the policy process of the outsiders is also likely dependent on certain characteristics they share with the insiders. Interviewees, for example, assign particular weight to the report chaired by Ruth Runciman and claim that she “was the prime mover.” Niamh Eastwood explains how in her view the report was influential as it was published by the people “who were considered to be part of the establishment.”

Another participant also talks about access from an economic perspective. Mike Trace explains how groups which are vocal about change and seek policy change based on what they think is right – as opposed to self-interest - are often distanced by the ministers and government officials. He explains that that is often the case not just in relation to drug policy but policy lobbying in general:

*It's the irony of lobbying that if you're a commercial organisation or a state body with a vested interest you will get hearing from ministers and senior civil servants and they will try their best to umm accept your point of view but if you're an external organisation, which campaigns not through self-interest but through umm an analysis of what is right to the public that you may agree with or not ... they are instinctually distrusted by decision makers.*

He continues that NGOs are often useful at “creating some noise and policy proposals” but they are not given direct access to influence policy decisions. His view thus further acts as a criticism of pluralist assumptions the ACF and MS are based on by indicating that there are inherent systemic and ideological biases which keep some groups from the decision-making process. Overall, however, the status of NGOs could change if their ideas overlap in some ideological way with ideas of the policymakers, who in turn give them access to disseminate their ideas. Due to the overlaps in what NGOs and David Blunkett thought should be done about cannabis, they were allowed to enter the policy setting to reinforce the case for reclassification.

Members of the public health and liberal constellations were not the only ones trying to make the policy setting more favourable to reclassification, and members of the social control constellation likewise exerted power to influence the policy from 2004. The most influence was arguably exerted by

the Association of Chief Police Officers (ACPO) who were mentioned by nearly all of the respondents. The ACPO influence in this context also shows the use of strategic action where officers used their access, and professional status to influence the policy process. Roger Howard claims that two years prior to the reclassification, ACPO “became really agitated” as they felt that their power was being diminished and so they tried preserving it. Similarly, Rudi Fortson claims that the police were concerned that reclassification would mean that they wouldn’t have the same powers of arrest. According to Paddick - the ACPO delegation which went to see David Blunkett consisted of then Deputy Commissioner Ian Blair and Assistant Commissioner Michael Fuller, and Chief Constable Andy Hayman. Officers lobbied to retain the power of arrest if cannabis is moved from the class B to a class C. Mike Trace believes that ACPO argued that they could have used the pressure of prosecution to get intelligence about dealers. He adds that possession crimes in relation to cannabis are perfect for that as “one can’t deny being in possession:”

*It was always said at my times that if you give up that ability of police to umm to threaten strong punishments against the users then you would lose the ability to extricate information from them.*

He therefore believes that the police lobbied to retain their power of arrest “just in case they wanted to use it.” Roger Howard agrees with that view where he says that retaining the powers of arrest can be linked with the convenience of charging people for cannabis offences and delivering good performance reports. As a whole, due to the influence of ACPO, the final amendment outcome was not what the Home Secretary, David Blunkett, intended it to be because the power of arrest for cannabis possession was retained by making class C possession an arrestable offence (Roger Howard).

Political members from the social control constellation also tried to disturb rational debate with the use of strategic communication. This is seen in the cannabis debates (HC Deb, 2002) before reclassification. Although the debate seems to take the shape of a communicative action or an attempted ideal speech with different MPs judging their views on truthfulness, rightfulness and validity - this view is partially undermined by the clear presence of the evidence-based narrative where MPs dismiss the views of the opposing side and describe them as “not evidence-based” and not real science. MP Mullin for example says that the reclassification is recommended “purely based on science” and that categorisation is a “scientific issue.” MP Hawkins (HC Deb, 2002) nevertheless vividly opposed the new cannabis policy and claimed that “it sends the wrong signals.” He argued that “media surveys show that the majority of young person who do not follow politics [...] thinks that cannabis is legal.” He then quotes how a questionnaire of 16,000 pupils found that in 1999, 18% of girls (14-15 years) had smoked cannabis and in 2001 that was 25%. His claims are in turn dismissed by MP Prentice where she says that “the hon. Gentleman must think seriously about the findings set out in the report and about the scientific evidence.” MP Hawkins then in turn dismisses her claims within the same narrative:

*the hon. Lady is talking about science –*

*"three respected scientific studies linked cannabis with the huge increase in the amount of depression and schizophrenia."*

Other MPs also tried to deploy emotional language in order to diffuse arguments for reclassification of cannabis. MP Rosindell (HC Deb, 2002) describes how "drugs are simply wrong. They kill our children, destroy the fabric of our society"

*It is time for hon. Members to speak up for the vast majority of decent, law-abiding people who will never have any desire to take part in this sick culture in our society. In my experience, the perception is that the war on drugs is not being lost, but purposely undermined by continual talk of decriminalisation, legalisation and reclassification.*

The influence of these actors was nevertheless significantly lesser to more liberal actors who had direct access to the policy setting and ACPO, member of the social control constellation, who exerted influence on the shape of the final amendment. Other members of the conservative constellation, like the politicians described above, did not enjoy the same structural advantages which would have allowed them to exert more influence on the decision to reclassify cannabis, and potentially stop it from passing.

### Conclusion § 6.3

Section two demonstrates competing forces – the public health and liberal constellations, as well as the social control constellation made up of politicians, NGOs, media outlets, and official institutions. It seems that evidence gathered here provides strong support for all of the mechanisms found in table 48. These actors and organisations vary in their understanding of problems, but reach consensus amongst themselves due to overlaps in normative values, and strategic goals. In contrast to ACF – they seem to act largely independently. These actors perform different functions in trying to pass the legislation, such as distorting the communicative action – especially evident in the actions of politicians in the 'evidence-based' narrative, generating knowledge, and 'softening up' of the opposition. Some actors will be at a natural advantage in their ability to deploy these actions, including those close to the official source of power (e.g., politicians). Those who share similar characteristics with the powerful stakeholders, as well as a higher socio-economic status, are also more likely to be invited to the policy making by insiders. It is only through each other's help that some actors are thus able to perform their actions. Paradoxically, however, the power of some actors lies in their independence – especially visible in the media setting which is governed through its own laws.

### Conclusion – Chapter Six

This chapter tested the ability of pluralist and critical theories in explaining the reclassification of cannabis from 2004. Kingdon's MS allows for a degree of descriptive explanation but does not go into

sufficient depth in explaining mechanisms in the policy processes. As shown in both sections, the problems directly associated with cannabis played only a minor part in the decision to reclassify cannabis, and policymakers played an active part in creating the problem leading to reclassification. The idea of policy framing is therefore an oversimplification of how policymakers actually created a complex picture of problems associated with cannabis and problems on which reclassification of cannabis can have some positive influence. What seems to weaken the proposition further is the overreliance on the independence of the streams. Actors involved in all three streams seem to move around and perform different functions and are not limited to their streams as described by Kingdon. Actors from the policy setting were, for example, involved in 'softening up' of the media, and so were also actors in the problem setting.

The ACF then provides a more detailed account of actors involved in the policy processes and how they can be hypothetically split into two competing groups based on some normative overlaps. However, it can't be said that these groups were 'advocacy coalitions' since their overlaps in core values are not as strong as anticipated by ACF. In addition, it does not appear that group members coordinated their actions in a rational way. Both pluralist accounts also fail to explain in sufficient depth why these policy entrepreneurs and brokers were finally given access to the policy setting. It seems insufficient to simply state that their ideas matched the conditions and that the policy window opened, which in a way seems tautological. This is better explained by the PC concept in which their access is also explained by overlapping normative values and characteristics. The PC section also shows how members of the public health and liberal constellations used their access and social power to create a more favouring context for the reclassification of 2004. Overall, the following chapter will accept groups and actors involved in policy as constellations and further test Habermasian propositions in the context of cannabis upgrade back to class B in 2009.

## Chapter Seven – Explaining reclassification of cannabis back to class B in 2009

The aim of chapter seven will be to test mechanisms behind the policy reversal from 2009. Following conclusions from the previous chapter, the groups involved in reclassification of 2009 will not be described as coalitions but will be instead referred to as constellations and set in the Habermasian framework. Using process tracing the focus will be on testing if changing drug policy constellations had an impact on the policy decision. Examining how the problem was constructed and framed will also show the competing forces of the key constellations where different members performed different functions. Overall, this chapter will focus on one proposition only:

- (1) The critical approach (PC) - Section one will begin by discussing changes to constellations with attention to normative preferences. The aim of the section will be to describe how the policy context changed prior to the decision from 2009 and who were the new actors, including politicians, scientists, NGOs and media. Section one will also explore the emergence of conditions leading up to reclassification in 2009, as well as the origin of these conditions. Section two of this chapter will then provide an overview of conflicting interpretation of evidence which floated in constellations, and it will consider the importance of power asymmetries in determining which evidence is accepted as truth.

## § 7.1 Constellations prior to reclassification from 2009

This section will test the assumption that changes to alignment of constellations contributed to the policy change in 2009. The intertwining between structure and normative preferences will be the focus here. The section will firstly talk about changes to constellations, as well as personalities and normative preferences of the key stake holders within them. It will then talk about changes in the media setting and media power enjoyed by some policy players. The final section will then discuss the conditions leading up reclassification which were used by members of the social control constellation to weaken the position of the public health and liberal constellations. Proposed process tracing mechanisms for this section are described in table 39.

**Table 39:** *Mechanisms and measures adopted from Habermas (1989) and Stevens & Zampinii (2019)*

Proposed mechanisms	Possible measures
Changes in constellation led to policy change	<ul style="list-style-type: none"> <li>- Evidence for how actors with different normative preferences assumed structural advantages.</li> <li>- Evidence for how some actors with similar normative values were given preferential treatment by more powerful actors.</li> <li>- Evidence for change in media power (e.g., dominant media discourse; interviewees admitting to enjoying preferential media treatment/access).</li> <li>- Evidence for strategic communication.</li> </ul>

### 7.1.1 Changes to Constellations

British drug policy constellations changed since the reclassification in 2004 with power shifting towards the social control side. The key changes were seen in the political context. In 2007, Jacqui Smith replaced John Reid as the Home Secretary, and Gordon Brown replaced Tony Blair as the Prime Minister. These changes - according to some of the respondents - are important. Brian Paddick thinks that “Brown wanted to make a mark and show that he was tough on crime” and one of the ways in which he could achieve that was by reclassifying cannabis. Roger Howard also claims that reclassification of cannabis back to B was Brown’s way “of distancing himself from what the Labour Party was under Blair.”

There are nevertheless factors other than the desire to reframe the Labour Party which seemed to have influenced the decision to upgrade cannabis in 2009. Some respondents believe that the new Prime Minister and Home Secretary had different normative preferences to their predecessors, and this influenced their views on conditions associated with cannabis and other drugs. This is an important point. Actions of the groups cannot be understood solely as an aggregate, and also need a reference to influences of culture and traditions found in the real world. That is something that was to an extent

acknowledged in chapter six but can now be also discussed in the relation to British policymakers. David Blunkett summarises that Brown's "background, upbringing and cultural space" influenced his persona, perceptions on cannabis, and his approach to being "tough on crime." He explains that in his view "we are affected by where we come from" and "social upbringing" impacts the way we are, and how we perceive the world. As will be shown in sub section two, these elements not only had an impact on how the problems associated with cannabis and drugs were viewed, but also how both sides created their own empirical realities. Blunkett also admits towards the end of the interview that: "we live in the world where if you are not one of us ... you don't get heard." He implies therefore that some will be naturally disadvantaged in the policy process if they don't share certain characteristics of the powerful policy actors. The aim of this sub section will be therefore to demonstrate how the background of policymakers could have influenced their views on the problems associated with cannabis, and also influenced the policy setting in other ways.

### *Religion, morality, and normative preferences*

Religion has been identified as one of the factors which could have influenced the judgment of policy makers in relation to the upgrade of 2009. Niamh Eastwood believes that the differences to how Gordon Brown and David Blunkett viewed cannabis "come from a personal religious view." She explains how this is mainly reflected in Brown's attack on "methadone as part of the opiate substitute therapy" which began under him. In her view - it was to some degree "a puritan approach to people's lives" backed with a belief that "to live a good life you have to be a pure person" (see also Haidt, 2003). A similar outlook is shared by Saville who thinks that "Brown comes across as more Calvinist" whereas Tony Blair was a Catholic, but religion was not as reflective in his policy decisions. Saville thinks that "Brown did not understand why young people wanted to take cannabis and Tony Blair was probably more in touch." This view is again shared by Eastwood who thinks Blair was probably more liberal "whereas Brown was more religiously conservative."

The views regarding religion are not directly supported by all interviewees. Roger Howard does not think that "religion per-se had an impact" on the decision to upgrade but "perspective on morality did." He supposes that Brown had very strong views on "poverty" and most likely shared the view that "impoverishment was leading to drug use." Therefore, in Howard's view - it was the "moral outlook on right and wrong" as well as "personal responsibility" and "behaviour" which influenced his view on reclassification. Mike Hough similarly believes that "there was an undertone of moralism in the debates but not religiousness." He does not recall the use of religious arguments or presence of any religious figures in the debate prior to the decision in 2009. He explains how drugs are "inevitably a moral issue" and "moral questions are raised" but does not think that religion per-se is influential in relation to the reclassification from 2009. From a different angle - Keith Humphreys likewise describes that "religion exerts influence on how people in all countries look at social problems." This includes people who have never even been to a church, mosque or a synagogue in their life.

*You will find people who are very militantly ... articulating basically a Christian view of the problem without even realising that it is one.*

He continues that in his view “all people have values” and religion has an impact on how people view “the value of life and what we owe to each other” – “it’s all in the air.” Delayed gratification and “distrust of pleasure” come out of most Abrahamic religions. These values then influence the culture of the society which in turn directly influences the leaders and how they view the world. He is unsure if there are many church going MPs, but what he considers more important is the “education” these MPs “received” since it is often based on religious principles. This is especially important considering that the majority of MPs were educated in private schools (Kirby, 2016) which often put extra emphasis on these values. Humpreys’ views are well supported by MP Lilley who in the previous cannabis debate (HD Deb, 2002) argues that normative preferences are the dominant force in the cannabis debate:

*There are many who feel instinctively that even if cannabis had no risks to health and was in no danger of acting as a gateway to hard drugs, indulgence in it – and certainly excessive indulgence – would be morally wrong.*

He then criticises politicians for using moral discourse (Habermas, 1990) and exaggerating health claims, instead of openly voicing their moral stance:

*Instead of voicing their moral disapproval of the abuse of cannabis, or explaining why they believe it to be immoral, people express their disapproval by exaggerating the health risks, by reading every conceivable study suggesting that there may be serious health risks, and by fostering the two previous confusions to which I have referred, that between soft drugs and hard drugs, and between use and abuse.*

Lilly finishes by explaining that he is himself “an old-fashioned moralist” and views abuse of any drug to the point of intoxication as morally wrong. He believes that excessive intoxication undermines the “conscience, and for traditional Christian reasons it is wrong because it opens up the individual to committing far worse sins and evils.” Nevertheless, in his view people should be explained these risks rather than “exaggerated health and other risks.” In addition, he points out the irony in how certain things like adultery are immoral, but they don’t receive this attention, nor are they punishable. He summarises – that to him - “it is bizarre to let people get drunk on alcohol, which is far more likely than cannabis to lead to violence, but to criminalise them for smoking one relaxing joint.”

As a whole, this small section shows how different mechanisms surrounding morality and normative preferences likely became active prior to reclassification from 2009. Some of the key political positions – the Prime Minister, and Home Secretary were assumed by people with more abstinence orientated normative preferences than their predecessors. What nevertheless suggests that it is the alignment of constellations – as opposed to the position of a single individual – that determines the

policy outcome is the view that Blunkett wasn't drastically different from Brown and Smith. As pointed out by Howard - Blunkett "was a conservative minded politician" who was also "very cautious." All of the politicians involved seem to be conservative and abstinence orientated at least to some degree. As shown in the previous chapter, however, other contextual and ideological mechanisms were becoming more dominant to Blunkett's personal convictions when the decision to reclassify cannabis took place. In relation to 2009 the same picture can be seen, and Brown's personal convictions fell in line with the context at the time.

#### *Other changes in constellations, and conditions leading to reclassification*

Other political support for the upgrade back to class B consisted out of the same actors who tried to stop its initial reclassification in 2004. MP Evans for example, sees it problematic that "cannabis use has become commonplace only in the past 30 years." This is a polar opposite to how this argument was deployed in relation to the decision from 2004, where it was viewed that since cannabis was so widespread, the government should change its approach to be more realistic about enforcement. Just as in the case of 2004, evidence-based narrative also dominates the debate from 2008, where different interpretations of the empirical realm are used to diffuse opposing arguments. Evans for instance refers directly to the British Lung Foundation's findings arguing that cannabis smokers have a significantly higher prevalence of chronic and acute respiratory symptoms than non-smokers. In addition, that in some ways in which cannabis could also be more harmful than tobacco.

In the debate (HC, 2008) MP Flynn then accuses Evans of hypocrisy since MP Evans owns a tobacco shop in Swansea. Evans, nevertheless, responds that he would still discourage people from smoking even though smoking is legal. He then adds that "this product (cannabis) is different from tobacco." The key arguments for upgrade back to B, nevertheless, focused on the potency of cannabis and links to schizophrenia. Professor Murray narrates how in the early 2000s "there was increasingly more research into the potency of cannabis which demonstrated that cannabis started getting stronger." He explains that the "THC proportion went from about 3% in the 1960s to 5% in the 1990s." As one of the first in the UK, Murray argued that there is a relation between highly potent strains of cannabis and schizophrenia. This was - according to him - unknown to the policy makers before 2004 as not enough of research was being published on the subject:

*Cannabis has been changing ... before the noses of liberal politicians who though they were legalising what they had smoked in their youth.*

Blunkett himself admits that policymakers were "not aware of skunk and its strength back in 2002, 2003, and 2004" and it was "a phenomenon that came on later." A number of respondents seem to associate the reclassification of 2009 with Professor Robin Murray. David Blunkett recalls that criticisms came "from a hospital in West London" with a specific "line of approach about schizophrenia" which "wouldn't hear other arguments." This is something that was also pointed out by Professor Stevens

who recalls how Robin Murray was one of the main actors publicly disseminating evidence linking cannabis to schizophrenia.

Professor Murray argued that “cannabis isn’t what your parents used to smoke.” In his interview, he not only criticises the absence of evidence on which the decision from 2004 was based on, but also de-legitimises a prominent part of the public health constellation – the ACMD. In his view, the Advisory Committee didn’t have anyone “who knew much about cannabis or the causal relationship cannabis had with psychosis.” He claims to have been against the view that “there was no evidence to support the view that cannabis can induce psychosis.” He further recalls having numerous arguments with the chairman of the ACMD at the time which then shifted to several newspapers. He summaries that reclassification to C was ill-informed and the government was ‘unlucky’ as prior to it there was only one outdated paper published on psychosis and cannabis dating from 1987. It was only later - around 2003 - that three studies replicating the study from 1987 demonstrated that “cannabis wasn’t as safe as had been thought” (Robin Murray). As will be shown these arguments were then mobilised by some to pressure the government to reclassify back to B. This is especially evident with the involvement of the Centre for Social Justice (CSJ).

The CSJ is a centre-right wing think tank founded in 2004 and aligns with the social control constellation. Their first report - Break Down Britain - came out in 2006 and criticised New Labour on the family breakdown, educational failure, economic dependence, addiction, and indebtedness. It was - according to Howard - predominantly created by a few Evangelical Christians, including Kathy Gyngell who was the author of the addiction chapter in the report. MPs Iain Duncan Smith, Greg Clark, were also involved in the report. The think tank’s most influential report - Breakthrough Britain - then came out in 2007 and criticised the New-Labour Government on: addiction, family breakdown, modern slavery, and educational failure. Howard summaries, how the report reflected and argued for a “drug free [...] abstinence philosophy.” In 2008 (HC Deb) similar language was then deployed by a Conservative MP, David Davis, who welcomes the reclassification back to B and says that “government’s historically lax approach to drugs has been a hallmark of our broken society under Labour.” MP Duncan Smith referred directly to the report during the same debate where he said that: “last year the Breakthrough Britain report called for this change after taking evidence from more than 3,000 people who work in the drugs industry.” He then continues how the British model should follow the Swedish model and offer offer-abstinence rehabilitation programmes.

Robin Murray unknowingly may have been one of the contributing factors which gave information to the Conservative lobbyists responsible for writing of the latter report. The “Conservatives working for Duncan Smith came to see him” in 2006 to discuss the reclassification of cannabis:

*These chaps came to us, and we said this was the evidence for cannabis increasing the risks of psychosis but on the whole, we didn’t think that on the severity ... cannabis should be going back to B.*

Professor Murray maintains that he never supported the reversal as that would have meant putting cannabis in the “harmful drugs” category. He acknowledges that other factors aside of psychosis such as “effects on crime, effects on traffic” are also crucial. This is also supported with the statement from MP Flint (HC Deb, 2004) who narrates how Professor Murray “was asked whether, regardless of everything he had said about the dangers of cannabis, he supported reclassification (in 2004)” and “his answer was yes.” As a whole Murray argues that “there wasn’t a case for reclassification” back to class B. The Conservative working group apparently “concurred with (him) on that,” and he was therefore totally shocked “when they came out later saying that cannabis should be reclassified back to B.” He managed to raise his surprise with members of the working group later on and recalls that they have indeed admitted that there wasn’t a case for reclassification. The support for reclassification back to B was strictly political:

*And I talked to the research person who would come to see us about this and they said yes ... we all knew ... and the Conservatives dealing with this accepted that there really wasn't much of a case for it to go back to B. But they said if we say that we agree with the government nobody will pay any attention to us ... the point of an opposition is to oppose. The one way we can get any attention is to say that the government made a mistake and they should put it back to a B drug.*

The ways in which politicians wanted to profit out of the reclassification is also reflective of that statement and can be seen in how various Conservative MPs during the debate (MP Hogg, MP David Davis, and MP Ann Widdecombe) try to make Jacqui Smith admit that Blunkett’s decision was a mistake.

The CSJ were not the only group who contributed to the reclassification of cannabis. Robin Murray further recalls how “the people who have been campaigning for cannabis to go back to class B were mostly parents of children who went psychotic.” He explains how a group called Cannabis Skunk Sense were also active at the time and led by Mary Brett who was likewise linked to another abstinence orientated group – the National Drug Prevention Alliance. The Cannabis Skunk were campaigning “against cannabis becoming more liberal” but the level of influence exerted by the group in reclassification of cannabis in 2009 is unknown. When it comes to other NGOs, like Release or Transform they seemed to have – in contrast to the 2004 decision – no voice and influence. Hough believes that Jacqui Smith, the Home Secretary at the time, “reacted to the media pressure” rather than “conventional lobbying groups.” Saville explains that liberal NGOs didn’t have a lot of influence but Ian Duncan Smith’s Centre for Social Justice or Centre for Policy Studies – “have the ear of influential people.” This again indicates importance of ideological alignment when it comes to access to the decision making. The evidence also shows how powerful members of overlapping constellations can lend each other power – contrastingly to those who don’t have powerful supporters like Release or Transform.

## *Changes in media power*

The previous chapter showed how preceding the change from 2004, members of the public health and liberal constellations received a lot of media support, and some actors from the liberal constellation enjoyed media power. The media nevertheless quickly changed their support of the cannabis approach up to 2004 and influenced public opinion in a way that became supportive of upgrade back to B. Eastwood recalls how “the Daily Mail and others changed their views” and “started their anti-cannabis campaign by linking cannabis to schizophrenia.” She believes that Dacre wanted cannabis reclassified and, so as soon as the Labour Party leadership changed, Brown was forced to normatively align with him to get his support. Eastwood is not the only one to make this claim. All of the respondents who answered questions on reclassification from 2009, believe that the media were the most influential force in the upgrade back to B. David Blunkett explains that media began attacking from both sides and “presented reclassification wrongly as legalisation or decriminalisation:”

*Some rather silly people who should have known better ... presented that therefore that cannabis was now legal and that damaged the profile of what we were doing to try and distinguish.*

Jeremy Sare highlights that soon after the reclassification, some media began waging their war and attacking the government with claims that as a result of reclassification there has been an “upsurge in schizophrenia and psychosis.” This is also something pointed out by Professor Stevens who recalls that “the Daily Mail was very active in publishing stories about parents of teenage boys who went psychotic having used cannabis.” Peter Hitchens and Melanie Philips were some of these journalists and their arguments were later used in chambers. MP Evans, for example, comments how Phillips “has written that [...] all of the studies that point to the mental as well as other ill effects of smoking cannabis, are just being ignored” (HC Deb, 2004). In a way, this shows a coordinated action where an MP with a similar stance on cannabis directly refers to the journalist with similar views. The influence and pressure from the media were so great that some politicians brought it up in the cannabis debate proceeding the change from 2009. MP Chris Huhne, for example, attacks Smith in the Cannabis debate (HC, 2008):

*Will she now confess that evidence plays no part in her policy? Will she save public money by disbanding the Advisory Council on the Misuse of Drugs, and establishing a new committee – a committee of tabloid newspaper editors, given that the biggest influence on her policy is the Daily Mail, not the facts?*

The change in public opinion can be to some degree traced with ESPAD data which shows change in perceptions on cannabis risk in the years 2003 – 2007. Table four in chapter five shows how in 2007 a smaller percentage of respondents thought that trying cannabis once does not carry any risks and slight risks than in 2003. Contrasting to 2003 - a larger percentage also thought in 2007 that trying cannabis once has moderate and great risk. It could thus be argued that activity surrounding the reclassification

had some influence on perceptions associated with cannabis risk. Overall, there is a general consensus that media played a very significant role in influencing public opinion, and pushing the government to reclassify cannabis back to class B.

### Conclusion § 7.1

In conclusion, this section provides strong evidence for changing power relations within and between constellations since reclassification from 2004 took place. The section shows shifting power to the social control constellation. Firstly, the change in Prime Minister and Home Secretary could have influenced how the cannabis problem was viewed since as argued – Brown and Smith most likely had different normative preferences to their predecessor. As shown in this section – Blair didn't have a strong stance on cannabis and that was one of the factors which allowed Blunkett to take charge and deliver the policy in 2004. Differences can also be seen prior to 2009 in how power was lent. In the context of reclassification from 2004, NGOs like Release and Transform momentarily enjoyed structural advantages whilst David Blunkett was Home Secretary, but were then replaced by more conservative NGOs like the CSJ prior to the decision from 2009. Just as in 2004 the parliamentary discourse was dominated with emotive language prior to the decision from 2009, and evidence-based narrative was deployed to distort communicative action. Finally, the role of the media also changed, and evidence demonstrates that some parts of the media, along with some bodies associated with the Conservative Party, began a campaign which used cannabis to promote their own moral values and to attack the governing Labour Party.

## § 7.2 Conflicting interpretation of evidence in constellations

The previous section shows how changes in constellations contributed to acceptance of the conditions proposed as a problem by the social control constellation. Section two will now test the assumption that systemic advantages enjoyed by the social control constellation also allowed it to diffuse counter evidence presented by the public health and liberal constellations. This section shows how conflicting interpretations of evidence floated in the constellations. It tests if it was indeed the power of the bearers of these interpretations – not the strength of evidence – that determined the outcome of these debates.

**Table 40:** *Mechanisms and measures adopted from Habermas (1989) and Stevens & Zampinii (2019)*

Proposed mechanisms	Possible measures
Actors with systemic advantages were able to influence which evidence is accepted as true, and thus influence the reclassification of cannabis back to class B	<ul style="list-style-type: none"> <li>- Evidence for conflicting interpretation of evidence floating in constellations.</li> <li>- Evidence for how those with systemic advantages managed to push evidence overlapping with own normative preferences to become dominant.</li> <li>- Evidence for how those with systemic advantages managed to diffuse inconvenient evidence.</li> </ul>

Contrary to some of the statements made by Professor Murray in the previous section as well as the evidence presented by the MPs calling for reclassification back to B, it seems that evidence on psychosis was evaluated by the ACMD. This is acknowledged by MP Flint (HC Deb, 2008) where she says that:

*Most of Professor Robin Murray's research was known to the advisory council when it was producing its cannabis report.*

What became particularly controversial was the way in which later recommendations were interpreted by the policymakers. Mike Hough explains how the “Home Secretary kept going back to the ACMD asking if they can revise their advice” as she “wanted a different answer.” The answer however, stayed the same and the ACMD announced in its final consideration (2008) that:

*Although there is a consistent (though weak) association, from longitudinal studies, between cannabis use and the development of psychotic illness, this is not reflected in the available evidence on the incidence of psychotic conditions.*

The report continues that:

*The most likely (but not the only) explanation is that cannabis – in the population as a whole – plays only a modest role in the development of these conditions. The possibility that the greater use of cannabis*

*preparations with a higher THC content might increase the harmfulness of cannabis to mental health cannot be denied; but the behaviour of cannabis users, in the face of stronger products – as well as the magnitude of a causal association with psychotic illnesses – is uncertain.*

To some degree this shows that the relationship between the ACMD and the government was less fractious in the context of 2004 and deteriorated in the context of reclassification from 2009. Hamilton and colleagues (2014) support the ACMD conclusions in a slightly different way. They show how the NHS hospital admissions for cannabis psychosis didn't increase after reclassification. Paradoxically, from early on in 2004 the number of cases actually experienced a month-to-month mean decrease. Although the reasons for association are unclear, authors hypothesise that the relationship could have been influenced by mechanisms independent from reclassification, such as systematic changes to mental health services. They conclude that cannabis reclassification most likely didn't have an impact on cannabis induced psychosis across Britain. That, however, didn't stop some policymakers from using hospital admissions for mental health illness connected to cannabis as an argument for upgrading cannabis (e.g., David Davis, HC Deb, 2008).

The CSEW data likewise supports that finding, although from a different angle, where it shows that the proportion of cannabis users for the whole population decreased prior to the 2004 reform (chapter five). Evidence from the ESPAD study also corroborates with CSEW where it shows that cannabis use decreased amongst 15-16-year-old students in the period after reclassification (2003-2007) for 30-day use, 12-month use, and lifetime use. The majority of interviewed respondents also agree that reclassification did not have a large effect on cannabis use and cannabis possession. Mike Trace recalls "a definite small downward trend" in relation to possession and use which he believes "was not influenced by the legal changes." He also thinks that "reclassification (from B to C) was mostly a symbolic message to the police" and a "complicated legislative instrument" that didn't result in "fundamental changes." Some argue on the other hand, that the symbolic meaning is important in relation to the cannabis reclassification. Those opposing the change, for instance, claimed that reclassification to C has sent a message to users and especially the young people that cannabis use is now tolerable (HC Deb, 2004, 2008). As demonstrated, these claims are not reflective in the usage data which declined post 2004. By this logic it could also be hypothesised that cannabis dealers thought that cannabis sale is now less risky – access for users should have therefore improved. That is, however, also not reflected in ESPAD or CSEW data.

Figure one in chapter five shows that a similar percentage of respondents would find cannabis hard to obtain pre and post reclassification. The proportion of respondents who found it impossible to find cannabis actually increased steadily from 1999 to 2011. The percentage of respondents who in turn found it easy - decreased in 2003 and 2011. This contrasts the view that dealers associated cannabis reclassification with less risk thus making cannabis more widely available. The information presented nevertheless serves another function. Jacqui Smith (HOC Deb, 2008) acknowledges what the data shows where she admits "falling cannabis use amongst all ages." The data thus reflects how the idea

of sending 'the message' does not have support since hypothetically the 'message' associated with the reclassification from 2004 should have led to an increase in use, and easier access to cannabis. Smith nevertheless still bases her choice to reclassify cannabis back to B on a totemic policy of 'getting the message on cannabis right.' As a whole, views presented here stand with Hough's opinion who believes that the decision to reclassify cannabis back to B was not based on evidence, and that in light of conflicting evidence – the evidence accepted by the most powerful stakeholder will be the one that determines the debate outcome:

*I guess if the home secretary ... Jacqui Smith who oversaw the reclassification back to class B ... if she went straight with the ACMD approach ... she would have said ok let's keep it as class C ... and she didn't obviously.*

Blunkett tries to explain this by referring to how individual background influences policy process. He explains that it can lead to selection biases and implies that policy makers are sometimes afraid of people with different views. He continues that norms are often too strong in this context and people who "believe so fervently that they are right ... are always going to be right." This in turn allows them to be much more persuasive than those who try to take a "balanced rational approach." In addition, he links that view directly to how evidence is interpreted:

*When the scientific evidence is contrary and therefore mixed you have to take a view and if you fervently believe that classifying everything at the same level and using the criminal justice and the enforcement level is the way you wanna go ... you'll believe that evidence.*

Sometimes policymakers are forced to adopt a stance regardless of the evidence. As pointed out by David Blunkett: "there were people from both sides who said contrasting things." Some claimed that cannabis significantly led to schizophrenia and there were others who didn't share that view. On top of the ACMD report, Smith also took into consideration "the views of others, particularly those responsible for enforcing the law, and the public – 59% of whom according to the survey [...] favour upgrading cannabis from class C."

*I am concerned to ensure the classification of cannabis reflects the alarming fact that a much stronger drug, known as skunk, now dominates the cannabis market.*

Smith argued that the "cannabis farms" which are controlled by organised criminal groups and use trafficked children, also became increasingly prevalent. It seems that to some extent the "police priorities" element was attached purposefully to add weight to her argument, since it was visibly deployed to counter arguments of not being evidence-based. MP Harris criticises Smith whilst acknowledging that the ACMD "looked at the questions of harm, potency, the potential for binge

smoking and recommended that cannabis should be class C." He then attacks Smith on how she used evidence from the police and public view over the ACMD report. Smith nevertheless responded that:

*In addition to the evidence in the advisory council report, it is perfectly reasonable to take into consideration evidence and views about police priorities and public perception.*

She then maintains how there is not a "simple and objective scientific view on the matter." In light of what is known about the political context and the ways in which Smith approached the ACMD it could therefore be inferred that the former Home Secretary indeed wanted a different result. What further supports the view that the Home Secretary dominated the processes of generating, disseminating, and accepting evidence is the view of Keith Humphreys. Humphreys illustrates how "there was a mixture of attitudes" under Brown and narrates that some of the senior civil servants felt empowered by him. It allegedly sometimes "didn't matter what the evidence said." On other hand there were people who Humphreys claims were more inclined to listen to the evidence:

*There were other people who were very impressive and interested in evidence ... I'm telling you about senior civil servants.*

He continues that there were people "who were very interested in data trying to improve British drug policy." He uses an example of a Conservative peer who came up to him after one of the meetings and at first didn't believe in the claims made by Humphreys. After being presented with a population study, a clinical trial and results from neuroscience study he then apparently announced to have changed his mind:

*A Tory peer saying "what you're saying can't possibly be true" and I put up "here is a clinical trial ... here is a population study ... here is some neuro science" and he said "wow, you got my vote ... I can't disagree with evidence."*

As a whole, Humphreys summaries that in his view and from his experiences "most of the civil service in Britain [...] does have some interest in evidence." There is, however, a difference in admitting that the evidence is right and taking it to further stages of the policy process. In addition, given what the Home Secretary decided, it does not seem to matter what the civil servants were interested in, since many of these claims would not be congruent with her stance. The evidence used to argue for an upgrade – according to Blunkett – was used very effectively to persuade the politicians that the action was needed "even if the action was not going to address the problem in anyway." As a whole it seems that rational communicative deliberation was disrupted prior to the decision of 2009. Instead of focusing on the reasoning behind the decision to upgrade, as well as the validity of claims, political actors were focusing on preserving their political positions.

## Conclusion § 7.2

Section two shows the controversial setting in which the decision to upgrade cannabis was taken, and good evidence in support of the mechanisms found in table 40. To Habermas (1989: 36), an ideal speech scenario occurs, amongst other things, in a situation where actors can win based on their argument rather than their power. What was observed in section two is how in the light of conflicting evidence accounts, actors with systemic advantages were able to influence which accounts are used to inform the policy decisions, and which are side lined as noise. Section two shows how the evidence deployed by the members of the social control constellation was evaluated by the ACMD which recommended that cannabis remains a class B substance. This section also uses other studies and data to support the ACMD finding to show how after the reclassification, cannabis use amongst different age groups began to decrease. In addition, cannabis likewise didn't become more accessible. The government nevertheless decided to disregard the ACMD recommendation and upgrade cannabis back to class B. As mentioned, these findings serve another function. They show the slight irony in the desire of the government to 'get the cannabis right in terms of harmfulness' and send a 'clear message' since clearly the hypothetical totemic function of the change from 2004 didn't send the opposing message.

## Conclusion - Chapter Seven

In conclusion, chapter seven shows a complex relation between evidence, evidence narrative, power, and the political context in which policy decisions take place. It shows how rebalancing of power between the constellations contributed to the upgrade from 2009. The context post 2004 changed and actors from the social control constellation were in a better position to deploy strategic communication in light of the new evidence linking cannabis to psychosis. The importance of normative preferences was also better demonstrated in relation to upgrade of cannabis. Section two demonstrates how each of the constellations creates its own empirical reality by using different interpretations of actual events, but it was the view of the dominant constellation that was adopted and used to inform the policy choice. Jacqui Smith used evidence other than what was presented by the ACMD to dilute its authority and argue that the upgrade back to B is still 'evidence-based.' Overall, this chapter acts as further criticism to the pluralist assumptions as the processes leading up to the upgrade of cannabis back to B cannot be considered pluralist.

## Chapter Eight - Comparison of drug policy developments in Poland (2000) and Britain (2004, 2009)

The aim of this short chapter is to summarise and contrast key policy mechanisms found in years 2000, 2004, and 2009 for Poland and the UK. This chapter also expands on most contrasting mechanisms including prevention campaigns, the use of the gateway theory, and normalisation. It will firstly compare the pluralist assumptions in all policy changes and then show differences and similarities in deployment of arguments. Finally, the chapter will then show how contextual changes in both countries supported these actors, but these were also partially created by policy makers who enjoyed structural advantages - and especially media power.

### *Pluralism in both cases*

On the façade – Polish criminalization from 2000 and the decision to reclassify cannabis from 2004 both seem to be pluralist. In the Polish context, the decision was directly and non-directly supported by many actors and groups involved in Polish drug policy. A good indicator of pluralism would be the involvement of parental groups, which could hypothetically indicate a lending of power by the more powerful actors to the lower strata of the society. In the British reclassification context of 2004, the decision was likewise influenced by parents of children who used drugs. Representatives of users and marginalised populations, such as Release and Transform, were also given access to the policy setting. In addition, the decision to reclassify followed closely from the advice of the parliamentary commission, and scientific committee. Close examination of these contexts, nevertheless, reveals that these decisions cannot really be considered pluralist.

All three chapters show how the policy setting prior to all changes were dominated by actors with similar normative preferences, as well as their desires to reproduce structural advantages. The ACF assumptions do not seem to make valid explanations here since as demonstrated - these groups did not coordinate their actions in a rational way and predominantly acted independently. Prior to the Polish decision from 2000, actors from the conservative constellation began to dominate the policy setting, and their rise to power was not difficult since there was not a lot of resistance. The desire of the conservative party, AWS, to create social power in the form of political capital coincided with the strategic objectives of the police. AWS MPs then lent power to some parental groups who argued that amendment will be beneficial for their children. An anomaly in the Polish context is the surprising lack of involvement from the Catholic Church. Respondents generally agreed that church was absent from the debates, campaigns, and its position was not clear. This is interesting since the Church has a strong involvement and position with other moral issues like abortion, gay marriage and teaching of religion. In addition, the Church was involved to a certain degree with drugs where it involved HIV and AIDS. Although the Church was not directly involved in Polish drug policy, religious values and normative preferences were still seen in some opinions of political stakeholders.

In Britain, on the other hand, the liberal and public health constellations momentarily managed to exert slight influence on the policy decision from 2004. The power of these two constellations was nevertheless diminished by the social control constellation, and strategic actions of groups such as ACPO. This is where an interesting overlap can be seen in Britain and Poland, since police officers from both countries used similar claims to create and preserve their powers. They argued that keeping cannabis as an arrestable offence is useful as they can use it to pressure the consumers to give away their suppliers.

The importance of normative preferences in policy access was even further evident in reclassification from 2009 when liberal groups like Release or Transform were moved away from the policy setting, and other more conservative groups like CSJ gained access to it. This shows how power is borrowed and lent depending on overlaps in normative and strategic grounds. Interestingly, in 2004, just like in Poland, emotional discourse of parents of children was also present and used but in a different way. It seems that it was appropriated by the governing politicians to argue for a more pragmatic solution, as opposed to heavier sanctions on drugs and drug users. Moralistic positions, such as the desire to form a purer society which mattered much more in Poland in 2000, also became diminished before British reclassification in 2004, but later re-emerged prior to the upgrade from 2009. Finally, just as in Poland and the decision from the year 2000, there seem to have been a wide range of cross-party political support for reclassification of 2004 and 2009. The political right-wing divide which could theoretically correspond to the left wing being more lenient and the right wing being more tough on drugs is an oversimplification in this context.

### *Differences and similarities in deployment of arguments*

Both contexts show interesting differences and similarities in how policy actors create their own empirical realities, and how it is often the empirical reality of the dominant constellation that is accepted as the truth. A very interesting distinction is, for example, traced to how both contexts seemed to have been polarised in relation to views on certain drug prevention campaigns. In Poland a growing view in the 1990s and early 2000s was that the youth needed to be 'informed on drugs' with various forms of campaigns, as reflected in the activity of Barbara Labuda. The discourse of the British MPs in the early 2000s on the other hand, seemed to have been more sceptical of the utility of similar campaigns. MP Mullin (HC Deb, 2002) explains that "some of the education initiatives probably had success" but then goes on to say that the "propaganda bombardment also makes drugs seem dangerous and exciting" and overall official "targets and strategies" are "a million miles away from the debate that young people have about drugs." These and similar arguments seemed to be effective in the HOC (2002) debate which contributed to reclassification in 2004.

Differences in both cases are then seen in the deployment of the gateway theory. Chapter six shows how in Poland, gateway theory acted as one of the key arguments for criminalisation in 2000. Contrastingly, in the British reclassification context from 2004 it was discredited prior to the policy

change. Referring to Home Office research study No. 253, MP Hughes (HC Deb, 2002) explains how he interpreted the results on the gateway theory as:

*Starting on cannabis and proceeding to other drugs are probably very small and the association between soft and hard drugs found in the survey data is largely a result our inability to observe all of the personal characteristics underlying individual drug use.*

Another MP then talks about how “previous cannabis use is not a proof that it would lead to heroin” and then goes on to say that “most cannabis users previously use tobacco but most tobacco users do not go to use cannabis” (HC Deb, 2002). From a different angle, this also shows the importance of the British experiences with drugs. MP Mullin (HC Deb, 2002) supports with the view where he states that: “all drugs are harmful, as I think we all agree – but that the degree of harm varies.” A similar view is then, to a certain degree, reflected in MP Wishart’s discourse where he says that

*We have had drugs within our society for about 30 or 40 years. As a society, we are relatively experienced in dealing with drugs issues.*

He is nevertheless then critical where he says that “(policymakers) have learnt little from these experiences” and “after 30 or 40 years, we do not know why certain groups of young people take certain drugs.” In the literature review, it was highlighted how Poland had different experiences with drugs to Britain. In Britain these experiences came in waves and influenced public opinions so that people ceased to view all drugs as equally dangerous, and they in turn began view some substances like cannabis as more culturally acceptable.

### *The importance of contextual mechanisms*

All three chapters show differences in important contextual mechanisms in the UK and Poland at the time of policy change. Before reclassification, Britain underwent rebalancing from peer pressure, individual pathology, and low self-esteem linked to the deindustrialisation and conditions of the 1980s towards rationality and pleasure seeking - well reflected in the emergence of the night time economy in the 1990s (Measham & Shiner, 2009). In Poland such mechanisms were not observed and if present at least to some degree – they were overshadowed by the general chaos of social transition in the 1990s. In Britain there were also changes to how other substances were perceived and treated. Officials explained how a lot of money was spent on drug treatment at the time and trying to persuade the public and politicians that people should be given a chance of treatment if they are dependent on drugs instead of being marginalised (Mike Trace). Both - Trace and Blunkett, for instance, recall experiments and treatment programmes. This therefore reflects an increasing focus on harder substances which could have diminished the status of cannabis. As a whole Trace believes that the environment became more supportive than it was 20 years earlier:

*Those concepts have been placed into the public debate very strongly umm but also, it's a natural ... generational thing.*

From the 1990s onwards, people may have become more aware of drug use in Britain and “got used to the concept of addiction and how to respond to it” (Mike Trace). This seems slightly different to the Polish context where at the same time although people clearly sympathised with addiction, it cannot really be said that they accepted addiction in the same sense. In addition, they targeted use and addiction differently to the British context. Admitting to previous cannabis use by the Conservative politicians is also indicative of some normalisation mechanisms in Britain prior to the policy change. This is a striking difference to the Polish context where it was unheard of for the leaders to do something similar. This may once again be linked to the lack of varied experiences with drugs, where Polish politicians likely assumed that they would be judged more harshly by the society if they admitted to past use. As a whole, as shown in chapter six, these ‘normalisation’ mechanisms were not present in Poland. In turn it was the social control mechanisms which became even more firmly established in line with the new substances which appeared at the time. These views seem to thus indicate that cannabis was much more normalised in the British society before reclassification took place in contrast to Poland before the decision from the year 2000.

#### *Media and the use of media power in both cases*

All three chapters show a rather complicated and important role of the media. As described in chapter two, media should provide foundations for a rational debate and existence of the public sphere (Habermas, 1989). Instead, Habermas (1989) sees modern media as responsible for creation of private and fragmented individuals who are incapable of forming a rational-critical opinion and oppose established power. He continues that media only provides a pseudo-public sphere where participants spectate in a passive way. This is evident in all three chapters in how media reported on drug related issues in an exaggerated way and focused on selling stories. In all cases the political divide does not seem matter in the context of drugs and media, and media actors seem to adopt positions which suit them. It seems that many media actors supported the reclassification from 2004. This is contrasting to the Polish context of 2000 where the majority of the media seems to have supported criminalisation. In the British cases of 2004 and 2009, the power of the media is clear with how much effort policy actors devoted to trying and changing its stance. In the context of 2009, some of the respondents went as far as to claim that media were the prime mechanism which resulted in an upgrade of cannabis. On the other hand, in both cases and all policy changes, policy actors were also partially responsible for shaping of the public discourse. What was evident is a vertical stream of political opinion which travels from higher status groups down to the ones below. Higher-status actors, like Barbara Labuda, Ruth Runciman, Brian Paddick and others had better positions than groups they tried to influence and used their media access to try and influence public and official opinions (Habermas, 1989: 213).

In the Polish context prior to amendment 62, actors like Labuda as well as media began to link drug use with other forms of crime to advocate that a decrease in other crime areas can be achieved by targeting drug use. In the British reclassification context of 2004, similar arguments were deployed but in a paradoxically different way. Cannabis reclassification still fell in the drugs-crime paradigm but suggested a pragmatic approach where more resources would be spent on disrupting the drugs-crime link by redirecting resources from policing cannabis to policing more harmful drugs like heroin or crack cocaine. The use of the drugs-crime link is also slightly different in Britain since Blairite drugs-crime link was a strategic and calculated position rather than moralistic. His tough on crime stance was part of the New Labour's political triangulation strategy whereas Labuda seems to be a true, moralistic believer in the anti-drug cause.

In all three cases, the modern public sphere is responsible for changing private lives and the sense of who we are. For Habermas, this is a misuse of the public sphere. Personalities are developed in the private world and then brought into the public sphere (Calhoun, 1992). Private issues are not discussed in an ideal public sphere so that people can form their own ideas without them being spoiled by other people's opinions. In Britain, this can be seen in a degree of normalisation amongst the public and politicians, prior to the change from 2004 which was then completely diminished in light of media reporting. A similar picture can be seen in the Polish context prior to the decision from 2000, where some substances were becoming more popular in the 1990s, and then media campaigns began to influence how these should be viewed. Instead of being provided with a forum for rational discussion, the people were bombarded with sensational portrayals of drugs which made people afraid of drugs, and people who used drugs. As a whole, all three chapters seem to so far support Habermas's view that public sphere is just an illusion. In both cases and all chapters, party politics as well as mass media contributed to feudalisation of the public sphere by replacing rational debate with representation and appearance.

## Chapter Nine – Explaining Polish NPS policy

Using process tracing, the following sections attempt to explain reactions of the Polish government to NPS. It was so far concluded in chapters five and six that ACF allows for a limited explanation of drug policy in Poland and the UK since evidence does not seem to indicate that groups and actors seen in both policy contexts can be really considered coalitions. In both cases so far, groups and actors existed, but they haven't coordinated their actions to achieve preferred policy options. However, since this is a completely different time period, the ACF will be tested again and the same will be done in the following chapter for Britain. Similarly, to the previous chapters, each theoretical account will again aim to explain different aspect of NPS policy development. However, before attention will be given to the ACF, this section will firstly test propositions derived from the MS framework.

- (1) The pluralist approaches (MS and ACF) – Sections one will use the MS approach (Kingdon, 1984) to demonstrate the problem stream, policy stream, and politics stream relating the Polish NPS. Section three will show groups and actors involved in polish NPS policy, demonstrate their core and policy values and how they coordinated their actions to create a response to NPS in Poland. It will also test hypothesis four (see literature review) of the ACF and test the assumption of how core attributes of a policy remain unchanged as long as the dominant coalition who instituted the program remains in power.
- (2) The critical approach (PC) – Section two will use the Habermasian framework to test power asymmetries found in the Polish NPS policy setting.

## § 9.1 Multiple Streams Framework

Section one will demonstrate Kingdonian (1985) problem stream, policy stream, and politics stream as well as evidence for their existence in context of Polish NPS policy. Proposed mechanisms and measures for process tracing are summarised in Table 41.

**Table 41:** *Mechanisms and measures derived from Kingdon (1985)*

Proposed mechanisms	Possible measures
Overlap in:	- Evidence for how NPS conditions moved up on the agenda
- Problem stream	e.g., in how the policy makers learnt about it.
- Policy stream	- Evidence for suitable NPS policy option which was congruent
- Politics stream	with values of key stake holders.
	- Evidence for policy entrepreneurs and their actions.
	- Policy makers describing how they tried to sense the national
	mood and how they concluded that it was supportive of their
	NPS policy choice.

### *Problem Stream*

As discussed in the literature review, in the period of 2008-2015, the problems associated with NPS had numerous sides, and include but are not limited to: growing number of NPS, accessibility, increasing number of poisonings, general sense of helplessness, and a damaging effect on the legitimacy of the government. The following analysis into different stages and layers of the NPS 'crisis' is reflective of when and why politicians became responsive to the conditions associated with NPS.

The first most apparent condition linking to NPS is a growing number of available substances (see section 5.1.5). Increased availability of different substances nevertheless does not necessarily mean that users took advantage of them. NPS emerged on the Polish market around 2007 and reported prevalence for the next two years remained low. Instytut Opinii Publicznej (section 5.1.5) demonstrates that in 2008 only 3.5% of 18-19-year-olds admitted to NPS use. Another report published by NBDP (Piotr Jabłoński & Malczewski, 2014) shows that in 2008 the percentage of respondents who reported NPS use were similar to substances, such as magic mushrooms, and fell far below common traditional drugs like cannabis, amphetamine, prescription drugs, and ecstasy. The online market as a whole was likewise small in Poland. The EMCDDA reports that in 2009 the largest number of online sales were based in the UK, Germany and remained low in Poland. Jablonski, however, narrates that the prevalence quickly became larger in Poland than in other European countries. He believes that this is why other countries were not interested in the problem early on. In his view they simply thought of it as a problem limited in size, but that view changed when the problem began to grow:

*And this European average ... umm in this first measurement we had 9% and European average was 4% ... after three years European average was nearly identical as in Poland and a significant proportion of countries had higher levels than in Poland*

The change in prevalence was primarily driven with physical vendors opening across Poland. This is where the second layer of the problem is visible. Some of the respondents claim that NPS moved up on the government agenda as conditions associated with it became visible to the public. This can be seen from three different angles. Firstly, where the head shops became more widespread across Polish cities. The first head shop opened in Lodz in 2008 followed by another 40 the same year. In 2010, almost 1,400 shops operated in Poland and the use amongst 18-19-year-olds increased to 11.4% (Instytut Opinii Publicznej, 2008). In some way their presence became a symbol of governmental failure. Krawczyk believes that this was the stage when the government became interested in NPS. He highlights how the governmental strategy was primarily concerned with the removal of visible vendors. In his view the problem was resolved for the government as well as for the majority of people as soon as the sales were no longer visible:

*If you're a forty something years old ... pushing a buggy and holding your other child by their hand ... then in your eyes this problem no longer exists.*

Secondly, as demonstrated in the literature review, there was an increase in the number of NPS related poisonings. CIN (2015) in their report document how the Minister of Health received numerous reports from the National Consultant for Clinical Toxicology about increasing number of poisonings. It is likely that this information was then passed to the PM and other members of the government. These poisonings were also reported by the media. Dąbrowska & Bujalski (2013) show that Polish media used dramatic examples of life-threatening poisonings. In some way these could be considered 'focusing events' which drew the attention of the policy makers to the conditions of NPS. Arguably, the conditions associated with NPS would have never ended up higher on the government agenda if it was not for media pressure. This in turn acts as criticism to Kingdonian understanding of media role in agenda setting. Media were a major power in influencing the government agenda in Polish NPS context and thus contradicting Kingdon's claim that media lacks such power.

Overall, the conditions which related to NPS were not only of epidemiological nature. The media quickly picked up on the idleness of the government and highlighted that existing legal mechanisms were not working (Krajewski, 2015). As previously mentioned, visible shops became a symbol of failure. Prohibiting new substances also proved to be a very lengthy process taking from one to two years as each substance had to go through various parliamentary commissions and processes. Governmental effectiveness was therefore scrutinised by the public and the media.

## *Policy Stream*

It is difficult to pinpoint the key policy entrepreneurs – apart from PM Tusk – since amendments were predominantly introduced as private member bills. The use of the civil service to generate policy solutions was likewise very limited. In addition, it appears that not much lobbying had to be done by entrepreneurs with different ideas as the government was only set on solutions congruent with criminalisation. Considering alternative solutions to criminalisation would have meant acknowledging the failures of existing prohibitive framework. This was not something that the policy makers were prepared to do, and it was easier to adopt solutions which fit pre-existing ideas of the powerful stakeholders. Some of the respondents, such as the former Minister of Health, Balicki, believe that responses to NPS can as a whole be placed in a “populist framework” where politicians believed that if they “increase the punishment – there will be less crime.”

As discussed in chapter three, the policy responses to NPS were complex and it is hard to think of them as a single solution. Numerous things were tried, and they primarily consisted out of expanding the lists of scheduled substances and changing legal definitions of a psychoactive substance. Due to the ineffectiveness of the criminal law, the government then resorted to the use of administrative solutions. The proposed use of administrative law to close head shops was nevertheless scrutinised due to numerous legal grounds. Krajewski (2015) for instance, argues that the administrative law violated the constitutional principle of *Nullum crimen sine lege certa* which states that illegal acts must be specified in the criminal law. This is where policy ‘softening up’ can be observed. PM Tusk defended (dziennik.pl, 2013) his proposal, and tried to dissociate himself from those who opposed it:

*Ladies and gentlemen, you have no idea how much resistance was put up by the lawyers and officials when I told them that we have to break some rules; that we have to chase those who sell these substances without specifying their chemical content and instead focusing on their effects.*

What can also be seen in that speech is how the PM tried to prepare the public for the criticisms of his policy where he said that “today or tomorrow there will be a big uproar that what we are doing is illegal.”

Other alternatives to suppression existed. Although the government at the time maintained that prohibitive tools were the only available options and other alternatives were rarely publicly discussed, Hughes & Winstock (2012) show that alternative models could have been used to eliminate problems associated with NPS. The government could have, for instance, implemented the policy of regulated sale along with laws for customer protection found in the European law and in the Polish law. Such a system requires that sellers demonstrate the chemical content on the packages and include suitable warnings. The responsibility for ensuring that the product is safe in such system is thus shifted onto the distributors. This system could have also resolved the ‘not for human consumption’ problem. The second system could have been based on restricted marketing and sale without medical supervision. In this model, the government attaches conditions for licensing as, for example, specifying

the minimum age of purchase, as well as the place, time, and circumstances of sale (similar to alcohol and tobacco). Finally, there was also the option of restricted marketing and sale with medical supervision. This is how medicine is sold and, in this system, really harmful substances are scheduled as illegal narcotics but those with medical properties can be placed in a separate annex. Any of these systems could have also allowed control of purity, content, and prevented the black market from emerging (at least to some extent).

Sticking to suppressive measures was probably more convenient due to numerous logistical reasons. Adopting alternative policies would have required admitting that the Polish model is dominated by the precautionary principle. Krajewski (2015) argues that Poland would have had to develop testing and evaluation structures similar to the EU in order to move away from it. He argues that the EU is more effective at preventing overcontrol – which in his view relates to the precautionary principle, and under control which arises from the lack of information because it does a thorough risk assessment of each substance. The pharmacological properties of each substance are evaluated and if they have medical properties or can be used for research they are placed in suitable annexes. It is clear therefore that these could have been seen as logistical inconveniences for the government, and in light of dominant prohibitive values – unnecessary financial burdens. Overall, it can be imagined that all of these ideas indeed ‘floated about’ in the policy stream but they were not congruent with the values of the dominant policy actors and likely seen as more complicated alternatives. This will be better illustrated in section three of this chapter. None of the alternative solutions would have also fully eliminated the problem of visible sale, and this was likely the biggest problem for the government. In addition, as will be shown in the political stream, alternatives were unlikely to survive the scrutiny of the opposition or the public.

### *Political Stream*

In the political stream, the policy makers sense the national mood with proxies, like the media, opinion polls, and public consultations (Kingdon, 1984). This is done to see if the policy response will be able to survive the public scrutiny. The role of this stream and media is particularly interesting in the Polish NPS context. All of the respondents – in corroboration with previous research – argue that the media actors quickly appropriated the NPS conditions, and it became a national sensation. Jablonski explains that media disseminated information on the NPS in a “very sensational way” – especially focusing on death, and poisonings. Agnieszka similarly emphasises the role of the media and the sense of “helplessness ... stupidity and panic:”

*Everyone went crazy, media went crazy, parents went crazy, schools went crazy.*

This indicates that the mood towards NPS and especially NPS sellers was hostile. However, what makes media involvement even more interesting is how closely politicians participated in issue framing. A lot of emphasis is placed on the role of the former Prime Minister, Donald Tusk who – according to

the interviewees - used populist devices with media help. Respondents claimed that it was not the first time. Malczewski explains how Tusk's response to NPS was just another one of his "wars." His first 'crusade' was waged against gambling and his second was against paedophilia. The Sanepid worker also narrates how:

*The Polish PM, Donald Tusk, entered the whole matter and pledged to get rid of the problem ... to an extent in a political manner*

Overall, it seems that the political context was supportive of the restrictive solutions adopted by the policy makers and they knew it. In addition, media populism also partially explains why policymakers decided to not adopt alternative policy models since they were unlikely to survive.

## Conclusion § 9.1

It seems that evidence supports MS mechanism found in table 41 and provides a degree of explanation to the Polish reactions to NPS. The problem stream shows how a number of conditions relating to NPS emerged prior to the first policy decision. There is lack of evidence to describe directly how policy makers learnt about the condition, but what seems evident is that policy makers began reacting once NPS became more visible. It seems that the problem moved up on the agenda when the head shops began operating and when media began reporting on NPS related poisonings. Describing the NPS related problems in such simplistic manner nevertheless ignores that emergence of NPS could have partially been triggered by existing prohibitive laws. In addition, some of the conditions linking to NPS were purposefully created by the policymakers due to their own political goals. Both of these arguments will be explored in section three of this chapter. Examining the policy stream then shows how there were indeed a number of solutions available to NPS related problems. The government, however, predominantly focused on finding the best solutions which would also have fit their pre-existing ideas of what should be done about the problem of drugs, as well as their political objectives. These policy choices seem to also have been supported in the political stream. Media created a rather punitive, and populist mood, with key politicians contributing to that atmosphere.

In conclusion, although mechanisms derived from MS framework are supported here, they present a simple, descriptive and rather limited account of the NPS context in Poland in years 2008-2016. The fundamental weakness seems traceable to how these streams allegedly overlap and create a window of opportunity for policy to be pushed through. What is problematic with that analogy is the 'independence' of the streams. As demonstrated, events, actors, and conditions are mixed in all of the streams and are not necessarily independent as described by Kingdon. Problems which should have been only seen in the problem stream, for example, were also created in the political stream by media and the government. This will be further explored in the following section.

## § 9.2 Advocacy Coalition Framework

This section acts as continuation to the sections outlining groups involved in Polish drug policy and the amendment from the year 2000 in chapter five. The context has evolved since the decision in 2000 was made, and new actors emerged in Polish drug policy. The division between advocates for different solutions to NPS was nevertheless clear, and it is well exemplified with the comment by a senior member of the Sanitary Inspectorate who says that: “there was a large conservative group with different opinions” to the “liberal side.”

**Table 42:** *Mechanisms and measures derived from Sabatier & Jenkins-Smith (2006)*

Proposed mechanisms	Possible measures
Dominant coalition cooperated to achieve preferred policy option	<ul style="list-style-type: none"> <li>- Evidence showing that groups and actors showed consensus on issues pertaining to policy core and less on secondary aspects prior to change in 2000 (hypothesis 2).</li> <li>- Evidence demonstrates cooperation between actors and groups in trying to change the policy from 2000.</li> </ul>

Groups from the 1990s changed in numerous ways proceeding to the responses to NPS. Some of the members, such as parental groups didn't have as much influence nor access to the government in 2008-2016. This again shows the importance of actors, such as Barbara Labuda and AWS MPs in the previous context who enabled these groups access to the policy setting. The involvement of the health sector likewise changed in the context of legal highs. Hospitals became the main source of the scientific data through reporting of NPS poisonings. From the very start of the 'crisis' physicians were arguing that the problem is real and lobbied for actions (Dabrowska and Bujalski, 2015). This may have influenced how the problem was viewed since the reporting of poisonings came from a legitimate source. Addiction specialists on the other hand, portrayed NPS on par with classic drugs and some believed that they are especially hazardous since the effects they carried were unknown (Dabrowska and Bujalski, 2015).

The aim of this subsection will be to also show the views of key stakeholders in relation to traditional substances at the time. As argued in the MS sections, alternative solutions to NPS would have required at least consideration for alternative approaches to drugs and drug use. Some more radical solutions to NPS would have required changes to how 'traditional' substances were treated. As will be shown, abstinence towards narcotics still dominated Polish drug policy at the time and this created a difficult climate for alternative NPS policies.

*Liberal group – core values are congruent with harm reduction, public health, and individual freedom*

In the early 2000s, new NGOs entered the Polish drug setting, and the existence of the liberal group is much clearer in the context of NPS. The Polish Network of Drug Policy (PNDP) and Global Drug Policy Program began resisting the domination of prohibition. Their involvement in the 2010s mostly consisted of publicly scrutinising the government and advocating for more liberal solutions to the NPS which also overlapped with depenalisation of other drugs. The PNDP argued that the penalties for the possession of ‘classic drugs’ are one of the reasons for the emergence of the NPS (Agnieszka Sieniawska). The organisation also offered their cooperation to the Minister of Health and asked to be included in the policy process but was unsuccessful. The PNDP has also written a letter to the government criticising it for not making sufficient use of scientists and experts in drafting of initial amendments (Dabrowska & Bujalski, 2015). The letter pointed out that there is a lack of facilities for monitoring NPS. The director of the Global Drug Policy Program was, on the other hand, supportive of treating NPS like alcohol with emphasis on informing the public on how these substances work and their dangers (Agnieszka Sieniawska). Another notable member who seems to align with the liberal group in terms of core and policy values is the Free Hemp Society (FHS). The FHS was established in 2006 and continues to work towards a ‘rational and effective use of hemp,’ but it was likewise critical of the NPS approach adopted by the government (Agnieszka Sieniawska). The Society’s President, Andrzej Dolecki, expresses his frustration in being ignored by the ruling parties in the Committee for Legalisation of Marijuana (2020) (Niezalezny Lublin, 2020):

*The progress over the past 17 years has been very slow and no one listens to logical .... meritocratic opinion-based arguments. Polish drug policy debate is dominated with emotions.*

Most interestingly, he also proclaims that in order to get the governing party to listen to the committee, the circle of the committee will have to expand itself with members from MONAR and the Catholic Church. This again indicates that members of the conservative group are most inclined to listen to actors with similar core and policy values.

The media likewise seem to have changed since the year 2000. The consultant for the OSF describes how in Poland not many organisations are interested in drug policy, but the media was always really interested in drugs. PNDP and Drug Policy Program (OSF) attempted to use that interest during the NPS policy context. An OSF consultant explains “it’s not like the public discussion was absent” and the liberal side of the debate was trying to convince the public and policy makers that these amendments will not bring about desired results. David Krawczyk illustrates how *Krytyka Polityczna* - a left-wing quarterly - was writing in a totally different way to the mainstream media. He goes as far as to claim that some of their work managed to influence the mainstream media by introducing harm reduction lexicon, such as decriminalisation or depenalisation into the public discourse. Many in the mainstream media – he continues – then adopted similar language, but some retained their ‘well-known’ conservative discourse focusing on children and fear.

## *Politicians*

The major political stakeholder and parties did not vocally support alternative approaches to NPS in years 2008-2010. This is most likely due to the political context in which all opposition would be seen as creating additional challenges in the time of a national 'crisis.' There were instead a handful of MPs who advocated for alternative treatment of 'traditional' drugs which would have acted as a policy for countering the demand for NPS. The SLD members, such as Marek Balicki, for example, remained vocal in trying to liberalise Polish drug policy. He was the only politician who voted against scheduling of additional NPS. Opposition then grew when the Ruch Palikota (RP) party managed to obtain 40 seats in the 2011 general election - making it the third largest party. It was the only party which actively tried changing drug policy in Poland. In an interview with TVP (2015) Janusz Palikot - the former leader of the RP - tells the interviewer that he believes the NPS are a problem "because there is no access to regulated soft drugs." In his view - regulation of the 'traditional drugs' market was the only way to stop NPS related problems. Other RP members also got involved in trying to change the drug laws by sitting on the Parliamentary Team for Rationalising Drug policy which consisted of 14 liberal MPs.

*Conservative group – core values are congruent with abstinence, social control, purity, respect for authority*

The centre-right Platforma Obywatelcza (Civic Platform) won the election in 2007 as the major coalition party. The ruling politicians nevertheless remained largely conservative when it came to drug use and drug possession. Their views in relation to NPS and other drugs may be indicative of why alternative solutions were not adopted. The PM, Donald Tusk, voiced his prohibitionist views on numerous occasions at that time. Speaking in the Seim in 2011(b), for example:

*When it comes to any form of legalisation of narcotics or liberalisation, I said this earlier and this view may be different to my friends in the RP but while I am the PM and will have something to say in Poland, the legalisation of narcotics will never take place. End. Full stop.*

The role of Donald Tusk is of paramount importance in the context of NPS. As demonstrated in the previous sections he was partially responsible for shaping of the anti-NPS discourse. His actions and speeches also undoubtedly created a more hostile environment towards more liberal policy options. Tusk was also the main actor responsible for mobilising the government to find solutions and reached out to the European Union for assistance. When the NPS prevalence began to grow, Tusk met with Commissionaire Barroso asking him to take actions at the European level (Wiadomosci.wp, 2010).

The views of the Minister of Health in the years 2007-2011, Ewa Kopacz, reflect similar conservatism and drug-free ideology. In a radio interview with *Gazeta.pl* (2010) she talks about the fight

with NPS and when asked why the government does not consider depenalising soft-drugs to fight the NPS, she responds in the following way:

*In general, not just as a Health Minister but as a doctor ... I am against even the smallest amounts of drugs. I know exactly what it was like when I reached out for that first cigarette and how difficult it is to quit now ... and that's why I will never reach out for narcotics. I don't want even this smallest dose ... used to satisfy the curiosity of that young person ... to have an impact on their whole life.*

She continues how in her view and based on her experiences: “softer and harder drugs are all the start to addiction.” She summarises by saying that she “doesn’t want soft nor hard narcotics” and “will call for strong fight against all drugs.” In 2013, *MamPrawoWidziec.pl* asked 86 MPs and Senators what they thought about legalisation of soft drugs. The vast majority of them (59) agreed with PM Donald Tusk and Health Minister Kopacz, 20 thought that soft drugs should be legalised and seven claimed to not have an opinion on the subject. Years later, the President of the Parliamentary Team for matters of Legalising Marijuana (2020), Beata Maciejewska, seems to share the view that the majority of politicians don’t want any drug reform. In her address to the committee, she directly asks if members are familiar with any MPs from either major party who would be willing to listen to the alternative views:

*Do you know any MP from PiS with whom you could have a normal conversation about this? Do you know any MP from PO who has been in the Parliament for a long time and who is willing to have a normal conversation about this? Because I really don't know many. If we want to talk about the majority then we need to talk about what arguments to use.*

Overall, this shows why alternative solutions to NPS, such as: regulated sale with laws for customer protection; restricted marketing and sale without medical supervision; or restricted marketing and sale with medical supervision were not adopted. Two alternative stabilising mechanisms can be nevertheless also seen here, and both link to the idea of reproducing social power. As suggested before, the opposition was most likely unwilling to oppose the ruling party in the time of a ‘national crisis’ as that could have been later used against them - hence the near unanimous support in some of amendments. The amendment in 2009 was passed with 404 votes in favour and only five opposing it. The amendment of 2010 was passed with 429 MPs voting for it with the exception of Marek Balicki. Similarly, in 2011 the amendment likewise went through quickly with the whole Seim supporting it apart from Balicki and his colleague Marian Filar. That unanimous support nevertheless changed prior to the elections in April 2015. The amendment from May that year only received the backing of 265 MPs, seven voted against it and 161 (PiS MPs) abstained from voting. This was most likely a political action where MPs from PiS tried to weaken the PO government and prolong its problems associated with NPS.

## *Governmental Organisations*

One of the key governmental groups involved in the responses to NPS was the NBDP. As outlined in chapter six, the NBDP is situated under the Ministry of Health and it is thus unlikely that they would have proposed radical alternatives which do not agree with the ministers. When it once did introduce an amendment in a different relation, it simply ended up in the 'Marshall's freezer' – a concept which will be further explored in the following section. It seems that whenever the NBDP desires to take radical steps, it is blocked like members of the liberal group would be. The director of the NBDP was supportive of the government agenda in the years of the NPS 'crisis' but also made it clear that it will be difficult to resolve the problem with repressive actions and emphasis should therefore be placed on prevention. Jablonski claims that people involved in drug policy were looking for "very different legal solutions." In his words: "a decision was made that the whole anti-legal high policy needs to be based on four pillars." Firstly, emphasis had to be placed on monitoring and research as he claims that it allowed a shift away from the hysteria fuelled by media reports of individual cases. This is important since, as Goode (2008) shows, the more exaggerated and scary the stories are, the more likely the public is to believe in them. Secondly, in order to meet the huge public pressure – direct action had to be taken and the police, as well as the Sanitary Inspectorate (Sanepid), had to close down physical vendors. Thirdly, legislative changes had to be introduced and finally more emphasis had to be placed on the public education and prevention. Jablonski believes that as a whole the NPS phenomenon was too big to simply remove with repressive actions. In order to really target the problem at its core – people had to learn about NPS and understand it.

The Sanitary Inspectorate became the newest addition to conservative group. The government seems to have primarily used Sanepid for policy implementation as opposed to the legislative processes. On the 5<sup>th</sup> of October 2010, the control over implementation NPS policy was given to the Sanitary Inspectorate along with new powers. The body was then able to withdraw a product from circulation for a period of up to 18 months if it was considered hazardous. Artur Malczewski recalls how before 2010 the NBDP never worked with Sanepid apart from some aspects of prevention and education. Grzegorz Wodowski similarly explains how:

*I have a lot of friends in Sanepid who I didn't know before but since NPS made an appearance and those sanitary laws ... suddenly they appeared in different conferences, meeting etc. as experts on NPS.*

A senior Sanepid worker explains how their organisation and Pharmaceutical Inspectorate which deals with drugs are all subordinate to the Minister of Health just like the NBDP. He claims that they all "have common bosses." In addition, he describes himself as a "supporter of cooperation on different levels." According to him – different cells of the Ministry of Health which work alone would not have a lot of practical influence and they need other organs, such as the law enforcement to help:

*We have really good connections with the prosecutors and police ... and others, such as tax services. They have a possibility of controlling packages ... even better than the police ...*

The senior Sanepid worker claims that his views reflect a public health institution which deals with safety and dissociates himself with the police by saying: "I am not the police." His other views are nevertheless still indicative of the alignment with the conservative constellation. This is, for instance, seen in his ideas on medical cannabis. He doubts the intentions of the movement for legalisation of medical-cannabis and suspects that its simply 'legalisation 'under the medical name:

*What sort of medicine is it that you need to smoke? If you say that it's going to be tablets or syrup then suddenly you don't have anyone waiting for it.*

## Conclusion § 9.2

In conclusion, evidence in section three reflect changes to groups and actors involved in Polish NPS policy. It was shown how new actors with overlapping core and policy values joined the policy setting, whilst simultaneously others were pushed away from it. However, the evidence shown here does not support the view that these groups acted in a rational and coordinated way. Section two shows how cooperation of actors can be observed in policy implementation. Their cooperation also resulted in a rather prohibitive climate, but actors in this policy setting didn't coordinate their actions as anticipated by Sabatier and Jenkins-Smith to achieve preferred policy options, and therefore cannot be referred to as coalitions. It seems that the existing legal mechanisms, and political climate put the ruling party at a significant advantage to simply do as it pleases without often having to consider opposing views. These assumptions will be further tested in the following subsection using the Habermasian framework.

### § 9.3 Policy Constellations

The liberal group from the previous section will be understood here as forming part of the liberal constellation, and the conservative group as forming a part of the conservative constellation. This section will show strategic actions of some actors used to preserve the policy which better suit their normative preferences, as well as political goals. It will be tested if the dominant conservative constellation deployed social power to create a more favourable policy setting. All of the process tracing mechanisms for this section are outlined in table 43.

**Table 43:** *Mechanisms and measures derived from Habermas (1981) and Stevens & Zampinii (2018)*

Proposed mechanisms	Possible measures
Systemic advantages enjoyed by policy actors contributed to the policy change from 2000	<ul style="list-style-type: none"> <li>- Evidence for how systemic advantages allowed some actors to frame the drug issue in a way that fit their normative preferences and political objectives.</li> <li>- Evidence for systematically distorted strategic communication.</li> </ul>

#### *Agenda Setting*

In critical realist terms it could be argued that the NPS related conditions didn't simply rise on the agenda because they were indeed the most pressing issue at the time and created the greatest degree of harm to the public health. Explaining that 'their time simply came' (Kingdon, 1989) is also insufficient. As shown in the MS section of this chapter, there were indeed some conditions associated with NPS which posed threats to public health. These nevertheless only fall in the empirical domain favoured by the conservative constellation. The respondents whose views fell in the liberal constellation did not believe that conditions associated with NPS were as severe as they were made up to be by the mass media and some politicians. Marek Balicki describes the early NPS period in relation to the "lack of deaths" and humble in comparison to the number of alcohol related deaths. He recalls how in the early stages of the 'crisis' only a single death was noted in Szczecin and in fact it was unknown if it happened as a result of NPS, yet "media appropriated the case and reported it in a sensational way." He in turn believes that the problem of alcohol and tobacco are much more serious, yet are ignored by the government. His opinion can be backed by numerous evidence. The State Agency for the Prevention of Alcohol Related Problems (2020) for example, estimates that 900,000 people in Poland are addicted to alcohol and up to two million are drinking "harmfully." Zatoński et al. (2021) find that 2.5 more men and 4 times as many women died from alcohol related illnesses in 2017 than in 2002. 100,000 people are also estimated to die from tobacco related illnesses every year in Poland. These public health problems never seem to explode into national debates in the same way that NPS did.

Not only did some liberal actors argue that NPS were not as serious as reported by the mainstream media, but some also argued that the emergence of NPS could be a direct result of the Polish prohibitive laws. In an open letter to the Minister of Health, Ewa Kopacz, The Polish Drug Policy Network argued that: “the incredible popularity of so-called legal narcotics is a direct legacy of the strict law from the year 2000” (PNDP, 2010). The letter continues that NPS emerged as “traditional low harm drugs were replaced by potentially more dangerous, synthetic equivalents.” It then goes on to say that countries which emphasised harm reduction and “treat marijuana completely differently to Poland experienced the NPS phenomenon in a totally different intensity.” This can be exemplified with the Netherlands where the NPS were and still are present, but to a significantly lesser degree (Hondebrink et al., 2015) than other EU countries.

The prevalence of cathinones and synthetic cannabinoids also didn’t reach the same levels in the Netherlands (van Laar et al., 2013) as in Poland (EMCDDA, 2015). In addition, research also shows that NPS purchase is mostly unintentional in the Netherlands. Users are sometimes unaware of what they are buying and end up with NPS – contrastingly to other European countries where they are intentionally purchased online (Winstock et al., 2011). Hondebrink et al. (2015) argue that the Dutch drug market could have been resilient to NPS as traditional illicit drugs are relatively easily obtainable in the Netherlands and are of relatively high purity. The low quality of most popular traditional drugs in turn could have been one of the reasons for popularity of the NPS in Poland. Chapter five shows that the quality of Polish cocaine was historically the lowest in 2007, and the quality of amphetamine was declining since 2005 before it hit its lowest in 2010. It is therefore plausible that the emergence of the NPS market in Poland, similarly to Britain, coincided with a decrease in quality of some synthetic drugs. ESPAD data also shows how in 2007 more respondents thought that it was impossible to get cannabis in Poland than in 2003. In addition, a smaller number of respondents in 2007 believed that it was easy than in 2003. The same but significantly stronger pattern can be seen in relation to amphetamines.

The empirical domain favoured by the conservative constellation reflects a view that sale and presence of NPS directly led to a growing number of poisonings. Actors from the liberal constellation are critical of that view and some claim that initial scheduling and ‘clamping down’ contributed to a large proportion of poisonings associated with the NPS in Poland. Klinowski who was a journalist at the time explains how they tried warning that putting well known legal highs on the scheduled lists will lead to health consequences. As a result of amendments – the composition of these well-known products changed but the name often stayed the same. People were therefore using different products under the same name, but they were unaware of changes to their chemical content. As a whole Klinowski blames politicians like Tusk for the waves of poisonings:

*If they didn’t touch any of it the most likely none would have gotten poisoned and hospitals would not be full with young people having problems.*

Some previous research supports Klinowski's comment by showing how a big proportion of the poisonings reported in 2010 could have been a byproduct of the warehouse clearance effect where many substances were mixed in an attempt to avoid new amendments (Jablonski & Malczewski; Krajewski, 2015). Similar phenomena can then be noted in August 2015 when the number of poisonings suddenly increased to 1966 after the amendment in April was passed. The Chief Sanitary Inspectorate reached similar conclusions and, in their report, admit that the increase in poisonings in years 2013-2014 was likely caused by the decrease in quality, and increase in strength of NPS.

These arguments nevertheless run contrary to values, and political objectives, of the dominant stakeholders who aligned with the conservative constellation. In addition, and in some cases, these arguments would have also threatened their political power as they would have indicated that the prohibitive framework is futile. This explains why some actors who enjoyed media power, like Donald Tusk, actively contributed to igniting of the NPS crisis. In some of his speeches, Tusk categorises the population into those deserving of protection and those who should be punished. The people deserving of punishment are the people profiting from NPS – shop owners and distributors. Their victims, on the other hand - primarily consist out of children and young people. In the daily tabloid *Fakt* (2010) PM Tusk tells the readers that: "there will be no mercy for those who are trying to turn the lives of promising young people into hell of addiction" and that he "we will not let these people breathe." This shows another side to the NPS related problems. The focus was never on the problematic drug users or marginalised groups who may have used NPS as an alternative to other substances, even though EMCDDA (2016, 2017, 2018, 2019) demonstrates that the NPS are particularly prevalent across these groups. The lack of focus on these groups reflects a further degree of moral judgement in relation to which social groups should be treated positively and negatively.

What can be observed here is how Tusk tries to redirect criticisms from himself and his party to others. He indicates that the obsolete and sluggish system is the main reason why NPS distributors are able to operate in the first place. In addition, his language is used to separate himself from the system – which he considers part of the problem, and something beyond the control of the government. In another interview he even attempted to justify ineffectiveness of the state where he said that: "the enemy in this fight is scrupulous and simultaneously sophisticated" (InteriaFakty, 2010). He then refers directly to legal tools used for controlling finances, trade and epidemiology and repeats that "enemy sophistication" is the main reason why they don't seem to work in the context of NPS. Tusk's language was also effectively used in other areas. As shown in the MS section, Tusk was criticised on the questionable legality of his administrative solutions. He nevertheless disarmed these criticisms. He proclaimed that he "will act on the edge of the law" to eradicate NPS and accused the opposition of standing in the way (Polskie Radio, 2010).

Some of the interviewees presented a view that not only were there more pressing public-health issues at the time, but the government only became responsive to the conditions associated with NPS as they were visible and had an impact on its legitimacy and potential social power. What adds to the view that the Polish government was never really interested in the NPS is how officials began to be

uninterested in the NPS conditions after they were no longer a visible problem. The closure of the shops was declared a big success by the government, but NPS never disappeared. The shops simply moved online and to the black market (Bujalski et al., 2017). This is what critics of the responses to NPS, such as the head of the PDPN point out:

*Poland never got rid of the problem because an interest in drugs did not decrease ... everything went to the black market ...*

Krawczyk also adds that in his view the decrease in quality of NPS was not something that the government was overwhelmingly preoccupied with as it was not visible. When asked about the existence of the black market, the Sanepid Chief defended the policy and work of the government by saying: “okay yes but there are less users” and also “if there is a shop on the street then one should be able to suppose that this shop is safe for him.” The Open Society consultant, on the other hand, contrasts that view and believes that the government was more likely preoccupied with preserving its own legitimacy rather than focusing on the public health:

*I understand that politicians wanted to remove it from the line of sight. If the shops are no longer there and you can't see the queues because people are buying online then it's no longer visible there for the public opinion.*

Although the pace of NPS has decreased since 2015, EMCDDA (2019) reports approximately one to three new substances per week. The NPS have nevertheless disappeared to a great extent from the public discourse, and they are no longer something that the government seems to be interested in. Chapter five shows that the number of NPS related poisonings, although decreasing, is still very high and never decreased to pre-2015 level. Overall, this indicates that the government was primarily interested in the conditions influencing their legitimacy, and once these were solved they became uninterested in other conditions relating to NPS.

In conclusion, this section shows how the conditions associated with NPS could have been viewed in a way that would have been favoured by members of the liberal constellation - as less problematic than described by the members of the conservative constellation and being a direct result of the Polish prohibitive laws. Some also argued that the government became responsive to conditions associated with NPS only because they threatened the social power of the key stakeholders. This empirical realm was not accepted and was instead overshadowed by the empirical realm of the conservative constellation whose members had systematic advantages that allowed them to have their version of the conditions associated with NPS accepted. Some actors like Donald Tusk, for example, enjoyed media power that allowed him to dissociate the government from problems associated with NPS.

### *Domination of the policy processes by the conservative constellation*

As shown in the previous sub section, the powerful stakeholders were able to use their advantages so that their view of the conditions associated with NPS was accepted as true. The same actors were also influential in policy processes and deciding on potential policy solutions. As discussed in the MS section, many of the alternative solutions were associated with liberal treatment of classic drugs like cannabis, or a degree of regulation of NPS. These proposals were nevertheless excluded and side-lined by members of the conservative constellation as it continued to assert dominance over drug policy in the years when NPS related policy decisions took place. Rapacki, for instance, explains that in later years (2011-2012) liberal actors, including some of his officers, were trying to judge the climate and see if it would be possible to modify the approach towards “soft narcotics.” He remembers that there wasn’t an “acquiesce” amongst politicians, and anyone who tried to liberalise the law wouldn’t be heard by them. Other evidence supports that view and shows that that in years 2008-2015, legislative processes were dominated by the conservative constellation whose members were unwilling to support a significant drug policy reform. Political members of that constellation also enjoyed significant systemic advantages that allowed them to dominate the policy processes. These advantages include a favouring political context, and numerous legal loopholes that will be explored throughout this section. Balicki narrates that these advantages, and how they are used, are symptoms of changes to the political context which took place in the first decade of the 20<sup>th</sup> Century.

*I think that ... it shaped around 2005 that everything is black and white. The majority decides about everything without going into reconciliation process ... compromises and so on. There is no willingness for that ... maybe with some exceptions. It's mostly forceful solutions. It was like that under PO and under PiS it's like this even more.*

The apparent domination may be a reason why a coordination of actions amongst the dominant actors to maintain prohibition is not visible in the Polish NPS context. It seems that what is more important than coordination of different actors is the will of the most powerful stakeholders. Powerful political actors and others like the police are capable of deploying certain tools to make legislative processes favour them, and directly exclude contrasting evidence as well as members of the liberal constellation from influencing the policy setting. The Polish government is, for example, capable of ‘freezing’ inconvenient amendments. This is noted by MP Leeroy Marzec who in the meeting for the Parliamentary team for legalisation of Marijuana expresses his frustration:

*We introduced many of these projects over the years and they all ended up in the Marshall's freezer. What can we do so the future project does not end up in his freezer?*

The ‘Marshall’s freezer’ is an informal term for a limbo some bills are placed in. Marek Balicki explains that in Poland any MP can introduce a project:

*The freezer is a communist relict where it was possible to introduce projects but no one used it hence it wasn't dangerous. It was only used to show 'look at our great democracy, even MPs can directly introduce projects.'*

The official function of the freezer was to separate the “silly ideas from good ideas” but now “it is an instrument used to decide what is right and what is wrong.” This is only one of the tools that gave a legislative advantage to the members of the conservative constellation in the Polish NPS context. Another advantage can also be seen in how Polish policy makers amended NPS legislation and added new NPS to the list of controlled substances, in a way that didn't require any social consultations. These amendments were introduced as ‘private member's bills’ in order to avoid compulsory social consultations which are a requirement if a project is introduced as a governmental initiative. Marek Balicki explains:

*The government can introduce some projects through Seim and then it doesn't even need to pretend that its consulting anyone.*

This makes the policy process more favourable for the policy makers who can amend laws quickly and without putting bills up for a parliamentary debate. However, even when these consultations are present, and bills are open to scrutiny of experts and relevant communities, the influence of these sessions is becoming increasingly more feeble since 2005. Balicki continues that as a whole the “process of consultations is becoming more and more of a formality where it exists but its less and less real.” A good example of this declining influence can be seen in Agnieszka Sieniawska's experience during a Seim conference where it was planned to add more NPS to the list of controlled substances. She explains how she advocated for an amendment that would change the process of criminalisation and make social consultations a compulsory policy element. It would have made it a requirement that public institutions have to be consulted before new NPS are added onto the list. The Central Bureau of Investigation, the Central Criminal Bureau, and the Sanitary Inspectorate, all members of the conservative constellation, nevertheless used their elite status to “bombard her with allegations” concerning widespread NPS use and blocked her amendment from passing.

Overall, members of the conservative constellation effectively prevented alternative viewpoints from influencing the policy decisions. The decision to schedule 16 plants, cathinones and agonists (J0H-018) in 2009 didn't involve social consultations, debates, or evaluations. It was a decision introduced by private members and although allegedly informed by the Chief Pharmacological Inspectorate and Warsaw Medical University, these opinions were not accessible to the public as they were conducted outside the legislative process (Krajewski, 2015). The report most likely consisted of toxicological studies but did not focus on a through risk assessment (Ibid). MPs thought that these plants are parts of other NPS and that by eliminating them, other NPS will also be covered and eliminated. No one, however, could have been sure if those plants were really part of NPS because

although they were present on content packages - analysis from other countries proved otherwise (Ibid). In addition, it seems that no one took into consideration that if substances found in these plants can be extracted or existed in a synthetic form then they would not be illegal.

The amendment introduced on the 7<sup>th</sup> of April 2010 was likewise introduced and passed in the same way. Krajewski (2015) believes that it was most likely agreed amongst members of the government but as a private member's bill (20 MPs from PO) to avoid aforesaid obligatory consultation processes. There seems to be a slight difference here in comparison to the previous amendment nevertheless where the government guided itself with a toxicological report conducted by the Bureau of Seim Analysis. Risk evaluation from other viewpoints was nevertheless once again absent with the exception of mephedrone. This would be equivalent to using the British Home Office to inform the policy decision, but as so far demonstrated this does not often take place. As a whole the lack of strong, impartial civil service could also be a mechanism which puts policy makers at a certain advantage. According to Balicki, "the civil service is a lot weaker in Poland:"

*The class of officials has not emerged here who are stable and stay when the politics change ... this doesn't exist. It doesn't mean that 100% changes ... maybe its 20% but they don't have this position ... independence. This is also a problem. They will stay because they adopt opportunistic behaviours.*

He further explains that "impossibilism" is very prevalent across the Polish civil service and officials are likely to "maintain the status quo." Instead of looking for optimal solutions - civil servants often declare that "we can't do it" or it should be left alone:

*I think that when it comes to drug policy if a minister will go and get advice from the officials ... they are likely to say 'let's leave it - why cause trouble.'*

The amendment of 2011 then introduced a further 23 substances onto the list. The decision was once again informed by Warsaw Medical University - mostly based on research from other countries, but there is no evidence to support the claim that these substances created a significant risk to the public health at that time. It does seem therefore that the reaction was once again a product of the precautionary principle rather than a risk evaluation (Ibid). In 2015, risk evaluation is likewise hard to imagine as 145 substances and 16 plants were added to the Annex that year.

The closest the Polish system seems to have come to social consultations in relation to the NPS happened when the Advisory body led by the Minister of Health was created. Its aim was to conduct risk assessments on threats to consumer's life and giving recommendations for new scheduling (Ibid.). The advisory body was supposed to consist of toxicologists, social scientists, legal experts, pharmacologists, and chemists. In some ways it would have resembled the British ACMD. This attempt at rationalising and making the policy more pluralistic nevertheless received a lot of criticism (Ibid). Firstly, the assessment criteria were never clearly specified. Secondly, the team could have

recommended changes to the annex of NPS (Art. 44b ust.2 u.o.p.n) but whether to change it or not was ultimately a ministerial decision. The team could have also recommend placing a substance under 'środki odurzające' or under annex of 'substancje psychotropowe' (u.o.p.n) but making these changes required changing of the law and the minister could have therefore only introduced the amendment as a governmental project. In addition, the team could have but did not have to use the opinion of independent experts as well as academic institutions. All of these mechanisms seem to have safeguarded the ultimate power of the ministers and government and ensured that only the convenient evidence would have been selected. What further directly shows 'ministerial safeguarding' is how in 2015, the Minister of Health created a board of seven people all of whom had administrative background and were linked in some way to the government – indicating in turn that the board was not independent and served bureaucratic functions. As a whole, this section shows how the ruling party used its powers to create a more favouring policy environment by intentionally excluding potential contrasting evidence and opinions from the opposition.

### Conclusion § 9.3

In conclusion, measures proposed in table 43 were identified in this section. The conservative constellation seems to have a very strong grip over Polish drug policy. These strong structures and many actors involved in countering drug related activities like the police also seem to create a climate where alternatives, such as widespread decriminalisation are seen as very abstract. This section, similarly to section three, shows a lack of evidence for coordination of actions amongst constellation members to preserve the prohibitive framework as initially anticipated. It seems that partially, as result of a strong political climate, the government can simply do as it pleases and uses different legal tools like: introducing amendments through MPs, as well as 'Marshall's freezer' to make legislative processes more favourable to them.

### Conclusion – Chapter Nine

This chapter tested for presence of pluralist and critical mechanisms, and how they were activated in the context of NPS. This chapter demonstrates how the reactions to NPS in the Polish context were not pluralist on numerous grounds. What was firstly observed is a paradoxical struggle between the government and the media where media dominates the government, and the government then uses media for its own use. A rational discussion in the Polish public sphere was, from the very start of the crisis, emotionally charged. This is also where the MS proved the weakest since clearly the problem was to a large extent degree constructed outside the Kingdonian problem stream. This chapter then showed groups and actors involved in Polish drug policy at the time. All actors performed certain functions and cooperated in policy implementation but evidence again does not indicate that these groups coordinated their actions to achieve preferred policy options. The decision from the year 2000

at least created a façade of pluralism with grassroot actors contributing towards the amendment. In the context of NPS, the ruling politicians assert dominance in a much more apparent way. Leading politicians can, for example, prevent private bills from being read. They can also use own politicians to introduce amendments as private bills and avoid social consultations.

## Chapter Ten – Explaining British NPS policy

The previous chapter demonstrated that the reactions of the Polish government to NPS cannot be considered to originate from pluralist accounts. This chapter uses process tracing to explain reactions of the British government to NPS using the same theoretical approaches, with each account explaining different aspect of the British NPS policy.

- (1) The pluralist approaches (MS and ACF) – Section one will use the MS approach (Kingdon, 1984) to demonstrate the problem stream, policy stream, and politics stream relating to the British NPS policy. Section two then shows groups and actors involved in British NPS policy as well as their core and policy values, their roles, and if they coordinated their actions to create a particular response to NPS (Sabatier & Jenkins-Smith, 1993). It will also test ACF hypothesis four (see chapter two for details) of the ACF and test the assumption of how core attributes of a policy remain unchanged as long as the dominant coalition who instituted the program remains in power.
  
- (2) The critical approach (PC) – Section three uses the Habermasian framework (Habermas, 1989; Stevens & Zampini, 2018) to explore power asymmetries found in the British NPS policy setting at the time.

## § 10.1 Multiple Streams Framework

Section one will firstly test evidence supporting the Kingdonian (1985) problem stream, policy stream, and politics stream in the context of British NPS policy. Proposed mechanisms and measures for process tracing are summarised in table 44.

**Table 44:** *Mechanisms and measures derived from Kingdon (1985)*

Proposed mechanisms	Possible measures
Overlap in:	- Evidence for how NPS conditions moved up on the agenda e.g., in how the policy makers learnt about it.
- Problem stream	- Evidence for suitable NPS policy option which was congruent with values of key stake holders.
- Policy stream	- Evidence for policy entrepreneurs and their actions.
- Politics stream	- Evidence for how policy makers tried to sense the national mood and how they concluded that it was supportive of their NPS policy choice.

### *Problem Stream*

The perceived problems associated with NPS in Britain can be seen in the growing number of available substances, easy access to them through physical vendors, increasing number of poisonings, and finally the damaging effect on the governmental legitimacy. As discussed in chapter three, NPS emerged as early as 2005 in Britain and their number increased particularly throughout the 2010s. An increased variety and range of substances, however, didn't necessarily mean that the users were taking full advantage of them all. This is something that was argued by Niamh Eastwood who narrates that "two or three drugs may have been produced a week" but "they were not necessarily consumed." She continues that:

*If the NPS is looked at in a narrower definition which excludes ketamine and drugs which have been already on the market, then apart from mephedrone and synthetic cannabinoids the prevalence was not that high amongst the general population.*

Her claim is supported by other evidence which shows that NPS variety and prevalence were not as high as anticipated. The EMCDDA (2013) found that out of 72 substances reported in 2012, for example, 50 were slightly modified versions of the synthetic cannabinoids and Lader (2016) shows that half of the reported NPS use in 2015 – 2016 consisted of synthetic cannabis. The prevalence amongst the general population was likewise relatively low (see chapter four) but the prevalence amongst

disadvantaged, poor, homeless or prisoners was substantially higher (Alexandrescu, 2017; Blackman & Bradley, 2017; Ralphs et al., 2017).

The number of deaths caused by NPS was similarly relatively low. The ONS data (see chapter four) shows that the number of deaths associated with NPS was relatively stable from 2007 to 2011 (between 20-30 deaths per year) with the biggest increase noted in 2016 (120 deaths) and in 2018 (123 deaths). As will be shown in section three of this chapter, it is also likely that many of these deaths were not caused by NPS. The policy stream nevertheless will show how these still acted as potential focusing events which drew the attention of the policy makers to NPS (Jeremy, 2011; Kmietowicz, 2010).

The problems associated with NPS seem to have sides other than prevalence, deaths, and poisonings. Many of these problems seem to link with legitimacy and the ability of the official structures to assert control. This is especially visible in how much the government struggled to close head shops. One of the interviewees talks about how NPS were particularly problematic because their presence “created a very confused generation” (Norman Baker). He explains that young people have grown up in an age where every single product they can buy is tested and has a stamp to confirm its safety. The presence of these shops thus led to confusion, where many thought “they can’t be harmful if they are legal.”

The next layers to the problems associated with NPS can be seen in legislative and governmental ineffectiveness on national and the EU level. Norman Baker describes that there was “always a time lag between something (officials) discovered” and the chemists were then able to quickly change the formula so that “the drug wasn’t technically covered.” This, in Baker’s view, created a “three to six-month leeway for drug dealers to have a ‘legal’ product.” The policy makers were humiliated by the NPS producers and their ineffectiveness was then presented in the media (Potter & Chatwin, 2018). This was not nevertheless exclusive to the British government. Trace argues that the same lag was present on the European level. As a Chairman for the EMCDDA he began observing the emergence of NPS around the millennium. He continues that it already became apparent at the time that it took the EMCDDA a long time to “get from a referral to recommendation” – sometimes up to three years. The system as a whole, therefore, was not working “as rapidly as the drug scene.”

There were finally also numerous logistical elements to the problems associated with NPS. This is something that was touched upon by Brian Paddick and Molly Meacher who explained that not knowing what the substances were created problems for the police and the border force. As the effects of substances were unknown, they were not scheduled by the Misuse of Drugs Act and – according to Paddick – the police officers couldn’t use their powers to combat their prevalence. Changing the chemicals found in NPS also troubled the police as they could not determine exactly what the substance was. In Paddick’s words - without doing further tests “how was the police officer to know the difference between synthetic ecstasy and real ecstasy.” Testing these chemicals was, on the other hand, very resource intensive. Molly Meacher recalls how the same problems were experienced by the border force “who had a massive hanger full of psychoactive substances and they didn’t know what to do with them.”

In summary, this short subsection shows how a number of conditions linking to NPS emerged throughout the NPS 'crisis' in Britain. These problems were perceived as epidemiological, but also had legal layers, logistical layers and all these amalgamated to a problem of legitimacy. This simple explanation nevertheless ignores the fact that many facets of problems associated with NPS were constructed. These issues will all be explored in the politics stream of this section and in section three of this chapter.

### *Policy Stream*

On top of the blanket ban, generic module (banning substances with similar chemical structures) and analogue model (banning substances with similar effects), there were also solutions explored in the Polish section focusing on regulating NPS as medicine and alcohol. Baker explains that "various solutions were offered internationally" and the answer to the problem was not clear. Some, for example, wanted to leave the problem of NPS altogether and do nothing about it. Some also wanted to "identified substances as they arose" and deal with them one by one.

In the Polish context it's difficult to determine how and when these solutions were presented to the policymakers. In the British context, on the other hand, it can be observed that these alternatives were, for example, presented to the Home Secretary in the ACMD (2011) report. In the report, the most policy relevant recommendations are numbers six, seven, and twelve. In recommendation six, the ACMD, who can be understood here as a policy broker, argued that the government should make use of the Medicines Act 1968 of the European Pharmaceutical Directive in order to shift the burden of proof onto the NPS suppliers. Recommendation seven then suggested the use of civil penalties to counter the prevalence of NPS, specifically Protection from Unfair Trading Regulations (2008) as well as the General Product Safety Regulations (2005). Finally, in recommendation twelve (ACMD, 2011: 47) it was suggested that the Home Secretary should provide additional resources for NPS testing and "building evidence-based practice." This would have been a foundation for shifting the NPS policy away from the precautionary principle because, just like in Poland, the British NPS policy is dominated by it. The government could have likewise considered making changes to the Misuse of Drugs Act 1971 since - as will be shown in section three - claims were made that the increase in NPS popularity was a direct result of the prohibitive framework. Such a view was predominantly disseminated by the liberal actors who argued that regulated access to softer traditional drugs like cannabis, for example, could have countered the demand for NPS like the synthetic cannabinoids or even prevented NPS from emerging altogether.

There are, however, a number of reasons why these didn't win the policy makers' attention who instead resorted to the use of the blanket ban. These solutions would have implied a degree of regulation and as will be shown in section three - this was likely not congruent with the normative values or political objectives of the policymakers. In addition, as will be shown in the political stream of this section, 'softer' solutions focusing on regulation were unlikely to survive media scrutiny and the hostile context created by the media. Finally, some of the solutions like recommendation 12 would have

required additional resources. Although, it might not be the most obvious of mechanisms, costs associated with increasing testing capabilities should be thought of in the austerity context where it was unlikely that the government was willing to spend money. This was noted by Danny Kushlick who linked the NPS policy decisions with the fiscal policy at the time. In 2010, the government implemented a 25-30% cut to departmental budgets, and commissioned investigations into waste in government spending (Hoban, 2010). It could therefore be assumed that the government wanted to find the cheapest possible solution to the problem of NPS and the cheapest solution would arguably include not changing much and simply staying with existing prohibitive framework.

### *Political Stream*

Public attitudes towards NPS were reported to be hostile due to media representation of NPS as something new and particularly sinister (Potter & Chatwin, 2018). This suggests that more punitive solutions favoured by the government were likely to survive public scrutiny – contrastingly to the policy alternative. Due to this specific climate, Reuter & Pardo (2017) also argue that the government had more to lose than gain from policy alternatives focusing on regulation. They describe that the decision to ban all substances can be understood with type one and type two error logic. The gains from allowing a new substance to enter the market can be modest. The government most certainly is unlikely to be rewarded for a decision that is going to make a group of users happy. Therefore, a type two error or a situation where the government allows circulation of something that should have been prohibited will carry significantly greater consequences than a type one error – prohibiting something that should have been allowed.

The politics stream is nevertheless much more complex in the British NPS context than so far described. It seems that some of the conditions discussed in the problem stream are a direct creation of the media. What the NPS climate in Britain seemed to be susceptible to is the influence of high profile cases (S. Cohen & Young, 1973; Levine & Reinerman, 1988). Keith Humphreys explains how reporting of these cases acted as a policy driver. In his view “high profile cases drive a lot of policy” by influencing public perceptions, and also influencing how politicians think about the problem. There were “genuinely scary mephedrone cases” in the UK which got into the press, Humphreys explains. The frightened public then demanded that “something is to be done.” Humphreys believes that situations like this are difficult since they are “not well researched” but there isn’t a lot of time to “wait for evidence.” His opinion agrees with previous research which shows how once a drug scare enters the mass media, the volume of stories the policy response is built on can be exaggerated (Forsyth, 2001a, 2001b). The public pressure builds up so much that “policymakers simply have to do something.” This is well exemplified with attempts to schedule amyl nitrates (poppers) and nitrous oxide. Both substances were found to be significantly less harmful than some other NPS, yet policymakers spent a lot of time discussing them, and contrary to the advice, attempted to put both on the scheduled list (Dimoldenberg, 2016; Farand, 2017; Ruz, 2015). Niamh Eastwood sees this decision as an overstatement:

*Umm and within that the nitrous oxide issue was overstated in terms of harm ... anyone who ever tried nitrous oxide would ask ... is it really a drug?*

David Blunkett, who was at the peak of the NPS crisis no longer an active political figure, also adds that the political bandwidth was a very limiting factor in the NPS context. The coalition government had “limited political space in relation to drugs” and “the ability for them to get any footing was also very limited.” He summarizes that in his view: “this demonstrates the constraints that exist within the system and that it usually doesn’t matter what kind of government you have.” Policy makers had more to lose from policies focusing on regulation. This could have been partially a result of a hostile climate created by the British media. After some political calculations, the policy makers decided that in order to preserve political capital, it will be best to stick with the prohibitive framework.

### Conclusion § 10.1

In conclusion, measures and mechanisms derived from table 44 are well supported in this section. The MS framework in the British NPS context once again provides a descriptive account of policy responses in the years 2008-2016. The problem stream shows that at face value - some NPS related issues have indeed emerged during the NPS ‘crisis.’ These conditions were problematic for the policy makers, health sector, and law enforcement for several reasons. It seems nevertheless that some of these conditions were not as grave or pressing as described in the mass media. This leads to the question of why NPS rose on the government agenda to such prominence and the answer, in the MS framework, seems traceable to media involvement. The weakness of the approach in this context is therefore again the independence of the streams since media clearly played an important and active role in creating the NPS problem. The policy stream then shows that alternatives to the blanket ban existed and could have been based on regulation of NPS and traditional substances. These were, however, unlikely to survive media scrutiny - nor would they be fully congruent with the normative preferences of the key stakeholders.

## § 10.2 Advocacy Coalition Framework

Just as in previous chapters describing British policy changes in the years 2004 and 2009, there seems to be a split between actors and organisations with different understandings of NPS who advocated for different policy solutions. Keith Humphreys sees it as a split between those “on a more reactionary prohibition side” and those on the “public health side.” Mike Trace then describes how the debate was dominated between the “technocrats” who disseminated that the “NPS undermined the system” and the “liberal drug reformers” who saw NPS “as an opportunity for change in drug policy.” That second group had in its ranks – according to Baker – “voices against draconian bans” and also consisted of users. Finally, those with self-interest, such as the shop owners were also voicing their opinions to prevent the government from shutting down their businesses.

**Table 45:** *Mechanisms and measures derived from Sabatier & Jenkins-Smith (2006)*

Proposed mechanisms	Possible measures
A dominant coalition cooperated to achieve preferred policy option	<ul style="list-style-type: none"> <li>- Evidence showing that groups and actors showed consensus on issues pertaining to policy core and less on secondary aspects prior to change in 2000 (hypothesis 2).</li> <li>- Evidence demonstrates cooperation between actors and groups in trying to change the policy from 2000.</li> </ul>

*Liberal group – core values are congruent with harm reduction, public health, and individual freedom*

Mike Trace believes that many liberal minded drug reformers thought that the NPS crisis presented an opportunity to think differently about existing drug policies by shifting the focus from enforcement. He explains how it is an interesting phenomenon since these voices were a “minority in the 1990s and 2000s.” Especially in the media – he continues – people who presented alternative viewpoints were no longer seen as “dangerous radicals.” In addition, he also believes that there is a “general acknowledgement of a debate about softer drug policies.” This balance became “quite mainstream” and the balance of the debate “has been shifting quite significantly over the last few years.”

*If you were more liberal minded umm drug reformer you were saying actually NPS give us an opportunity to think about this in a different way and try to use the state and not enforcement to affect the market.*

Some of these liberal drug reformers described by Trace can be found in the Liberal Democrat Party who took steps to change British drug policy in the years of the NPS crisis. The Conservative Party or

Labour Party, however, haven't changed their stances on drugs, and Norman Baker explains that this resulted in a "conflict between the three" over NPS:

*There is an old fashioned we are tough on law and order kind of thinking about it ... there is that thoughtless approach in the Tory party and the Labour party.*

Baker considers the fact that Labour shares that attitude "more reprehensible" because - in his view - it was a natural moral position for the Conservatives whereas "Labour were aware that what they were supporting was not true to themselves." Just as in the case of previous reforms, the idea of 'being soft on drugs' could have been a reason why Labour and the Conservatives agreed on the solutions to NPS. Niamh Eastwood supports this position where she explains that there was not "much political opposition to the PSA" as any opposition would have been met with accusations of being permissive and not doing enough to protect the people. The political opposition to the PSA was mostly found in the House of Lords with notable voices like Baroness Meacher, who chairs the All Parliamentary Group for Drug Policy Reform (APPGDPR). According to Eastwood - Meacher "laid amendments" to the PSA and "their colleagues were trying to make it better." Members of the APPGDPR were unsatisfied with the PSA from numerous legal perspectives and "pushed against the precautionary principle." She also recalls the "Liberal Democrats as supportive of their amendments" in turn demonstrating some cooperation between these two groups with similar normative preferences. This shows that some resistance existed, but most politicians seemed to be in favour of the governmental responses - primarily due to political reasons. Apart from some political actors, another organisation which seems to fall in line with the liberal group is the ACMD. Niamh describes how the "ACMD also pushed against the PSA" and recalls how some members were "deeply concerned with the approach that was being taken" (see also: Iversen, 2015).

#### *NGOs in the liberal group*

Some NGOs can also be placed in the liberal group. Jeremy Sare recalls how one of the NGOs advocating for a "more rational NPS policy" was Release. Contrastingly to the context from 2004, however, Release was not given much voice and influence in shaping of the NPS policy responses. A far more notable NGO which operated in British drug policy at the time was the Angelus Foundation (AF). It was singled out by Norman Baker as the "key organisation which was quite effectively run" by his constituent - Maryon Stewart in 2009. According to Baker - she set up the organisation to "argue for change" and "she was engaging very effectively with other politicians." Baker explains how he found her "quite impressive" and wanted to keep her on board "not just because of political reasons but also because she was the voice of reason." He reports that she was aware of the nature of the NPS problems but wasn't "hysterical about them." As will be shown in section three, AF's favourable position was most likely a product of strong media profile which granted them access to the policy setting.

The position of the AF is slightly ambivalent. On one hand, close cooperation of the AF with the government could indicate a degree of normative alignment – given what became evident in the previous chapters describing how access is granted to NGOs to the policy process. The AF, however, also remained largely critical of the governmental approach. Their report to the Home Affairs Select Committee (2012) for example, criticised the focus of the Home Office on legal change and Temporary Orders “which have no bearing on prevalence at all.” In addition, the AF also criticised the lack of evaluation into the “government’s policy principle” that illegality of a drug will reduce demand for it. The organisation also advocated for inclusion of other departments in policy making/implementation, such as the Department of Health and for a “long-term drug strategy” which would have been coordinated by the cross departmental agency.

The AF was also critical of the lack of ministerial expertise on drugs, and their rotation that made injection of evidence difficult. As noted by the AF in the Home Affairs Committee (2011) during a few years of their activity “there have been eight drugs ministers” and “most drug ministers in (then) recent years have little or no previous experience of drug issues.” Keith Humphreys supports this view and describes the Home Office as one of the “the biggest epistemic forces” in the British drug policy, due to its model of rotating people which makes approving scientific expertise difficult:

*I don't think that we can understand what was going on without pointing out that the number of people who work at the Home Office has shrunk ... but also this model of rotating people ... it has a real effect on ... it is very hard for the civil service to approve scientific expertise ... because everybody ... umm is like: “I was doing border security at the airport and now I'm doing county lines drug enforcement.”*

These arguments support Gendreau et al. (2002) and Page & Jenkins (2005) as lack of specialisation here also serves a function where the civil servants are unable to resist ministerial decisions due to their lack of expertise. As the evidence will show in the following section, the government was unwilling to accept all of the evidence presented by the AF and direct the policy in the way that was desirable for the organisation. This may in turn indicate that AF’s access to the policy setting was mostly a façade and that the group didn’t have a strong influence on the policy development.

*Conservative group – core values are congruent with abstinence, social control, purity, respect for authority*

On the other side, there were several actors and organisations who were normatively aligned towards abstinence in relation to NPS. Their belief systems are congruent with abstinence, purity, social control, and respect for authority. As described above, the majority of MPs from Labour and The Conservative Party were supportive of abstinence-based approaches. The alignment of political actors supporting governmental proposals to NPS may nevertheless be more complicated than simply assuming that everyone was supportive of government proposals due to belief systems. Norman Baker thinks that

some of the political support for the PSA also originated in indifference. He talks about how many of the legal mechanisms discussed in relation to NPS were “quite technical” and they were not “something that all of the MPs would have known about.” He explains how in many cases people only become more knowledgeable on topics like drugs when they “become a spokesman for a party or a minister.” This is when they get into detail with these issues. Sometimes MPs don’t have that background and their level of knowledge is usually “quite superficial.” Some questions can undoubtedly be technical or even uninteresting to the MPs who then decide to vote along with the party lines, or in the case of drugs – they simplify it to their moral position. Effective problem and policy framing can therefore make the process of legislation easy for the executive and that could have been the case in relation to the PSA 2016.

Mike Trace further expands that “MPs and Lords aren’t particularly interested in drug policy” and “it’s not something that they think about a lot.” In his view - drugs are considered to be something controversial and many politicians would rather avoid it. This is also why politicians often change their stance on drugs as soon as they gain more power. In an interview with the Guardian (2016) Nick Clegg, for example, uses David Cameron as an example of someone who became disinterested in the topic. He describes Cameron as a strong voice for drug policy reform when he first became an MP. Cameron wrote in a piece for the Guardian (2002) that “drugs policy became a no-go for most politicians with a few notable exceptions” and called himself one of these exceptions. After becoming the PM, Cameron changed his stance and allegedly showed no interest in reforming drug policy when he worked with Clegg under the coalition government. Jeremy Sare’s experience also seems to support the view that politicians change their stance on drugs as soon as it becomes an inconvenience. He recalls that Bob Ainsworth was responsible for coordinating drug policy when Sare was working for the Home Office. Ainsworth was, at the time, a supporter of the prohibitive model, however, after leaving the Home Office, he announced that he changed his mind and the current “legislation was very faulty.” Sare then interviewed him as a journalist and Ainsworth admitted that there are plenty of people in politics who understand that the law is deficient, but the majority of MPs would rather avoid drugs as a topic.

### *NGOs in the conservative group*

The most notable NGO that can be placed in the conservative group is the CSJ. It was described how the CSJ favoured abstinence-based solutions in relation to previous drug reforms, and similar ideas were also seen in what they perceived should have been done about NPS. Niamh Eastwood describes the work produced by the CSJ as “stigmatising drug use and presenting abstinence as the only solution to NPS.” She thinks that the language used by the NGO, such as “Broken Britain” exemplifies their attitudes. The media involvement described in section one and two of this chapter were, in places, informed by the CSJ report: No Quick Fix (2013). In their report, CSJ suggested that NPS use could have caused more deaths than heroin by the end of 2016, and this view was disseminated by the media. The Daily Mail, for instance, reported that “legal highs will soon kill more Britons than heroin” in 2014 and the same year, the Telegraph reported that “legal highs are deadlier than heroin.” All of the articles

referred to the CSJ report. It could therefore be argued that the CSJ had a direct influence on shaping of the public opinion as well as shaping the opinion of the policy makers who subscribed into this information. Eastwood believes that this influence stretched further and directly to ministerial access. She explains how the CSJ was able to get into the centre of decision making and goes as far as to say that even the “ACMD, as the government advisory body, was not getting as much voice.”

### *The Home Office*

The role of the Home Office was previously described as largely echoing the stance of the Home Secretary and this is also visible in relation to NPS and PSA 2016. The culture of the Home Office in Mike Trace’s view is “very strongly about control.” He expounds the origins of the unit focusing on drugs to the 1971 Act and its focus on making sure that “psychoactive substances don’t reach the head of people.” When faced with the problem of NPS therefore, the “absolute focus of the department was on stopping it.” Trace’s view could in turn imply that the Home Office would not be too tolerant of voices advocating for solutions based on regulation. Similarly - in Baker’s view, the “Home Office was the most difficult” part of the setting. Drugs were in turn the most difficult part of the Home Office since “there were very strong views on what should be done about them.” Baker found his involvement with the Department of Health to be contrastingly more “rational” when it comes to drugs and singles out Jeremy Hunt as helpful. He concludes that as a PM, he would move drug policy to the Department of Health.

### Conclusion § 10.2

Section two demonstrates groups and their roles in the British NPS policy. The liberal group primarily consisted of some Liberal Democrat politicians, some Lords, APPGDPR, the ACMD, and NGOs, such as Release and the AF. As demonstrated, these groups and actors not only focused on alternative solutions to NPS, but also wanted to reform British drug policy as a whole. On the other hand, sat the more dominant conservative group which consisted of some politicians found in the Labour party, the Conservative party, the CSJ, and the Home Office. Following the conclusions from section one of this chapter, it can be said that some mainstream media likewise created a context favouring abstinence which was certainly an advantage for the conservative group and a disadvantage for the liberal group. The evidence demonstrated here also supports ACF hypothesis four since core attributes (prohibition, abstinence) of policy responses (scheduling of individual NPS; PSA 2016) remained unchanged because the dominant group who instituted the program remained in power. The mechanisms from table 45 are only partially supported here. Although actors in each group played an active role in advocating for preferred policy, once again it doesn’t seem that they coordinated their actions to achieve preferred policy options.

### § 10.3 Policy Constellations

In policy constellations, the liberal group could be understood as a liberal constellation and forming part of a public health constellation and the conservative group as part of a social-control constellation. The key objective of this sub-section will be to show actions taken by different members of constellations to advocate for preferred policies. This section will thus test for presence of systemic advantages enjoyed by some actors and groups, which could have directly interfered with generating evidence, and side-lining inconvenient players.

**Table 46:** *Mechanisms and measures derived from Habermas (1981) and Stevens & Zampinii (2018)*

Proposed mechanisms	Possible measures
Systemic advantages enjoyed by policy actors contributed to NPS policy contributed to the policy change	<ul style="list-style-type: none"> <li>- Evidence for how systemic advantages allowed some actors to frame the drug issue in a certain way.</li> <li>- Evidence for strategic communication and how systemic advantages allowed a dominant group to have their view of the problems associated with NPS to be accepted as problematic and requiring a policy response.</li> <li>- Evidence for the use of social or media power which allowed some actors to influence the policy setting and make it more favourable for their preferred policy option.</li> </ul>

#### *Agenda setting and media power in the context of British NPS policy*

In critical realist terms, the problems associated with NPS didn't simply emerge independent of other contexts. The picture presented in the MS section of this chapter, where it was argued that some conditions presented a real threat to public health, is only one way of portraying the British NPS context. It is also the empirical realm favoured by the medico-penal and social control constellations. The alternative empirical domain disseminated by the members of the public health and liberal constellations argued that various conditions associated with NPS were exaggerated and partially created by the media who made it seem that NPS were something new, particularly sinister, and predominantly affecting adolescents.

Some academics, for instance, have since argued that many of the popular NPS did not emerge in the 2010s and were well-established on the British market for decades or longer before receiving media attention (Potter & Chatwin, 2018; Reuter & Pardo, 2017). Nitrous oxide and mephedrone, for instance, were both in use for a long before being described as NPS by the media (1722, 1962, and 1929 respectively) (Potter & Chatwin, 2018). The media were very selective of which substances to report as NPS, but they were not guided with a specific logic in their selectiveness.

The sudden appearance of a new substance also does not seem to be a specific phenomenon of the 2010s. The proportion of new drugs has been increasing since the beginning of the 20<sup>th</sup> Century. Kau (2008) for instance, shows how in 1900, there were only two substances, other than alcohol and tobacco, used in the U.S – cannabis and mescaline, and by the end of 2000 there were over 200 substances. Others like Measham and Newcombe (2016) argue that it is the speed with which new substances are synthesised, as well as numerous demand factors due to globalisation (Winstock & Ramsey, 2010). A lot of media reporting also made it seem as if NPS users were something new and something to be afraid of (Alexandrescu, 2016). The stigmatising language, such as ‘spice head’ or ‘spice zombie’ (Grove & Dresch, 2020) made it seem like the problematic NPS users were worse than users of other traditional drugs. These assumptions were contradicted by studies which show a close relationship of NPS and traditional drugs with 83% to 99% of NPS users reporting use of other drugs (Newcombe, 2009; Sheridan & Butler, 2010; Winstock & Barratt, 2013). This would indicate that many NPS users were existing drug users who started using NPS along with other drugs. The people who used problematically, on the other hand, existed before – they just became more visible due to media attention.

Respondents from the liberal constellation, as well as other evidence, indicate that poor quality of traditional drugs, as well as their illegal status, could have facilitated the growth in NPS use. Molly Meacher, for instance, thinks that due to the “contamination of MDMA there was a big incentive for young people to go and get NPS as a substitute.” Niamh Eastwood similarly thinks that the “popularity of mephedrone” was largely related to the “impurity of MDMA in the early 2010s.” She explains how once the quality of MDMA and cocaine rose again “the users shifted back.” Jeremy Sare’s opinion agrees with Eastwood’s where he narrates that “NPS coincided with the significant dip in quality of cocaine and ecstasy.” He also refers directly to Eastwood’s opinion where he says that:

*So, if you had a regulated market ... for cannabis and ecstasy there is no way ... I think Niamh actually said this ... there is no way that legal highs would ever happen.*

The same note was made by Norman Baker who states that:

*Legalising and state control of less harmful substances ... my view is ... if cannabis was available in a legal form then a whole lot of people who would not have wanted to use NPS would have moved to cannabis which is far less damaging.*

These opinions are supported by other studies on the displacement of classic drug to NPS (e.g., Moore et al., 2013). Hand & Rishiraj (2009) for instance, show how the purity of cocaine intercepted by the police in the UK decreased from average of 60% in 1999 to 22% in 2009. A decrease in quality is also seen in the ecstasy pills – with about half of pills seized in 2009 containing no ecstasy (BBC, 2010 in

Measham et al., 2010). All of this was also shown in chapter four using police data. ESPAD data similarly shows that accessibility likewise became more difficult in the 2010s.

These mechanisms were explored in further detail by interviewees who can be placed in the liberal constellation. In their view - drug users are “like users of other things” and they simply wish to enjoy a good quality product (Niamh Eastwood). Research conducted by Winstock et al. (2013) supports this position where they find that 93% of those who reported having used spice said that they preferred cannabis. Measham et al. (2010) likewise note instances where users shifted to ‘better quality’ product as was the case with Moroccan ‘soap-bar’ cannabis and British skunk (Klein & Doctor, 2006) as well as ecstasy pills and MDMA powder (Measham, 2004; Measham & Moore, 2009) once their quality increased. Overall, a lot of research in this area concludes that factors such as purity and quality of substances quickly become more important to users than their legal status (Dargan et al., 2010; Moore et al., 2013).

What makes the NPS phenomena more controversial is that their prevalence was, even at their peak, significantly smaller than the prevalence of traditional counterparts (Potter & Chatwin, 2018; Reuter, 2011). Surprisingly, NPS overshadowed the harms associated with heroin. ONS (2020) shows a steady upwards trend in heroin deaths since 2012 in Britain, and this is one of the highest rates in Europe (EMCDDA, 2019). Some even claim that NPS was just another wave that detracted attention from harms associated with other substances, such as tobacco and alcohol (Laurance, 2010). Public Health England (2019) reports that smoking is responsible for 17% of deaths in people aged 35 and over. The economic and health burdens of alcohol are complicated but are estimated to create an economic burden of 1.3 to 2.7% of the annual GDP. Media and government attention to these public health issues is nevertheless incomparable to how much of it was given to NPS in the years 2008-2015.

As a whole this subsection shows how conditions associated with NPS can be viewed and interpreted in a way that would match the empirical realm of actors and groups found in the public-health constellation and the liberal constellation. The empirical realm of these groups nevertheless did not come to be dominant. If it did then the conditions of NPS would likely not come as high on the agenda as was the case in years 2008 - 2015. It was instead the empirical realm of actors from the social control constellation, and medico-penal constellations that was accepted as the truth. They not only viewed NPS in a different way - as a new, serious, multi-layered problem, but also enjoyed structural advantages which allowed them to make these conditions seem as particularly problematic. The following sub sections will show how some of these actors also used their positions to try and influence the policy setting in a way that would favour policy solutions presented by them.

### *Social and media power enjoyed by members of different constellations*

As described in the previous sections of this chapter, various actors were involved in the NPS policy setting and wanted to advocate for a preferred policy position. However, only some of these actors enjoyed significant social and media power that allowed them to gain access to the policy setting. On one hand, it is clear that some actors from the liberal constellation did enjoy some media power during

the NPS crisis. The description of involvement of AF in the British NPS policy setting, for instance, acts as evidence for group's media power. As showed in the previous section – the AF enjoy access to the policy processes, but that privileged position wasn't only due to the value of their ideas. Some of the respondents believe that their access was a result of their media status. Jeremy Sare who worked for the AF believes that Stewart was able to “influence ministerial attention” as she “had a strong media profile.” He adds that the access and the ability to influence ministers is not “entirely based on merit.” He traces the strong media profile of the AF directly to the death of Stewart's son:

*I think we had a voice ... and ministers were trying to keep up and ... it was borne out of a terrible tragedy.*

Arguably without that status, AF wouldn't have been able to get ministerial attention the same way that it did. That status and access to the policy setting nevertheless did not automatically mean that their proposals were accepted and implemented. Sare narrates how the AF gave evidence to the Home Affairs Select Committee, as well as a Conservative Policy Forum arguing that “the most harmful substances, such as synthetic cannabinoids should be targeted.” They advocated for concentration on these as they were becoming popular amongst school-aged children and “there were dangerous cases of collapsing in schools.” Simultaneously, at the time, “laughing gas (nitrous oxide) also became labelled as a popular NPS” and that attracted the attention of the policy makers. Members of the AF argued that nitrous oxide is nowhere near as addictive or harmful as the synthetic cannabinoids, and they “didn't want nitrous oxide in the legislation.” The policymakers, however, “didn't listen.” Other criticisms and suggestions of the AF outlined in the previous section were also not accepted by the ministers. This, to some degree, is reflective of Mathiesenian (2004) concept of absorption as policy makers created an impression of pluralism and rational deliberation by allowing AF, who were critical of full prohibition, access to the policy process, but disregarded their key ideas as they didn't fit their political objectives or normative preferences. The government probably also preferred to have AF on the same side rather than leaving Stewart in a position where she could have argued that she is denied that access and used her media profile to inflict damage on the government. As a whole what can be observed here is that the AF enjoyed media power which in turn granted it access to the policy setting, but their influence was largely diminished by members of the social control constellation who enjoyed more social power.

Norman Baker's experiences add additional weight to the argument that members of the social control constellation possessed more significant social power than members of the liberal constellation. He recalls setting up an international comparative study on drug policy in other countries in 2014. The report showed that to “deal with the drug problem was to treat it as a health issue rather than a criminal justice issue.” These conclusions were not supported by the Home Secretary, Theresa May. According to Baker, May “wanted to instinctively clamp down on people.” A few years later, Nick Clegg accused May of directly tampering with the wording of that report so that its less conclusive. Allegedly Theresa

May requested that the report wording is changed to be more passive and focus on the 'complex relation' of drug and prohibition. In addition, Clegg also argues that as a result of her interference, the report didn't make any policy recommendations (The Independent, 2016). This is also something that was claimed by Brian Paddick who explains that when the Home Secretary ordered the aforementioned review of the operation of the Misuse of Drugs Act "specifically excluded from the term of reference was any consideration of regulation or decriminalisation." This description of the NPS policy setting is therefore reflective of systematically distorted communication where a more powerful member of the social-control constellation, Theresa May, disrupted this proposed 'ideal speech' setting hoped for by Norman Baker, by not allowing Baker and his report to take specific subjects into consideration in its concluding thoughts.

A similar use of systemic advantages by the social control constellation can also be seen in other contexts. As a newly appointed Minister for Crime Prevention, Baker set up another panel to find the best solutions to NPS (Home Office, 2014). The group consisted of people who "believed in different things" including academics, civil servants, and long-standing campaigners. He describes it as "well informed panel with a good cross section" of opinions. Allegedly, Baker tried to avoid biases by telling members "that he had no preconceived values" and "it was up to them what to recommend as they were the experts." In Habermasian terms - this could be an ideal speech scenario. The setting described by Baker indicates that participants were able to express their attitudes, and question assertions. In addition, a range of different voices were brought together to participate and so it seems that no one was directly excluded. The recommendations from the panel were then given to the government (Home Office, 2014). These included but were not limited to developing new tools for measuring the prevalence of NPS use (amongst the general population) as well as developing new tools for measuring harms associated with NPS. Baker summarises that the "government only responded to the bits they liked" - especially in relation to where it was recommended that the resale through headshops had to be stopped. According to him - these parts "sounded the most like prohibition" and whilst the Liberal Democrats were lobbying to reform the legislation as a whole, the executive was mostly listening to the "bits that sounded like let's clamp down." This context as a whole is similar to how Jeremy Saxe described his experience with making recommendations to the government in relation to nitrous oxide. In both cases what can be seen is systematically distorted communication where members of the social control-constellation used their positions to create a more favourable policy setting by only accepting what they viewed as appropriate.

Based on the information from previous sections, it could be assumed that the Home Office was simply a natural extension to the ministerial power and would have been biased in whom it invited to the policy setting. These mechanisms may nevertheless be more complicated than expected. Norman Baker believes that the Home Office acted appropriately in the NPS context and "hasn't blocked anyone from participating in the policy process." He explains that "the civil service tries to make sure that all voices are heard" and that it behaved really well when faced with political challenges during the coalition government. The department found itself in a difficult position where it had to "negotiate

between two distinctive positions” – the Liberal Democrats and the Conservatives. The people therefore “got heard according to who the civil servants thought the ministers should hear” – which in Baker’s view – “were both sides of the argument.” He explains that it was the case when he was the Minister, and it would be the same with Theresa May. He does nevertheless acknowledge that “if she (the Home Secretary) didn’t want to hear someone, the censorship would come at that level but not the civil service level.” The main issue in his view is therefore “not who is officially heard but who is unofficially heard.” Baker refers here to the people who have not been through proper channelling and get access to ministers and special advisers. He continues how in his view it is unlikely that it was the case in relation to NPS but it is more likely to happen where there is more money involved.

*There are people who give money to the Conservative Party, for example, and they then want something in return.*

These arguments show a sophisticated dimension to the practices which operate in the British drug policy. Conclusions from previous chapters argued that access to British drug policy, also as channelled via the Home Office, is subject to overlaps in normative preferences and political objectives with the dominant stakeholders. This was contested here by Norman Baker who argues that the civil service acted in a neutral way in the NPS context. However, based on what is known about the involvement of the AF, as well as apparent exclusions of groups and actors in previous British drug policy changes described in this thesis, it could be argued that the involvement of controversial voices is often only a façade. Ministers like Theresa May or Jacqui Smith have sufficient social power and enjoys structural advantages that allow them to make decisions that they favour even in the presence of actors voicing contrasting views directly present in the policy setting. Although May’s interference may be primarily driven by the political context and a desire to preserve her social power, other respondents also argue that it could be due to her personal beliefs. This would also fall in line with what was previously discussed in relation to the importance of the personalities of the key decision makers. Niamh Eastwood believes that “Theresa May comes with a certain religious dogma” as well as a “moral view on drugs in society” where she sees “drugs as something that breaks down the fabric of the society.” She continues how May’s “personal religious” practices came into drug policy – especially seen in relation to her attacks on methadone. Eastwood overall finds it ironic since, in her view, May doesn’t seem interested in the causes of drug use, such as poverty and rather focuses on drugs as a symptom. This view is then also shared by Sare who describes Theresa May as “old school” and not “wanting reform.”

### Conclusion § 10.3

Section three builds on the ideas presented in the previous subsections to demonstrate involvement of actors, groups, and organisations in the British NPS policy setting. It provides strong evidence for presence of mechanisms found in table 58. This section started by demonstrating how the NPS could

have been viewed in a way that did not portray it as particularly new and serious – especially when compared to more pressing problems associated with other drugs. This would have been the empirical realm favoured by the liberal and public health constellations. However, this view was not accepted as dominant because actors from these constellations did not enjoy the same structural advantages and media power as actors found in the social control and medico-penal constellations. Accepting the liberal empirical realm would have also required alternative policy solutions which would not be congruent with values, or strategic objectives, of actors found in the social-control and medico-penal constellations. These actors in turn also influenced the NPS policy processes so that their preferred policy option was accepted. They did so with the use of systematically distorted communicative action and creating an impression of taking evidence and alternative views into consideration just to later dismiss them. By doing so they created a façade of pluralism which was arguably used to evade criticisms. They do not create this façade every time and sometimes those with inconvenient views are more directly side-tracked, blocked from joining the policy process, or dismissed. The ministers are able to interfere with how reports are generated and what is included in them. As a whole, this shows how actors from medico-penal and social-control constellations enjoy numerous advantages which allow their members to successfully distort communicative action and achieve preferred policy options.

## Conclusion - Chapter Ten

In conclusion, just as in the previous chapters, the MS provides the most descriptive policy account in the British NPS context. The problem stream shows emergence of some conditions which grabbed the attention of the policy makers. The policy stream then presented a plausible picture since alternative solutions to NPS were not congruent with values of the dominant party – nor would they survive the hostile environment of the politics stream. It is unlikely, however, that there were indeed policy entrepreneurs who for years prepared the legislation based on the blanket ban. Section two then shows how actors and groups involved in NPS policy can be split into two main groups based on their ideas, and their roles in the NPS policy setting. The ACF overstates the importance of cooperation between these actors, which this chapter argues was not a major factor in the NPS policy.

The Habermasian section then shows direct interference of policy actors in the policy processes; as well as how all of these actions are enabled by structural advantages. In-depth ontology of policy constellations firstly shows how the description of NPS conditions from the MS section is just one empirical realm which was favoured by the dominant stakeholders from the social control or medico-penal constellations. It in turn shows that NPS could have been instead understood as not necessarily new, less serious than argued by the social control and medico penal constellations and driven by changes to the drug market where most widely used substances like ecstasy and cocaine became more challenging to access in a pure form. It was also argued that it is the power imbalances that enabled the social control and medico-penal constellations to have their viewpoint accepted, and in turn overshadow the view by the public health and liberal constellations. Contrastingly to the MS and ACF

- the Habermasian section also shows how systemic advantages allowed some actors to make the policy setting more favourable to them.

## Chapter Eleven - Comparison of NPS drug policy developments in Poland and Britain

Chapter eleven will now provide an overview of similar and contrasting mechanisms found in the Polish and British NPS policy settings. Chapter six through to eight showed how in the early 2000s, both countries showed substantial differences in policy responses. In relation to NPS, however, that seems to have changed and both cases were similar in many ways. This small chapter will show similarities and differences in conditions which led up to policy responses in both countries, as well as an overview of actors and groups involved in the policy setting and strategic actions they deployed.

### *Similarities in conditions*

In both cases the perceived problems associated with NPS can be seen in the growing number of available substances, easy access to them through physical vendors, and increasing number of poisonings and deaths. The novelty of these substances as well as the number of actual deaths that were caused by NPS were nevertheless particularly questioned in the British setting. In addition, scheduling of individual substances created much more controversy in the British setting than in Poland. The controversy was especially seen in the decisions to schedule nitrous oxide and amyl nitrates.

The presence of head shops acted as a symbol of governmental ineffectiveness in both. Their presence may indicate why both governments became particularly responsive to conditions associated with NPS. In Britain - just as in the case of Poland - it is likely that NPS detracted attention from harms associated with other substances, such as tobacco and alcohol. In addition, it seems that - similarly to its Polish counterpart - the British government lost interest in NPS shortly after removal of physical vendors and the passing of the PSA 2016. The problem nevertheless continues to exist but amongst those less visible to the public eye. Existing British research shows how these substances shifted onto the black market and are particularly popular amongst disadvantaged groups like the homeless and prisoners. Similar conclusions were not reached in Poland, but Polish research does nevertheless indicate that NPS displaced onto the internet and still exists. In addition, NPS related poisonings are still large in Poland as shown in chapter five.

The analysis of both contexts also showed how in both cases, existing prohibitive policies could be partially responsible for creating some of the NPS conditions. Many respondents from both countries blamed the rise in popularity of NPS on lack of regulated access to classic drugs like cannabis. In the UK, previous research shows how a rise in popularity of NPS coincided with declining purity of more popular substances like cocaine and MDMA. In Poland, this could also be partially reflected in purity data (chapter four). This is where ESPAD data also became useful as it showed that access to cannabis and amphetamine, as well as other drugs, became more difficult prior to the emergence of NPS (see chapter four).

### *Pluralism in both cases*

Chapters nine and ten show different groups and actors involved in Polish and British drug NPS policy. In the British setting two competing forces were identified – the public health constellation and the social control constellation with some actors meeting in the medico-penal constellation. In Poland, on the other hand, they were referred to as the conservative constellation and the liberal constellation as that is what the Polish respondents classed them as. Interestingly, on the Polish side the Chief Sanitary Inspectorate was invited to help with policy implementation. This is contrasting to Britain where the Department of Health continued to distance itself from the policy setting.

The ‘political colour’ in Poland just like in Britain made no difference to NPS policy. The Civic Platform that presented itself as more liberal to other alternatives on the Polish political scene, like the Law and Justice Party was still prone to adopting populist tactics and using legal loopholes to its advantage. In Britain, on the other hand, the Labour party supported the Conservative party in cracking down and didn’t oppose their legal solutions. Coincidentally, in both countries there were ‘third parties’ – the Liberal Democrats in Britain and Your Movement in Poland who wanted to diverge drug policy in a more liberal direction. Both of these parties had a degree of power. The Liberal Democrats were, up until May 2015, in the government with the Conservatives and Your Movement were the third largest party in Poland and also, up until 2015, in a coalition government with the Civic Platform. Political resistance therefore existed but the majority of politicians seemed to be in favour of the governmental responses – quite likely because any resistance would have been met with allegations of slowing down the government from responding.

Due to numerous forces which disrupted communicative action in both settings, NPS policies in both countries were judged as non-pluralist. The façade of pluralism is nevertheless stronger in Britain, and this is seen in how some NGOs like the AF were invited to the policy setting. This created an impression of grassroot voices of those personally touched by NPS being taken into consideration, but closer analysis indicates that their involvement was in many ways symbolic. Most suggestions made by the group were not taken into consideration as they didn’t match normative preferences or political objectives of the key stakeholders like Theresa May. The two policy settings also show an interesting contrast in the use of the civil service. In Britain, the Home Office is still a central part of British drug policy however questionable its objectivism may be. Reports and evidence are very central pieces of British drug policy. Policy makers in turn try to make sure that these fit their narratives with devices like absorption or systematically distorted communication.

The picture in Poland is contrasting. Powerful stakeholders do not have to resort to creating a façade of communicative action with deployment of strategic communication where necessary. The conservative constellation seems to have even stronger grip on the Polish drug policy than the social control constellation in Britain. This is well exemplified with a clear lack of public scientism or ‘evidence-based’ narrative in the Polish drug policy context as well as other processes like absorption. As shown in chapter ten, the governing party asserts control in a way that does not require proving that the evidence used to support the decisions are of higher value. Sometimes evidence does not even

exist, as seen in the amendments that were passed. In addition, the governing party can also use legal loopholes like the 'Marshal's freezer,' or introduce amendments as private member initiatives in order to skip social consultations. The decision from 2000 was at least introduced after these consultations took place and this is illuminative of the changing climate in Poland. Politicians are increasingly more confident in enjoying these legal loopholes, and they don't worry about a backlash of small groups, like the groups of drug users. These structural advantages may also be a reason why the Polish policy makers reacted faster to NPS and it was easier for them to do so.

### *Media power in Britain and Poland*

There are likewise numerous overlaps and contrasts in the media setting in Poland and Britain. In both cases, media were paramount in creating the NPS crisis. Newspapers and TV focused on use by young people and cases of overdoses. As demonstrated in the British NPS chapter, the cases of overdoses were questioned in validity in the literature, but their reporting was still problematic for the policy makers. The key difference can be traced to the greater involvement of the Polish politicians in shaping of the anti-NPS and anti-drug discourse with the use of media. It seems that politicians like Donald Tusk quickly learnt how to use media to redirect the focus from the inability of the government in solving challenges associated with NPS to other things like NPS sellers. In the British context, on the other hand, media power was seen in other areas. It was, for instance, used by AF to get access to the policy setting in the first place. CSJ also used media to disseminate ideas found in their reports.

Media in both settings created a spectacle (Kellner, 2003). Flashy forms of communication like pictures associated with NPS distracted from work of mental processes (Habermas, 1989: 208). As a result of these devices - individuals didn't have to work hard to understand the NPS conditions, and they became "passive observants to the spectacle of social life" (Kellner, 2003:2). In Habermasian (1997: 108) terms - politicians displayed staged forms of publicity and used it to become more powerful. During the NPS crisis, the public were not viewed as rational beings with interest in public good by the powerful stakeholders. They were instead viewed - in the word of Garnham (1990: 111) as "creatures of passing and largely irrational appetite."

Media power is probably easier to access for the key politicians and powerful stakeholders in Poland than in Britain as a result of two mechanisms. Firstly, it seems that media is much more polarised in Poland and so access to at least one side will be easier for the key stakeholders. Fletcher and Jenkins (2019) believe that the function of the media lies in reducing polarisation, as well as attracting mixed audience representing different viewpoints. However, that does not seem to be the case in Poland, and the growing structural polarisation of the public sphere is well reflective in the media. Post 1989 media climate can be characterised as fast developing, consisting predominantly out of mainstream media, public service media, and media owned by private groups (e.g., religious) with domestic and foreign owners. A lot of effort in the early post-communist Poland was spent on creating media pluralism (Klimkiewicz, 2021). In the last two decades that changed significantly. Although the largest news media in Poland have no open affiliation with political parties or organisations, most of

the news media, including digital and online media, have promoted distinct political views in the last two decades (Klimkiewicz, 2021). Scholars demonstrate increasing partisan journalistic culture and a high level of political parallelism of post-1989 journalism in Poland (Dobek-Ostrowska et al., 2008; Mielczarek, 2007). Even though the largest of the Polish media in years 2009-2015 didn't have full affiliation with political parties, as well as political organisation through ownership, most of the media at the time have promoted specific political views.

## Chapter Twelve - Discussion and Conclusive Remarks

### § 12.1 Discussion

Pluralist and critical accounts of public policy were tested here to show what caused stability and change in Polish and British drug policy over the past twenty years. Strengths and weaknesses of different theoretical accounts were shown in regard to policy changes in both cases. All chapters show a complex picture of how different mechanisms activate and deactivate in specific contexts. A consensus can be reached in a view that drug policy changes in Poland and Britain cannot be explained in a simple and linear way. This is clear in how each of the three theoretical accounts provides an increasingly more complex level of explanation.

The simplest account is given by the MS approach. It is a valid starting point which can be built on and splitting all of the policy processes into workable streams, for example, provided a valuable analytical tool. The most valid application of MS was probably seen in the context of the 2004 cannabis reclassification in the UK. This is because solutions to some of the problems already floated in the setting before being accepted by David Blunkett, as Kingdon's framework would predict. Some advocacy for criminalisation of possession in Poland was also seen prior to the decision in 2000 and, therefore, amendment 62 – or at least ideas that would inspire it – were ready for some time. The same nevertheless cannot really be said about the NPS context where it took policy makers in both cases years to come up with policies that they would accept. It is thus doubtful that these indeed floated around before conditions associated with NPS emerged. It also should be accepted that the streams described by Kingdon are not independent, and actors involved in the policy setting perform different roles. Policy entrepreneurs in the British 2004 context were, for instance, involved in softening up of the media.

The ACF then provides additional depth to our understanding of actors and their involvement in the shaping of Polish and British drug policies. Contrastingly to the MS, the ACF acknowledges that all of these actors and groups mix. It also explores the relationships of these actors and groups with different policy elements like structures or events. Some ACF mechanisms proved to be visible in some shape or form, but the main criticism of ACF in this thesis was the apparent lack of coordination of action between members of each group. In the Polish context from 2000, a degree of cooperation was visible in relation to trying to create a drug free country, but it does not seem that all of these groups rationally cooperated in trying to push amendment 62 through. Cooperation can likewise be seen in relation to NPS policy where different groups and actors performed various functions in an effort to stop the NPS crisis, but again there was no apparent cooperation in advocating for the amendments scheduling different NPS or the blanket ban. One of the best examples for rational coordinated action could have potentially been seen in how Robin Murray shared his knowledge with the CSJ as both were placed in the same group. Murray nevertheless disputed that it was his intention to contribute to the upgrade of cannabis back to B as it was not something that he believed was right. In both countries and all contexts, actors and groups who had interest in policy change were working largely independently.

Another weakness of the ACF in explaining drug policy changes is the framework's core idea surrounding competition which data from this thesis show to be naïve. The cannabis reclassification in 2004, for example, was only a temporary defeat for the social-control and medico-penal constellations, and in the end, that amendment achieved very little and was quickly reversed. It is therefore hard to speak of competition in policy settings that are so heavily dominated by some groups and actors who advocate for specific viewpoints and simultaneously enjoy systemic advantages. The lack of space for competition is even clearer in the Polish setting of NPS, where actors used legal loopholes to make policy process more favourable to them.

Although ACF proved to have limited utility in the given context, the author does not intend to claim that it is devoid of explanatory power or utility. The ACF has been used for decades, and many academics clearly found value in its use. Perhaps in other policy areas, with different actors, and different stakes more cooperation can be seen amongst groups and actors in trying to change or stabilise policy. The implication of this research is nevertheless that more research using ACF should focus on testing if coalitions do indeed coordinate their actions as anticipated by Sabatier and Jenkins-Smith as opposed to focusing so much on testing other hypotheses like hypothesis two (events). Overall, evidence seems to indicate that the rational and linear view advocated by both pluralist positions is not reflected in the Polish and British drug policy settings.

#### 12.1.1 Habermasian analysis of British and Polish drug policies

The Habermasian framework shows the critical angle to the relations of players involved in policy described by ACF and considers their positions as well as other strategic advantages. It shows the importance of structurally distorted communication where certain actors and groups use their structural advantages to reproduce prohibitive legal structures. They maintain policies falling in the realm of prohibition due to their normative preferences and own strategic objectives. In contrast to the ACF, Habermasian analysis of drug policy in both settings shows a lack of space for competition of ideas and the need to consider the development of the public sphere. As described in the chapters of the literature review, the development of the Polish public sphere was hindered by numerous historical struggles, and this seems to be reflected in drug policy developments. Habermas defines the transformation of the post-communist polity in an ideal way as a shift from centralised mass production, as well as distribution of communist ideology to rebirth of the autonomous public sphere (Habermas, 1989: 211). This public sphere should be characterised by diversified debates on public issues, and it should create opportunities for personal choices and individual interactions (McKee, 2005). Some of these mechanisms are visible, and media freedom was for instance emphasised in the early Polish transition in the 1990s (Klimkiewicz, 2021). However, the newly emerged Polish public sphere was relatively quickly subjugated to populist and political mechanisms which affected its development, and this is seen in this thesis.

The British counterpart had a significantly longer time to develop, if it is accepted that the idealised version indeed existed in its early development as described by Habermas (Habermas, 1992;

Poole, 1989). That is not to say that because of this stronger tradition, the British public sphere is now less susceptible to being affected by devices such as populism. As demonstrated throughout this thesis, just like in Poland, media together with politicians disrupt rational communication in the British public sphere. This was especially well exemplified in the context of the cannabis upgrade in 2009 and the British NPS policy responses.

The fact that actors and groups involved in the shaping of British drug policy use power in a much more concealed way can perhaps be partially explained with that fact that Britain has much stronger traditions of pluralism which began emerging in Britain since the 'Glorious Revolution' of 1688. By contrast - Poland ceased to be a country for 123 years a few decades after the Dutch invasion of 1688 took place in Britain and so the majority of processes that set the standards of pluralism in Britain were absent in Poland. This is seen in how the British government feels the need to justify its decisions and create at least a façade of rational communicative action. The government learnt in which situations to lend power to convenient opposition, and when to deny it. Allowing this access, for example, is used to support its own positions. The government has to deal with institutional processes which constrain it, but which it is able to overcome with strategic actions.

The government is likewise connected with organisations, which match its own normative preferences and uses their research to support political decisions. The CSJ seems to enjoy particularly good relations with the Conservative Party, and so does the Centre for Policy Studies and more recently Policy Exchange. The question is therefore - why is the picture so strikingly different in Poland? Why don't Polish politicians put more emphasis on generating knowledge and connections which would support their normative positions?

During initial research stages, the author was really focusing on trying to find out if similar networks exist in Poland. It does not seem that the Polish government is as determined in finding and creating allies nor generating knowledge that support its position in drug policy. This is where another layer to the power of the Polish policy makers can be seen. The Polish government could have, for instance, easily invited groups like PNDP to create an impression of giving access to the policy setting to alternative viewpoints, but the policy makers do not have to do so. The Polish government does not have the same urgency of creating an impression of a pluralist decision. In addition, granting this access would not benefit its political targets. Therefore, it seems that the use of power is simply more direct in Poland.

On a related point, in the British context, much more energy is spent on persuading the public and members of constellations that drug policy decisions are based on empirical evidence. This type of narrative is not as apparent in Poland - neither in the Parliament or public sphere. The use of the civil service is particularly illuminative here. Chapters focusing on changes in the British contexts demonstrate how instrumental the British civil service is to policy stability and change. The Polish and British civil service are both politicised, but in Britain it seems more impartial which in corroboration with strong and robust democratic tradition indicates why the 'evidence-based narrative' would be much more prevalent in Britain. A lot more emphasis is for instance put on justifying policy decisions

with reports. In Poland these are also produced. The NBDP, for example, publishes their yearly reports on the state of drugs in Poland, and the Bureau of Seim Analysis is sometimes used to inform policies as was the case in NPS responses. In comparison to some of the Home Office reports, these are almost like background noise. Polish mass media, for example, does not publish reports and information on drugs in the same way as British newspapers (however selective they may be). Nor do these reports seem to create the same controversy and sometimes even backlash. The outcry created by the recent report of the Commission on Race and Ethnic Disparities in Britain is a good example (The Guardian, 2021). Conversely, this is also where interesting cultural differences were highlighted. It seems that in Britain, the civil service is pressured until it finds solutions which match the normative preferences of the key stakeholders, but in the Polish civil service Poland 'impossibilism' is widespread and the civil service is overall not utilised to inform drug policy in the same way.

The critical realism of the policy constellations approach also provides a more complete explanation to how conditions become problems and are raised on the agenda, than uncritical realism of pluralist propositions tested here. In MS terms, problems capture the attention of the politicians who then respond to them. In ACF, on the other hand, stakeholders compete in the policy setting so that what they portray as problematic receives a policy response. In both cases the implication is that problems actually exist. In critical realist terms, problems exist in the empirical realm as partial interpretations of complex actual events which are seen as problematic by some actors. What is problematic to one group and some actors may not be problematic to another group. This was especially well exemplified in the NPS context where, in both countries, more liberal actors viewed conditions associated with NPS as not as problematic, and artificially created by the government and the prohibitive framework.

The power imbalances between these constellations in turn explain why some problems climb up the agenda, and other do not, as well as why some interpretations of actual events are accepted as problematic and requiring a response, and others are not. In the policy constellations and critical realist terms, it is the social power and specifically structural advantages that permit one group to have their view of the actual to be accepted as the truth and as requiring a policy response. The flat ontology of both pluralist positions undermines the role of social power, structural mechanisms and - especially - the media in problem definition and agenda setting. Kingdonian policy entrepreneurs are not the only ones who take conditions and bring them to the attention of the policy makers - media actors do so as well. The media are not only sometimes the prime 'agenda setters,' but are also often key mechanisms creating problems out of certain conditions. Powerful stakeholders like politicians, police officers, or members of the preferred NGOs can also use their media power to influence which things are reported, which things are not, and how are they reported. In the NPS context, for instance, Polish politicians were successfully active in influencing how media images were disseminated so that they could have preserved their political power.

The same applies to potential policy solutions. In both contexts policy proposals are accepted when they are favoured by the dominant constellations. Actors who enjoy greater social power can also

make these processes more favourable by influencing what evidence is going to be taken into the policy setting, where it is going to come from, and how it is going to be interpreted. The solutions must nevertheless be congruent with the normative preferences of the key stakeholders, or they must help to reproduce or preserve political and social power of that group. It was argued, for instance, that reclassification of cannabis in 2009 would have been beneficial in helping the key political stakeholders with preserving their political capital.

### *Conclusion*

This thesis set out to find what caused stability and change in Polish and British drug policies over the past twenty years. Both stability and change in these contexts can be best explained with a complex intertwining of structures and individual agency as well as normative preferences and the desire to reproduce social power. Actors and groups with structural advantages can influence how drug related conditions will be interpreted in the policy setting and which will be accepted as problematic. In Poland, this conservative constellation emerged in the 1990s and although political parties and individual actors have since changed, their political and legal legacy from 2000 continues. All of the new drug policy developments still sit in the prohibitive framework. The liberal constellation of actors that emerged post 2000 in Poland is, in turn, trying to influence that setting but is very limited in what it can achieve. This was evident in the Polish NPS context. In Britain, this picture is more historic but functions in a similar way. The medico-penal constellation is the dominant group in British drug policy. These structures have been established in Britain for a significantly longer time than they have been in Poland.

In order to further the study of drug policy, it is recommended that researchers shift towards a more sophisticated understanding of the processes that drive stability and change in drug policy. As argued above, a starting point could be splitting policy processes into smaller elements like problem, proposed solution, and the political context as proposed by Kingdon. However, the process of analysis should not stop there, and researchers should then think about the meaning of these elements and deconstruct them. What was the condition that actors were responding to? Did it mean the same thing to all of the actors and groups who had interest in that particular condition? Was there at all a consensus or disagreements on the interpretation of that condition? In addition, why is it that a particular interpretation of a condition became dominant and so accepted as problematic? Did some conditions present a real threat to public health – if not then why did they rise on the agenda in light of more pressing issues at the time? The same applies to other elements of the policy process like ‘evidence.’ Researchers should ask themselves who the evidence was generated by? In addition, were different groups and actors advocating for different policy solutions? Was there a consensus amongst certain actors and groups in their advocacy for that particular type of evidence, if so why? All of these concepts, and actions of actors shouldn’t be thought of as working independently but as part of a complex web of processes that interact. In addition, they should also be set in wider contexts of social structures and normative preferences. Most importantly, were some actors and groups’ significantly advantaged or

disadvantaged positions in their ability to influence the policy setting? Critical realism provides a framework that allows researchers to combine all of these elements in the attempt to explain stability and change in drug policy, in a particular context.

### 12.1.2 Potential criticisms of a Habermasian approach

The Habermasian framework provides some of the strongest explanations of the operation of power in Polish and British drug policy out of all propositions. Since power is the most important mechanism of stability and change in drug policy, the Habermasian framework provides the best explanation of stability and change in both. Some Habermasian ideas can nevertheless be contested when applied to the drug policy setting. The work of Habermas is broad and complex, and there are many areas for contrasting opinions.

Criticism could, for instance, come from post-structuralists who would view concepts presented in this thesis - like the ideal speech situation or systematically distorted communication - as unachievable, rationalist abstractions. Post-structuralist could also suggest that these concepts create an artificial distinction between discourse, reason, and reality, which they see as mutually constructive (Howarth et al., 2021). Fraser & Moore (2011: 6) for example talk about how 'ideas, discourse, practices as well as politics produce each other.' The reasons why critical realists differentiate between these positions was nevertheless made apparent throughout this thesis. Contrastingly to what was suggested by some post-structuralists (Lancaster & Rhodes, 2020; valentine et al., 2020) for example, this thesis argued that critical realists do not see 'drug problems' as singular, stable, and fixed. Words and what they represent are real, but they are different from concepts they represent. This thesis argued that different groups create their own empirical realities concerning drugs and the discursive status of these drugs is not denied in this thesis. However, they also exist even when not observed and discussed. Furthermore, these accounts of reality are not directly producing reality, only accounts of reality that are found in the empirical realm. That being said - these representations of these drugs still influence the policy setting, and that was accepted in this thesis.

Secondly, giving all of these interpretations the same weight is paralysing as noted by Stevens (2020). This thesis shows how these empirical realms are products of different mechanisms with some evidence of attempts to use communicative action to seek the most adequate empirical account of the real, and some strategic actions being more concerned with distorting the discussion so that real interests can prevail. The British NPS context, for instance, is well reflective of that, with Norman Baker's attempts at reforming the Misuse of Drugs Act and later attempts at finding solutions to the conditions associated with NPS. It is clear that in some cases significantly more evidence seems to support a specific position. This is why use of critical realist ontology is more advantageous here as it separates the three domains of reality so that one knows which one is discussed and allows for 'judgemental rationality' in choosing between competing accounts. Overall, by not treating the concepts of reason, reality, and discourse as mutually constructive, critical realism gives researchers the tools to see perspectives of different people, but also why some of them are superior to others.

From another angle, one can likewise be critical of Habermasian universalism which as demonstrated in this thesis, is the potential source of many problems for the further development of drug policies in both countries. Habermas believes that in order for the participants of the public sphere to speak the 'same language' cultural differences must be set aside. Building on his idealised version of the public sphere (since then criticised by him), he explains how status was disregarded in the 18<sup>th</sup> century and all of the participants who joined the public sphere, did so with an intention of rational deliberation and reaching conclusions. The public sphere then was dominated by educated white men and so reaching consensus was not difficult for them as they thought in a similar way (Habermas, 1989: 223). Habermas supports views of other modernists who proclaim that recognition of cultural diversity is problematic in the public sphere. Some modernists argue that discussing different issues that touch different groups is drawing attention away from the official public sphere where really important issues are raised, such as: structural and material questions on jobs and pay; citizenship; material redistribution (Coole, 1998). Other advocates of universalisms claim that allowing different cultures into the public sphere can be problematic as they will only think about problems of their group and not the whole society. Some like Wilson (1985: 46) also view that just because the outcome is good for one group, it does not mean that it will be good for everyone.

All of these claims are contested by this thesis and critical realism which disputes the positivist view of being able to obtain a single absolute truth. There does not seem to be a single universalist stance which could benefit all in Polish and British drug policies. In addition, individual backgrounds and perspectives are important as they influence how these actors generate their findings and which arguments they decide to deploy. One of the strongest quotes in support of that view is the opinion of former Home Secretary, David Blunket, who summarised that "we are all affected by where we come from and our social upbringing affects the way we are." It is thus impossible to create this idealistic setting where cultures, class, and other factors will be left behind. There is a degree of irony here. These modernist and universalist ideas strive for a democratic political practice (Garnham, 1990; Wilson, 1985) where all public interests are represented, but data gathered here shows how this process does not exist in Polish and British drug policy. Drug policy in both countries has instead plateaued in a place that is dominated by certain groups and actors, who disseminate the view that what they do is for the benefit of all.

What can be observed in British and Polish drug policies is alienation and oppression of people who use drugs. In Britain, people who use drugs are relatively cut off from the public debate, but at least their representatives sometimes have an opportunity of a hearing. In Poland, people who use drugs have significantly fewer opportunities to have their voices heard, with an occasional protest of the Free Hemp society, or attempt at an amendment of the drug law being the notable exceptions. An interesting contrast can be made at this point with a group that also struggled to be heard and accepted in the past. In the UK, the Queer public sphere is relatively distant from the official public sphere but it is still able to form its own public sphere as seen in: venues, magazines, internet sites, official newspapers, and even TV programmes (McKee, 2005). There are also politicians who represent the

interest of the Queer sphere in Parliament. The same cannot be said about people who use drugs. Many British high streets have shops selling smoking paraphernalia (although many fewer since the PSA 2016). There are also books about drugs, YouTube videos, discussion clubs, and unofficial websites. In Poland there are, for instance, two magazines: *Soft Secret* and *Spliff Gazeta Konopna*. The drug culture is nevertheless constantly oppressed in the official sphere, and open spaces which could facilitate communication between certain drug users, such as Dutch Coffee shops, are absent in Britain and Poland. These spheres are needed as they allow groups to decide on their interests, and think of issues that are most impactful on them before taking it to the wider public sphere (McKee, 2005).

## § 12.2 The prognosis for Polish and British public spheres and drug policy

It is worth setting the conclusions in light of more recent developments in Poland and Britain. Many of the changes described in the Polish context happened during the time of Civic Platform; perhaps the peak of Polish freedom. The media were of course still polarised and susceptible to influence as described in the previous chapter, but the situation was better than it is now. In 2019, Jacek Kurski – the current Chairman of the main Polish TV station, *TVP*, claimed that “*TVP* reinstates pluralism in the Polish public debate” (Karnowski & Karnowski, 2019). That nevertheless does not seem to be the case. Since the election of 2015, there have been numerous institutional reinforcements of the right-wing press through state grants and advertising. Klimkiewicz, (2021: 5) writes that:

*Since 2015, partisanship and polarisation have been interwoven in a dynamic of political power in a more structured way.*

Skwot (2016) goes as far as to argue that since then, the Polish media became polarised to completely new extremes. In addition, in his view, partisans replaced commentators. This polarisation is well reflected in the public opinion on the state of the media. In 2006, 40% of media users considered *TVP* to be impartial and in 2019 that number is 20%. In relation to the American owned, *TVN*, in 2006, 56% of media users described it as impartial and that number decreased to 28% in 2019 (CBOS, 2019). Overall, in 2019, only 27% of users reported that they find Polish media to be impartial and 56% reported in a contrasting way. As argued in this thesis, the situation is only slightly better in Britain as a result of a stronger democratic tradition, and historical development of the public sphere. Historically, the BBC aspired to be representative and create a link between the public and the state (Scannell, 1986). However, direct access to mass media has been traditionally very limited for the public – especially when compared to elite groups and this is also well reflected throughout this thesis (Scannell and Cardiff 1991; Tebbutt, 1989).

The picture thus far provides a rather gloomy prognosis for the public spheres and drug policies in both countries. It is worth mentioning at this point that both pluralism and public sphere are ideals, and what this thesis does is compares two cases with these ideals. Habermas himself only writes from a specific perspective. He claims that the years from 1680 to 1730 were the golden era of public

sphere (since then criticised), even though women were excluded from participation and so was the whole working-class which was not allowed to vote (Ryan, 1992: 262). However, it does not matter if they ever fully existed, what matters is what one can learn from them. We do not have to meet all of the rigorous standards set by Habermas, and power is always going to be present – especially considering that many of the discussed matters of public health can be used to reproduce social power.

Some post-structuralists would argue that the problem is in the lack of communication, and that to create a more pluralist and open drug policy in both countries, this will have to change (Lancaster et al., 2014). Politicians, for example, will have to be more open, and learn how to respect other cultures and viewpoints (Hoy & McCarthy, 1994). The cultures they would need to learn to respect and be more open to are the cultures of people who use drugs. However, as shown throughout this thesis, the problem is not just communication. Rather the problem is the use of power for political gains and structural reproduction, with imposition of some groups' idealistic values/standards on to other people. Dominant stakeholders involved in drug policy are unknowingly positivists – many of them only accept one point of view – that all drugs are evil, and solutions built on prohibitive framework are the only solutions. This is where the author agrees with Bhaskar (2010: 5) in his view that “amelioration of states of affairs...will require transformation of structures.” This transformation will not involve a magic shift to an almost utopian realm that is free of structural determinism. Rather, it must consist of a transition from “unneeded, unwanted, and oppressive to needed, wanted and empowering” (Bhaskar, 2010: 5). Some of the wanted and needed includes more ethical media that is driven by a desire to create a free public discussion, and not reproducing power of their owners, as well as unrealistic ideological standards; media that facilitate open debates on public health and criminal justice. Secondly, more open and honest participation for the undermined groups. Getting to that stage will require continuous resistance from people who use drugs and groups representing their interests, creating greater accountability of those who use their power to disrupt rational communication in policy processes.

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## Appendices

### Appendix 1: Description of actors, groups, and organisations mentioned in the context of Polish drug policy

	Aleksander Kwaśniewski	President of Poland in years 1995 – 2005. Member of the SLD.
	Barbara Labuda	A former minister in the Chancellery of President Aleksander Kwaśniewski. Involved in drug prevention programs since the 1990s. Closely associated by many as a driving mechanism of the Polish policy change of 2000.
	Bronisław Geremek	MP in years 1991 - 2001 and leader of the Freedom Union (2000-2001)
	Donald Tusk	Prime Minister of Poland (PO) in years 2007 – 2014 responsible for coordinating NPS responses.
	Ewa Kopacz	Minister of Health (PO) in years 2007 – 2011 and Prime Minister of Poland (2014 - 2015)
	Ewa Sikorska-Trela	MP in years 1997 – 2001 for AWS
	Janusz Palikot	MP in years 2005 – 2015 and the founder of Ruch Palikota (2011 - 2013) which later changed to Your Movement Party (2013 – present)
Politicians	Jerzy Buzek	Prime Minister of Poland in years 1997 – 2001 (AWS).
	Jerzy Hausner	Minister of Labour and Social Policy (AWS) in years 2001 – 2003.
	Krzysztof Baszczyński	MP (SLD) in years 1993 – 2005.
	Kamila Kuratowska	MP in years 1965 – 1972 and later active in education.
	Lech Kaczyński	Supreme Audit Officer (1992 - 1995) and later Minister of Justice (2000 - 2001). President of Poland in years 2005 – 2010.
	Marian Krzaklewski	Chairman of the Solidarity Movement after Lech Wałęsa and one of the founders of the AWS.
	Maria Walczyńska-Rechmal	MP (SLD) 2000 – 2001 and before an MP in 1993 – 1997.

	Marian Cycoń	MP in years 1997 – 2001 for the Union Freedom
	Mikołaj Kozakiewicz	Marshal of the Sejm of the Republic of Poland (1989 - 1991). Publicist and Sociologist.
	Piotr Liroy-Marzec	MP (Kukiz'15) in years 2015 – 2001.
	Zbigniew Ziobro	Advisor to the Minister of Internal Affairs in years 1998 – 2000
	Zbigniew Wawak	AWS MP from 1997 - 2001. Also, a member of the Christian National Union.
	Włodzimierz Cimoszewicz	SLD Prime Minister in years 1996 – 1997.
Political parties and committees	Akcja Wyborcza Solidarność (AWS) (Solidarity Electoral Action)	A political coalition of over 30 parties in Poland (1996 - 2001) which united liberal, conservative and Christian-democratic parties.
	Kukiz'15	An informal movement affiliated with far-right groups that turned into a political party in 2020.
	Parlamentarny Zespół do spraw legalizacji Marihuany (Parliamentary team for legalisation of Marijuana)	A committee established in 2018, its aim is to promote and try to legalise cannabis for personal use. It consists out of 18 MPs from left- and right-wing parties.
	Polska Rzeczpospolita Ludowa (PRL) Polish People's Republic	Predecessor of the modern Republic of Poland (1947 – 1989).
	Polskie Stronnictwo Ludowe (PSL) (Polish People's Party) (PPP)	Was an agrarian, Christian democratic party founded in 1990
	Platforma Obywatelska (PO) (Civic Platform)	Centre to centre-right party in power from 2007 – 2015.
	Prawo i Sprawiedliwość (PiS) (Law & Justice Party)	Right-win national-conservative political party founded in 2001 by Lech and Jarosław Kaczyński.
	Ruch Palikota (RP) (Your Movement)	Is a social-liberal and anti-clerical party founded in 2010 as Palikot's Movement and adopted its current name in 2013.
	Sojusz Lewicy Demokratycznej (SLD) – Democratic Left Alliance	Was a social-democratic party from 1991 – 2020 and a major coalition party from 1993 to 1997 and 2001 to 2005.
	Unia Demokratyczna (UD) The Democratic Union (DU)	Was a liberal-Christian-democratic party in Poland founded in 1991 and dissolved in 1994.

	Unia Wolności (UW) (Freedom Union)	Was a liberal, centre, democratic party founded in 1994 and dissolved in 2005.
	Zjednoczenie Chrześcijańsko-Narodowe (Christian National Union)	Was a right-wing, nationalist party advocating for social conservatism. I was founded in 1989 and dissolved in 2010.
Police	Adam Rapacki	A former Police Commander who established first specialized units for countering drug related organized crime in Poland.
	Centralne Biuro Śledcze Policji (Central Bureau of Investigation)	A unit within Polish police tasked to deal with organised crime. It was created in 2000.
NGOs and notable NGO members	Agnieszka Sieniawska	Head of the Polish Network for Drug Policy.
	Andrzej Dolecki	Social Activist, former MP, and one of the founders of the Free Hemp Movement.
	Global Drug Policy Program	Promotes drug policies rooted in human rights, sustainable development, social justice, and public health.
	Grzegorz Wodowski	Head of the MONAR cell in Krakow. Expert in addiction and harm reduction.
	Helsińska Fundacja Praw Człowieka	A liberal organization set up for promotion of respect for freedom and human rights.
	Jolanta Koczurowska	Head of the MONAR cell in Gdańsk. Former head of MONAR from 2002 - 2017 and founder of many therapeutic programs.
	Prof Krzysztof Krajewski	Professor of Law and Criminology at the Jagiellonian University. Involved in trying to reform Polish drug policy. Member of the Polish Drug Policy Network.
	Mateusz Liwski	Member of the 'Return from A' group and an expert in addiction.
	MONAR	A first Polish NGO focused on helping people addicted to drugs as well as the homeless and HIV and AIDS positive. Its method is predominantly based on full abstinence.
	Open Society Foundation (OSF)	Grant making network founded by George Soros. It supports civil society groups around the world and advocates for justice, education and public health as well as independence of the media.
	Piotr Kładoczny	Deputy President of the board at Helsinki Foundation for Human Rights - a liberal

	<p>Polska Sieć Polityki Narkotykowej (Polish Drug Policy Network) (PNDP)</p> <p>Towarzystwo Rodzin i Przyjaciół Dzieci Uzależnionych 'Powrot z U' (Society of families and friends of addicted children 'Return from A')</p> <p>Wolne Konopie (Free Hemp Society) (FHS)</p>	<p>organization set up for promotion of respect for freedom and human rights.</p> <p>A liberal NGO with a mission to initiate and support actions that aim to change attitudes towards the drug problem, both in Polish law and among the general public.</p> <p>An NGO established in 1986, its aim is to help families of people addicted to narcotics.</p> <p>Represents interest of consumers and opposes current drug policies. It supports medical, recreational, spiritual, and industrial users of hemp.</p>
Government Officials and organisations connected to the government	<p>Artur Malczewski</p> <p>Krajowe Biuro Do Spraw Przeciwdziałania Narkomanii (KBPN) (National Bureau for Drug Prevention) (NBDP)</p> <p>Konsultant Krajowy d.s Toksykologii Klinicznej (National Consultant for Clinical Toxicology)</p> <p>Państwowa Inspekcja Sanitarna (Sanepid)</p> <p>Piotr Jabłoński</p> <p>Polish Reitox Focal Point EMCDDA</p>	<p>Deputy spokesman for the Reitox Focal Point EMCDDA. Polish representative at the Horizontal Working Party on Drugs in Brussels. Working for the NBDP.</p> <p>The Bureau is used to implement and coordinate national drug policy for preventing drug addiction based on limiting the use of drugs and psychoactive substances.</p> <p>A professional who gives advice to the government on clinical toxicology.</p> <p>It works in the domain of public health by controlling and performing oversight of hygiene in different areas of everyday life. It also collects epidemiological data.</p> <p>Head of the National Bureau for Drug Prevention (NBDP).</p> <p>Operates in the National Bureau for Drug prevention since 2001. Its monitoring drug related problems and closely cooperates with the EMCDDA.</p>
	<p>Dawid Krawczyk</p> <p>Fakt</p> <p>Gazeta Wyborcza</p>	<p>Journalist for a left-wing quarterly <i>Political Critique</i> with an interest in drug policy</p> <p>Polish tabloid daily newspaper. One of the best-selling papers in Poland. Centrist, populist.</p> <p>Daily Newspaper providing news from a liberal perspective.</p>

Media	Krytyka Polityczna (Political Critique)	A left wing quarterly, focuses on social science, culture, and politics.
	Mateusz Klinowski	Publicist, former mayor of Wadowice, and a vocal critic of current Polish drug policy.
	Rzeczpospolita	Daily economic newspaper. Liberal conservative
	TVN	Polish TV channel. Supportive of the PO government and in recent years critic of the PiS government.
	TVP	'Polish Television' is a Polish state media corporation and the largest Polish television network. Supportive of the PiS government.

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## Appendix 2: Description of actors, groups, and organisations mentioned in the context of British drug policy

Politicians	Alan Milburn	Labour MP for Darlington from 1992 to 2010.
	Alastair Campbell	Tony Blair's spokesman and campaign director (1994 – 1997) and then PMs Spokesperson (1997 – 2000) and Downing Street director of communications and spokesman for the Labour Party (2000 – 2003).
	Amber Rudd	Conservative MP and a Home Secretary from 2016 to 2018.
	Angela Watkinson	Former Conservative Party member for Hornchurch and Upminster until 2017. Member of the Conservative Christian Fellowship.
	Ann Widdecombe	Conservative MP for Maidstone and the Weald from 1997 to 2010. Advocated for a zero-tolerance policy on drugs.
	Brian Iddon	British Labour Politician who was the MP for Bolton South East from 1997 to 2010. Campaigned for the legalisation of cannabis
	Caroline Flint	Labour MP for Don Valley from 1997 to 2019. Reclassified magic mushrooms as a Class A drug whilst working at the Home Office.
	Chris Huhne	Lib Dem MP for Eastleigh from 2005 to 2013. Supported David Nutt after he was sacked for criticising the government on its drug policy.
	Chris Mullin	Was the Labour Party MP for Sunderland South from 1987 until 2010.
	David Blunkett	Labour MP for the Sheffield Brightside and Hillsborough from 1987 until 2015. Home Secretary 2001 – 2004. Reclassified cannabis from a class B to C in 2004.
	David Davis	Conservative MP for Haltemprice and Howden since 1997.
	Gordon Brown	Labour PM from 2007 to 2010.
	Greg Clark	Conservative MP for Tunbridge Wells since 2005.
	Iain Duncan Smith	Leader of the Conservative Party from 2001 to 2003. Co-founder of the Centre for Social Justice.
Jack Straw	Labour MP for Blackburn from 1979 to 2015 and served in the cabinet from 1997 to 2010.	
Jacqui Smith	Labour MP and Home Secretary from 2007 to 2009. Upgraded cannabis from a class C to B in 2009.	
John Reid	Labour MP from 1987 to 2010. Home Secretary from 2006 to 2007.	

	Michael Howard	Leader of the Conservative Party in year (2003-2005). Held numerous cabinet positions in the government of Margaret Thatcher.
	Michael Portillo	Conservative MP for Enfield Southgate from 1984 to 1997 and Kensington and Chelsea from 1999 to 2005.
	Molly Meacher	Chari on the UK All-Party Parliamentary Group for Drug Policy Reform which recommends drug decriminalization.
	Nick Hawkins	Conservative MP from 1992 to 2005
	Nigel Evans	Conservative MP serving for the Ribble Valley constituency in Lancashire since 1992.
	Paul Flynn	Labour MP for Newport West from 1987 until his death in 2019. Described by Transform as “a titan in the UK drug law reform movement.”
	Peter Lilley	Conservative MP from 1983 to 2017 representing the constituency of Hitchin and Harpenden. Cabinet Minister under Margaret Thatcher and John Major.
	Peter Mandelson	Labour MP for Hartlepool from 1992 to 2004. A former director of communication and a ‘spin doctor.’
	Simon Hughes	MP for Bermondsey and Old Southwark from 1983 to 2015.
	Theresa May	Conservative MP and PM from 2016 till 2019. Home Secretary from 2010 to 2016.
	Tony Blair	Labour PM from 1997 to 2007.
Political parties and committees	The Labour Party	Centre-left political party in the UK.
	The Conservative Party	Centre-right political party in the UK.
	The Liberal Democrats	Centre-left liberal political party in the UK.
	Home Affairs Select Committee	Cross-party committee of MPs who scrutinise the work of the Home Office and associated bodies. Examines policy, spending, and law in areas, including: security, policing, and immigration.
Police	Association of Chief Police Officers (ACPO) Brian Paddick	Established in 1984, it is a forum for chief police officers to share ideas and develop policing practices in England, Wales, and Northern Ireland. A British politician and a former Deputy Assistant Commissioner to London Metropolitan Police. Responsible for the Lambeth experiment.
	Deputy Commissioner Ian Blair	Former Commissioner of the Metropolis from 2005 to 2008.

	Keith Hellowell Assistant  Commissionaire Michael Fuller	A retired police officer and former UK Government drugs-czar. Former Chief Constable of Kent Police and Chief Inspector of the Crown Prosecution Service.
Non- governmental organisations and notable NGO workers	Angelus Foundation	Founded in 2009 by Maryon Stewart after her 21-year-old daughter tragically died after consuming a legal at the time substance GBL. The foundation brings in experts to highlight risk associated with 'legal highs' and promote research, and education.
	Cannabis Skunk Sense	An NGO set up to provide information on cannabis and to "raise awareness of the continues and growing danger to children, teenagers and their families of cannabis use" <a href="https://www.cannabisskunksense.co.uk/">(https://www.cannabisskunksense.co.uk/)</a>
	Centre for Social Justice (CSJ)	A centre-right think tank co-founded by Iain Duncan Smith, Tim Montgomerie, Mark Florman, and Philippa Stroud. Responsible for publishing reports on gangs, modern slavery, addiction, family breakdown, and educational failure.
	Centre for Policy Studies	A think tank founded by Margaret Thatcher and Keith Joseph in 1974, its aim is to promote policies based on national independence, small state, free market, and self-determinism.
	International Drug Policy Consortium (IDCP)	A global network of over 192 NGOs that promote objective and open debate on drug policy at national, regional ,and international level.
	Maryon Stewart	Author and broadcaster. Former Chief Executive of the Angelus Foundation.
	NACRO	Social justice charity with over 50 years of experience in representing, educating, supporting and providing advice for disadvantaged young people and adults.
	Police Foundation	Describes itself as an independent think tank which aims to advance and promote efficient and effective policing and to undertake and promote study and research into the methods organisation and effectiveness of the police and the training of police officers and to publish the useful results of such study and research.
	Release  Roger Howard	Liberal NGO providing free, specialist advice and information to public and professionals on issues relating to drugs. Former Chief Executive of the UK Drug Policy Commission; former director of Education and Training Services at Nacro; former member of the ACMD
Ruth Runciman	Made significant contribution to the work on drug misuses through her time at the Citizens Advice Bureau. Chair of the Police Foundation's report 'Drugs and Law' which advocated reclassification of cannabis from a class B to a class C.	

	Sebastian Saville	Former Chief Executive of Release.
	Transform	NGO promoting public health, human rights and social justice through drug policy reform.
	UK Drug Policy Commission	An NGO run between 2007 and 2012 which set at its aim provision of objective evidence concerning drug policy and practice ( <a href="https://www.ukdpc.org.uk/">https://www.ukdpc.org.uk/</a> ).
Official bodies and departments	ACMD	The Advisory Council on the Misuse of Drugs makes recommendations to government on the control of dangerous or otherwise harmful drugs, including classification and scheduling under the Misuse of Drugs Act 1971 and its regulations. ACMD is an advisory non-departmental public body, sponsored by the Home Office. ( <a href="https://www.gov.uk/government/organisations/advisory-council-on-the-misuse-of-drugs">https://www.gov.uk/government/organisations/advisory-council-on-the-misuse-of-drugs</a> )
	Home Office	The ministerial department responsible for immigration, security, law and order. Drug policy is in some ways coordinated here.
	Public Health England	Was an executive branch of the Department of Health and Social Care in England (2013-2021).
Media	Channel 4	Free-to-air public television network
	The Daily Express	Conservative tabloid newspaper launched in 1918
	The Daily Mail	UK's highest circulated daily newspaper. It is considered to have right-wing affiliation.
	Daily Telegraph	Broadsheet newspaper published by Telegraph Media Group. It is considered conservative in character.
	The Guardian	Launched in 1821, centre-left, daily newspaper.
	Peter Hitchens	Journalist and author. Writes for The Mail on Sunday. Conservative Christian with strong opposition to same-sex marriage and supported of stricter recreational drug policies.
	Independent on Sunday	Launched in 1986 as a national morning printed paper. It is considered libertarian with its pro-market stance on economic issues.
	Kathy Gyngell	Co-editor of The Conservative Woman, writer, broadcaster. Also contributed to some of the reports written by the CSJ.
	London Evening Standard	Free daily newspaper in London, published Monday to Friday. It is considered conservative in character.
Melanie Philips	Journalist who currently writes for The Times. Supports stricter policy responses to drugs.	

	Paul Dacre	English journalist and former long-serving editor of the right-leaning tabloid the Daily Mail.
	Rebekah Wade	Current media executive officer of News UK. Former CEO of News International from 2009 to 2011, News of the World (2000 to 2003) and the Sun (2003 to 2009).
Officials, advisors and other notable people	Prof Alex Stevens	Professor of Criminal Justice and a former member of the ACMD.
	Prof David Nutt	Former member of the ACMD who was sacked for his open criticism of the governmental stance on ecstasy.
	Prof Keith Humphreys	American psychologist and a former Senior Policy Adviser at the White House Office of National Drug Control Policy. Was also involved in informing British drug policy during the coalition government
	Mike Hough	Professor of Criminology and a former head of research at the Home Office.
	Mike Trace	Former British deputy drug coordinator; former chair of the EMCDDA and a current NGI chief executive.
	Professor Robin Murray	Professor of Psychiatric Research. His research focuses on finding causes of schizophrenia and bipolar disorder

## Appendix 3 - Interview Schedule – Poland and the UK

Most suitable questions for each group (Politicians, Police, Official Bodies, NGOs, other (e.g., journalists and clergy) will be picked from the following sections which are split in terms of themes. Each interview should be semi-structured, however, if some participants are willing to spend more time on answering the question (for example in-depth) then that will be welcome.

- Each interview will last from 15-30 minutes
- If participants consent to being recorded then they will be presented with an information sheet and a consent form
- It will be important to stress that the focus of this investigation is the turning point of 2000 (define it just in case some participants are not familiar with it) and initial responses to NPS in 2010 (also define)

### Socio-economic theme

- To what extent were the socio-economic changes influential in shaping of polish drug policy in the 2000s (especially in relation to the emergence of neo-liberalism)?
- What were the official attitudes towards drugs and drug users before 1989 and how they changed after?
- The UK model used to be based on the governance through crime but recently moved to governance through social health – is that the same in Poland?
- NGOs in the 1990s were dependant on Open Society and George Soros – maybe these NGOs drifted towards liberalism and public health approach (currently financing is overtaken by the National Bureau) (this will be important as Krajewski believes that Public Health is separated from the CJS)
- Which social groups suffered the most from legal changes in 2000 and 2010?
- Question for specific NGOs – do you think that an overall lack of civic society is an influential factor in how people portray drugs and drug users? Do you think that these attitudes are then reflected in current drug policies?

### Legal theme

- Why did Poland criminalise all of drugs in 2000?
- Did it make sense to criminalise all of the substances equally? Was cannabis considered differently?
- Did anyone consider the use of a ‘table’ system (explain) as in Britain?

- Why did Poland react so quickly and irrationally (in hindsight) to NPS in 2010 (an answer could involve some reference to public pressure)?
- How are people and shops dealt with if caught in possession of NPS?
- How are people dealt with when caught in possession of small amounts of drugs – especially cannabis?
- Did the levels of law implementation vary – was there ever a degree of unofficial police discretion when it comes to drug possession? Are things different now to how they used to be before 2000 or even a few years after (maybe it took time for changes to be absorbed)?

#### Geo-political

- To what extent was the EU influential in 2000 and 2010 in shaping Polish drug policies?
- To what extent was the U.N influential in 2000 and 2010 in shaping Polish drug policies?
- To what extent was the U.S influential in Polish drug policy in 2000 and 2010 (lots of interesting information can be obtained from Krajewski)?
- Who had more leverage and power in influencing Polish drug policies – the U.S, the EU or the U.N and why do you think that?

#### Power theme

- Who were the key actors advocating for criminalisation of substances in 2000
- Who were the key actors against the criminalisation in 2000
- Who were the key actors advocating for legal responses against the NPS 2010 and why?
- Who were the key actors critical of legal responses on NPS in 2010 and why?
- Who held the greatest degree of influence when the drug policy and NPS changes took place
- To what extent were the mass voices influential – did the government care what people thought? – In this context to what extent is the civic society influential (might be a good question for NGOs) (Krajewski said that it works both ways people on the govt and the govt on the people)?
- Public opinions are changing in relation to cannabis. That can, for example, be seen after cannabis oils were made available – does the government still need to be tough on something that is no longer considered a crime by the public (also goes into the moralism theme)?

· Influence of entrepreneurs and actors (Kwiasniewski signed the amendment under the influence of his secretary of state – Lebuda and in 2011, Komorowski met up with experts and asked about the legislation – “he seemed ready to sign but overall unsure what to do”) – a question could be: “was there a single influential character who either dominated the discourse or held a large degree of ‘visible’ influence?”

· Do you think that there are any people who could have benefited from the outcomes of 2000 and 2010 who were not necessarily present during the debate? (Catholic Church for example was never officially present but still exerted influence)

· Did any groups seem excluded during the debates leading up to the change in 2000 and 2010?

### Morality theme

· To what extent was religion influential in the Polish context?

· To what extent was the Catholic Church influential in shaping of drug policies in 2000?

· To what extent was the Catholic Church influential in shaping of NPS policies in 2010?

· Are drugs a moral issue? Are they evil?

· Should policy be evidence-based or at very least – to what extent should drug policy be evidence-based – potential question for politicians?

· What are the aims of your (insert) organisation (the can text what Krajewski mentioned – that Polish CJS has a very formalistic and narrow understanding of aims – we should punish and enforce)

· To what extent do you take into consideration the background of the person when deciding if you should or should not bring the case forward to the prosecutor

### Structuralism them

· Can you tell me more about the influence of ‘localism’ (Krajewski claims that if there is someone from the local community open to initiatives then some things can be realised, for example, diversion in Warsaw – maybe this can be attributed to revitalisation of civic society)

· Why are there geographical variations in discontinuation of prosecution?



## Appendix 5 - Participant Information Sheet

Thank you for considering participating in this study. You have been kindly asked to participate in the following due to your knowledge and/or previous experiences in the field of drugs and drug policy. Your participation is fully voluntary.

*What is the purpose of this study?*

The aim of this study is to explore differences and similarities in reasons for drug policy change in the UK and Poland, as well as the effects change had on drug use and drug related harms. The focus of the study are cannabis and novel psychoactive substances (NPS) also known as 'legal highs'. The fundamental question which this investigation aims to answer is: why is there stability and change in drug policy? If successful, this research may be capable of significantly expanding knowledge on the British and Polish drug policies and could serve some public interest.

*Interview schedule and nature of questions*

Although the length of this interview may vary, it should take approximately 45 to 90 minutes of your time. I will be asking a variety of questions, including on your role in the drugs field; your opinions about drug policy in this country; enquiring about causes of policy change, and other questions, such as the influence of the economy and religion on drug policy.

*Recording this interview and data security*

- I would like to record this interview as I can then transcribe it and data analysis will be made significantly easier for me. The interview is fully anonymous and no traceable information which could lead to you will be recorded. After transcription takes place, this interview will be assigned a number and put into a specific category. The voice recording, on the other hand, will be deleted from my computer. If you consent to being voice recorded then I will need your signature on a physical consent form. You will be provided with a copy of one as well as a copy of this information sheet. However, if you do not consent to being voice recorded then I would still like to take notes which also requires your consent.
- All of the data recorded will be destroyed once the study has been completed in 2021-2022. The results of this study may be nevertheless published in some form as, for example, in an academic journal.

*Ethical approval and funding*

- The ethics body of the University of Kent (Canterbury) approved this study.
- This research is not directly funded by anybody.

*Further information*

If you have any questions about this study, would like to request a follow up, or you wish to withdraw (our interview will be destroyed) then please contact me via email at [g1275@kent.ac.uk](mailto:g1275@kent.ac.uk). If you would like to complain, please contact my supervisor, Prof. Alex Stevens, at [a.stevens@kent.ac.uk](mailto:a.stevens@kent.ac.uk).

Thank you for reading the aforementioned regardless of whether you wish to finalise your participation in this project or not.

#### General Data Protection Regulation (GDPR) Privacy notice for research – University-level

As a university we use personally-identifiable information to conduct research, including to improve health, care and services. As a publicly-funded organisation, we have to ensure that it is in the public interest when we use personally-identifiable information from people who have agreed to take part in research. This means that when you agree to take part in a research study, we will use your data in the ways needed to conduct and analyse the research study. Your rights to access, change or move your information are limited, as we need to manage your information in specific ways in order for the research to be reliable and accurate. If you withdraw from the study, we will keep the information about you that we have already obtained. To safeguard your rights, we will use the minimum personally identifiable information possible. The University Charter sets out that ‘the objects of the University are to advance education and disseminate knowledge by teaching, scholarship and research for the public benefit’ (paragraph 3). Health and care research should serve the public interest, which means that we have to demonstrate that our research serves the interests of society as a whole. We do this by following the UK Policy Framework for Health and Social Care Research. If you wish to raise a complaint on how we have handled your personal data, you can contact our Data Protection Officer who will investigate the matter. If you are not satisfied with our response or believe we are processing your personal data in a way that is not lawful you can complain to the Information Commissioner’s Office (ICO).

The University of Kent’s Data Protection Officer can be contacted at:  
<https://www.kent.ac.uk/infocompliance/dp/contact.htm>