

Drug use as a ‘practice of the self’: is there any place for an ‘ethics of moderation’ in contemporary drug policy?

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Abstract

This paper offers a series of critical interrogations of the principles and practice of harm minimisation. This critique draws from Michel Foucault’s account of ethics, pleasure and moderation in pointing to some significant gaps and conceptual problems within Australia’s National Drug Strategy. I argue that this strategy has had only indirect impacts upon the *ways in which* illicit drugs are consumed in Australia, and on the behaviour of individual users. Part of this problem lies in the ways in which the cultures and the contexts of illicit drug use have been conceptualised within contemporary drug policy. Following Foucault, I argue that drug use ought to be conceptualised as a distinctive ‘practice of the self’. I argue further that Foucault’s work on pleasure and ethics offers important new ways of understanding the changing nature of drug use for young people, as well as providing new conceptual bases for the design and delivery of harm minimisation strategies within those settings and contexts in which drug use takes place.

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In order to reduce the harms caused by drugs in society, it is necessary to accommodate drug use in less harmful ways, to promote the development of social norms, values and beliefs that foster abstinence or moderate use, and to create alternatives that can replace the role of drugs in people’s lives.

Durrant and Thakker (2003: 248)

Like many nations, Australia has experienced a pervasive increase in the frequency and prevalence of illicit drug use in recent decades, particularly within youth populations (see AIHW, 2002; Durrant and Thakker, 2003). This shift has prompted governments, welfare and treatment agencies, among other organisations, to develop systematic programme and policy responses to the ‘problem’ of illicit drug use. In Australia, these responses have been organised and deployed according to the principles and practice of ‘harm minimi-

sation’ (see Rohl, 2000). Harm minimisation emerged in Australia in the early 1980s in response to the HIV/AIDS epidemic, and was quickly adopted as the conceptual and philosophical basis of the Hawke Government’s National Campaign Against Drug Abuse (NCADA) (ibid.). Despite changes in government, and the increasingly vituperative rhetorical debates which have surrounded this policy, harm minimisation continues to underpin Australia’s drug policy position. It is a policy that is praised by many for its ‘pragmatic and humane’ approach to illicit drug use, just as it is condemned by others as a duplicitous retreat in the ‘war on drugs’ (see Durrant and Thakker, 2003: 243–247). Many of these debates are concerned with the philosophical and moral claims underpinning harm minimisation policies; much less attention has been focused on assessing the extent to which harm minimisation remains relevant for those individuals who consume illicit substances.

This paper addresses this issue in assessing the efficacy and appropriateness of harm minimisation policies in Australia. In the course of developing this critique, I will also examine the potential relevance of contemporary social the-

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ory in providing new ways of thinking about illicit drug use and new ways of planning effective responses to the harms associated with this use. I would argue that such theory represents an under utilised resource in the design and delivery of drug policies and programmes. More specifically, the paper turns in later sections to consider the work of French thinker Michel Foucault, particularly his final writings on ‘practices of the self’, ethics, moderation and pleasure. I argue that this material offers important new ways of understanding the changing nature of drug use for young people, as well as providing new conceptual bases for the design and delivery of harm minimisation strategies within those settings and contexts in which drug use takes place. Indeed, Foucault’s work on ethics and the ‘use of pleasure’ gives rise to a series of critiques of contemporary drug policy and the ways in which it tends to privilege the ‘problem’ of harms whilst eliding the consideration of pleasure. I conclude that contemporary policies and strategies must find ways of accommodating the exigencies of pleasure in planning and implementing more effective responses to the problems associated with illicit drug use.

Changing patterns of drug use: enduring policy responses

Australian responses to the problems associated with the use of illicit drugs have typically prioritised a reduction in the consumption and availability of illicit substances in the community (see Hamilton, 2004; Wodak and Moore, 2002). Available epidemiological evidence would suggest that such efforts have met with limited success. Indeed, evidence suggests that the use of illicit drugs such as cannabis, amphetamines, ecstasy and cocaine has increased in Australia in the last 20 years, particularly among young Australians (see AIHW, 2002; MCDS, 2001). Arguably the most authoritative of Australian studies of young people’s drug use is the Australian Institute of Health and Welfare’s (AIHW) *National Drug Strategy Household Survey*. The most recent survey was conducted in 2001 and was administered in just under 27,000 households (see AIHW, 2002). The 2001 Survey reports that just over half of all Australians aged between 14 and 29 years have tried an illicit substance of some kind in their lifetime, with around 31% of persons in this cohort reporting ‘recent use’ (use ‘in the last 12 months’) (AIHW, 2002: 36). This report also suggests that, with the possible exception of cannabis, illicit drug use is more common in youth cohorts than was the case 10 or 20 years ago, and that this use is beginning at an earlier age.

It is no doubt for these reasons that illicit drug use has become a key concern for governments in Australia at all levels (see MCDS, 2001). As such, the Australian Commonwealth Government allocates on average AUSS\$ 80 million per year to its illicit drug strategy, generally through a mix of law enforcement, treatment and prevention efforts, with the various state governments allocating many millions more

(see Hamilton, King, & Ritter, 2004; MCDS, 2001). Despite these resources, clearly articulated policy objectives, and regular evaluation, progress has been incremental and often inconsistent (see also Durrant & Thakker, 2003; Rohl, 2000). Nonetheless, Australian drug policy has proven remarkably resilient and adaptive in this period. Even the change of Federal government in 1996 saw piecemeal, rather than comprehensive, change (Fitzgerald & Swards, 2002). This is not to ignore or gloss over the changes that have occurred in Australian drug policy in the last two decades, only to acknowledge that harm minimisation has been retained as the foundation, or conceptual basis, of public policy in this time (see also Roche & Evans, 2000: 149–151).

So what have been the principal features of Australian policy in this period? Harm minimisation as it has been defined in Australian policy and legislation is typically understood to comprise three distinct branches or components: demand reduction, supply reduction and harm reduction (see MCDS, 2001). Demand reduction strategies have primarily involved a range of drug prevention efforts, including drug education in schools and community ‘social marketing’ campaigns, aimed at bringing about a broad reduction in the consumption, and thus demand for, illicit drugs in the Australian community (see ICD, 2003). Such strategies are premised on the notion that the provision of expert and scientifically rigorous information will lead individuals to modify their drug use behaviour as they become more aware of the risks and ‘dangers’ of illicit drug use and (naturally) choose to avoid them (see Dietze, 1998). In schools, this information has been delivered to young people through an array of sophisticated drug education programs, each targeted at different age groups and year levels (see Ballard, Gillespie, & Irwin, 1994). Experts disagree as to the overall effectiveness of these approaches, although there appears to be some consensus that drug education has *some impact* on young people’s drug use behaviours when done in an ‘integrated, sensitive and cohesive manner’ (Midford, Munro, McBride, Snow, & Ladzinski, 2002: 367).

However, it is widely acknowledged that prevention efforts outside of education settings are much more fraught (see Lenton, 1996). In Australia, governments have concentrated these efforts on social marketing campaigns. These campaigns have been conducted in and through the mass media and typically seek to raise awareness of the risks and harms associated with illicit drug use in the hope that this will encourage a reduction in drug consumption. As McDonald, Roche, Durbridge, and Skinner (2003) note, demand reduction of this kind focuses on the importance of knowledge, attitudes and values as key determinants of behaviour. It is thought that the shift in attitudes and values that demand reduction is aimed at engendering is later translated into a commensurate shift in behaviour. However, this neat equation is somewhat compromised by the realisation that knowledge, attitudes and behaviour are often contradictory and uncertain in that people often behave in ways that they know to be problematic or ‘risky’. The smoking of tobacco is a good example (see White, Hill, Siahpush, & Bobevski, 2003). It is for this

reason that governments and other agencies have found it very difficult to measure the efficacy of specific demand reduction strategies (see Rohl, 2000). This might also explain why demand reduction efforts account for only a small proportion of the state's illicit drug budget (see Wodak & Moore, 2002).

The lion's share of this budget is devoted to supply reduction efforts, with some 80% of government outlays being allocated in this fashion (Wodak & Moore, 2002). Australian supply reduction strategies have in recent decades emphasised interdiction including law enforcement, customs and border protection and street policing (MCDS, 2001). Authorities have thus sought to apprehend the criminal networks that organise the manufacturing and importation of illicit substances into the country, as well as reinforcing existing border protection measures. Domestic law enforcement agencies have also sought to cooperate more effectively with other international law enforcement bodies in order to further dismantle international manufacturing and supply networks. Despite regular seizures and the occasional 'big bust', it is generally acknowledged (even among law enforcement agencies) that interdiction accounts for only 10–20% of all substances and materials imported into Australia (see Sutton & James, 2000; Wodak & Moore, 2002). It is also interesting to note that in recent years law enforcement agencies in Australia have shifted the focus of their efforts from 'end users' to 'middle tier' suppliers and international organised crime, purportedly in an effort to reduce costs and pressures in the criminal justice system (see Kutin & Alberti, 2004: 149). Those individual users who come into contact with the criminal justice system are now increasingly handled through 'diversionary' programs including treatment and counselling services, thus 'freeing up' the courts to consider those charged with criminal supply, manufacturing and importation offenses (Kutin & Alberti, 2004: 149–154).

The third tier of the National Drug Strategy is harm reduction. As noted, this component has provoked enduring controversy, not least for its apparent shift of emphasis away from use reduction (see Crosbie, 2000). In a widely endorsed definition, Lenton and Single (1998) suggest that harm reduction takes as its singular aim the reduction of the harms associated with the use of illicit drugs, rather than, necessarily, the reduction or elimination of drug use in society. In this sense, drug use is itself understood as less of a concern than the specific harms and problems that sometimes arise out of that use. For many adherents, harm reduction is regarded as a more pragmatic and realistic approach to drug policy in that it recognises that drug use is never likely to be eliminated from society. Hence, policy should focus on rendering this drug use as 'safe' as possible, whilst directing attention to dependent and problematic drug use rather than social or recreational use (see Wodak & Moore, 2002). This position is reflected in the various programs and strategies that are delivered in Australia under the aegis of harm reduction such as needle and syringe programmes (NSPs) and methadone maintenance treatment (see Lintzeris & Spry-Bailey, 2004).

The persistently controversial nature of harm reduction debates in Australia is indicative of the broader difficulties that have been associated with reaching any kind of consensus regarding the most appropriate drug policy aims and programme methods in Australia. This kind of fundamental disagreement is reflected in almost all of the major drug policy evaluations and reviews that have been completed in Australia in the last two decades (see Fitzgerald & Sowards, 2002). Yet, as I have noted, very few assessments of drug policies and programmes in this country have attempted to ascertain the efficacy and appropriateness of such strategies for those individuals who consume illicit substances. As Wodak (2000) notes, 'consumer groups' have been largely excluded from the public policy process in Australia, and so programmes have not always been appropriate to their needs. Indeed, one might argue that the vast majority of drug policies and programmes in Australia fail to adequately address the needs of illicit drug users because they largely miss their target. What I mean by this is that the majority of drug programmes in Australia are targeted not at the level of individual use, but rather at the level of manufacturing and supply, and/or research and training. In 1997, the United Nations International Drug Control Program reported that of Australia's total drug policy budget, 84% is devoted to law enforcement, 6% to treatment services and the remaining 10% to research and prevention (cited in Wodak, 2000: 184). There is no evidence to suggest that these ratios have changed much in the intervening years.

From this budget breakdown one might deduce that drug policy directly impacts upon individual drug users in three distinct ways; law enforcement, treatment and prevention. As has been noted, law enforcement has in recent years been more concerned with disrupting the criminal networks responsible for the manufacture and importation of illicit substances, than with individual drug users, though this is not to suggest that the law is now indifferent to personal use (see also Rohl, 2000: 129). It remains true, however, that the vast majority of individual drug users never come into contact with the criminal justice system, particularly those whose use might be described as intermittent or recreational (see Sutton and James, 2000; VCDPC, 2003). In this sense, the state's harm minimisation efforts as they relate to law enforcement have only indirect impacts on most individuals who consume illicit drugs. Moreover, it does little to actually change the *ways in which* individuals consume these substances. Treatment, on the other hand, is directly concerned with intervening in the lives of individual drug users, but even then, it has been estimated that fewer than 10% of users ever present for treatment (see HRSCFCA, 2003; VCDPC, 2003). Again, the vast majority of users fall outside of the web of harm minimisation services and so fail to derive any real benefits from such efforts. Until such time as an individual comes into contact with law enforcement and/or treatment services, s/he is essentially 'invisible' to governments and other agencies and so is his or her drug use behaviour.

The same might be said of prevention efforts. Whilst far more individuals have some experience of prevention programmes given the prevalence of drug education in schools and the reach of social marketing campaigns, with the exception of this social marketing, most individuals experience such programmes well before they make the transition into illicit drug use. Despite wide discrepancies between the states, most individuals in Australia receive drug education in primary school and in the first years of secondary school (see Midford et al., 2002). Hence most individuals have already finished with their drug education by the time they reach 14 or 15 years of age. Evidence indicates that illicit drug use is rare in these cohorts (see AIHW, 2002). Available research also suggests that drug education has a limited ‘lifespan’ in its impact on a student’s attitudes and behaviour. It is for this reason that most experts recommend that students receive ‘booster’ or refresher courses in later years (see Ballard et al., 1994). This also suggests however that school based drug education has only limited impacts on individual drug taking decisions in later years, particularly once an individual enters their twenties. Whilst such individuals are the focus of much prevention focused social marketing, there is very little evidence to suggest that these strategies have much impact on drug use behaviours (see Hamilton et al., 2004). Once again, one might argue that existing harm minimisation efforts do little to shape the ways in which young people consume illicit substances in Australia.

The one significant exception to this argument concerns the success of NSPs. Indeed, this is one area in which Australian drug policy has directly focused on transforming the ways in which specific substances are used in specific settings. There is now much evidence to suggest that NSPs have been instrumental in encouraging injecting drug users to change their injecting practices, and to avoid sharing injecting equipment in particular (see CDHA, 2002). Such efforts have in turn ensured that the transmission of HIV/AIDS among injecting drug users has remained at remarkably low levels in Australia (ibid.). However, it is precisely this ‘threat’ of HIV/AIDS that has underscored the trialing of more innovative and controversial harm reduction approaches in Australia. As Roche and Evans (2000) report, the political imperatives associated with the need to prevent the transmission of HIV/AIDS in this country have generally outweighed moral concerns regarding the ‘dangerous messages’ different harm reduction efforts might send to ‘vulnerable’ young people (see also Lintzeris & Spry-Bailey, 2004: 206–207). And so, some consensus has been achieved regarding the virtues of NSP strategies and the promotion of ‘safer use guidelines’ for injecting drug users. The fact that these strategies have been so successful in changing the ways in which different illicit substances are injected in Australia has not, however, translated into wider support for similarly innovative approaches to the use of other illicit substances. With the exception of injecting drug use, Australian authorities have been reluctant to countenance strategies that involve attempts to change the ways in which people actually consume illicit substances.

The ‘gap’ between prevention and treatment: what is drug policy missing?

I would argue that the reason for this failure lies largely in the policy ‘gap’ that exists between prevention and treatment programmes in Australia. This gap is manifest in the dearth of drug programmes and strategies that actually address drug use in those settings and contexts within which this behaviour takes place. Harm minimisation as it is currently configured in Australia treats drug use behaviours at the margins. It addresses drug use at the two extreme ends of the drug use spectrum. At the one end of this spectrum, prevention efforts target those individuals for whom drug use is, in the main, not yet a feature of their lives. At the other end of the spectrum, treatment efforts are targeted at those individuals whose drug use has become problematic and/or chaotic. Yet what programmes and services exist for those individuals who fall in between these two extremes—what fills this gap? What exists for the vast majority of existing drug users once prevention has failed, and before treatment is considered? At present there exists a range of NSPs, pervasive though arguably ineffective social marketing campaigns, a small number of outreach treatment and referral services, as well as limited community initiatives such as peer education strategies and other community mobilisation efforts.

In other words, harm minimisation programs have little to offer the vast majority of drug users in Australia because, in a sense, harm minimisation is not targeted at such people. If like most drug users, one’s use is social or recreational, and one doesn’t arouse the interests of law enforcement authorities or treatment services, then essentially one is left to one’s own devices in this country, irrespective of how harmful or problematic this drug use may be at present or in the future. I would argue that such a scenario represents a failure of political will and policy imagination. I would argue further that the problem lies at root in the very conceptualisation of harm minimisation. It should not be surprising that a policy that concerns itself almost exclusively with the harms associated with illicit drug use should find it so difficult to address the concerns of more than a small minority of drug users. The failure here lies in the failure to conceive of drug use in more heterogeneous and dynamic ways. For it is arguable that drug use is at least as concerned with pleasure as it is with harms, and yet contemporary Australian drug policy has no way of accommodating this distinction. If one accepts for a moment that the majority of illicit drug users are attracted to this behaviour because of the subjective experience of pleasure that is associated with it – and there is ample evidence to support this contention (see Becker, 1965; Keenan, 2004; O’Malley & Valverde, 2004; Zinberg, 1984) – then it is clear that drug policy needs to address this aspect of drug use in addition to the issue of harms and risks. I would argue that harm minimisation will remain indifferent to the concerns of most individuals who consume illicit substances until it is able to conceive of this issue of pleasure. Drug policy must also be able to recognise the shifting cultures and

contexts of drug use behaviours in better understanding the relationship between pleasure and harms, benefits and costs as they impact on the use of illicit substances. I would argue further that contemporary social theory, and Foucault's work in particular, affords a way of rethinking these issues in providing new conceptual bases for the design and delivery of harm minimisation strategies.

Practices of the self: ethics and the use of pleasure

In the second volume of the *History of Sexuality* Foucault turns to consider a range of classical 'practices of the self', what the Greeks called *askesis* or 'self-fashioning' (Foucault, 1985: 72–77). Foucault became interested in such practices through the development of his broader genealogical study of subjectivation and the 'government of individualisation', with a particular interest in the ways in which individuals come to shape the experience of subjectivity through the self-regulation of personal conduct—through the practice of ethics (see Foucault, 1983: 210–213; 1988). Foucault argues that such a transformative ethics is established according to specific 'practices of the self'; those 'intentional and voluntary actions by which men not only set themselves rules of conduct, but also seek to transform themselves, to change themselves in their singular being' (Foucault, 1985: 10–11). Foucault describes these ethical practices as specific 'arts of existence', as the means by which individuals come to establish for themselves a distinctive individual identity or subjectivity. Whilst Foucault acknowledges the existence of such practices in modern societies, he stresses that these 'arts' have not been formally organised into a distinct social theory or political philosophy. In contrast, the Ancient Greeks devoted considerable attention to the various 'arts of existence' developing a rich literary tradition. Foucault examines the principal figures in this tradition in the second volume of the *History of Sexuality*.

Foucault argues that much can be learned from the ancient Greeks. Although he rejects many of the specific practices associated with the Greek's personal ethics, Foucault argues that the *principle* of self-fashioning, what he calls an ethics of the self, is worthy of contemporary revival (see Foucault, 1988). For the Greeks, this principle of self-fashioning was grounded in a set of norms and codes pertaining to pleasure and the practice of moderation. In contrast to the Christian tradition, the ancient Greeks did not regard pleasure as somehow sinful; rather the Greeks were concerned with the ways in which pleasure was *practiced and experienced*. This related to the experience of all kinds of pleasures including those associated with sexual relations, with eating and drinking, with the maintenance of one's household and one's personal dealings with friends and acquaintances (Foucault, 1985). The Greeks stressed that such pleasures ought to be moderated in the interests of 'right and proper conduct' (Foucault, 1985: 34). Moderation was in this way, thought to be the hallmark of exemplary character. The noble man, the man of honour and

character, was expected to exercise self restraint and moderation at all times as a way of demonstrating this nobility of character. In exercising this moderation, an individual might also make of his character, his very identity, a work of art, a thing of great beauty (see Foucault, 1985: 53–61).

The moderation of pleasure was thus oriented towards three specific goals. To begin with, moderation was regarded as a distinct practice of the self, as an ethic. It was understood as a means by which the individual might be able to transform themselves in the creation of a more noble character and a more beautiful life. It was also thought that such a practice enhanced one's reputation and the status and esteem of one's family. In turn, moderation was practiced as a means of avoiding excess in the experience of pleasure. The Greeks regarded excess and indulgence as great dangers, linked to all manner of harms and misfortune from poor physical health through to disruptions in one's family life and misfortune in one's business dealings (see Foucault, 1985: 20–22). Moderation was thus recommended as a way of ensuring the health of oneself and one's family. Finally, moderation was practiced by the Greeks in order to enhance or intensify the experience of pleasure. The moderation of pleasure was, in this way, considered of great functional utility. For if the individual could come to moderate the frequency of those acts that brought one pleasure, such as sexual intercourse or the consumption of one's favourite wine or food, then one was also likely to enhance or intensify the experience of that pleasure on those rarer occasions in which it occurred. The Greeks believed that one's tolerance for pleasure grew in direct proportion to the frequency of its experience, and so one ought to moderate one's pleasure in order to retain an appreciation of intensity, 'flow' and nuance (see Foucault, 1985).

The Greeks practiced this moderation through the deployment of various practices of the self. Each practice required the regulation of one's personal conduct in the development of a unique 'ethics of the self'. The most distinctive practical element of this ethics was the setting of personal limits. Indeed, this setting of limits was the principal means by which the more *ethical* 'use of pleasure' was to be enacted. Whilst the Greeks made some attempt to codify a set of moral prescriptions pertaining to the use of pleasure, such prescriptions did not obtain the force of law and hence it was left to individuals to determine for themselves how this use of pleasure ought to be *practiced* (see Foucault, 1985). If the 'proper' use of pleasure required the exercising of moderation and self-control, then each individual was required to define the precise personal limits of this moderation and the means by which such limits were to be maintained. The Greeks recognised the idiosyncratic nature of pleasure and so the great philosophers and moralists of the age set out to provide guidance as to how an individual might come to establish personal rules of conduct in the practice of moderation (see Foucault, 1985).

Foucault was in this way primarily interested in the *principles and practice* of Ancient Greek ethics, particularly those provisions relating to the ethical fashioning of one's conduct

and identity. Foucault regarded these principles as an effective antidote to the normalisation of morals and ethics in our own time (see Foucault, 1988). However, I would argue that the ancients also have much to offer us today in the ways in which they managed the experience of pleasure. Rather than regulate the experience of pleasure through legislative fiat or punitive sanction, the Greeks attempted to foster a culture of moderation that saw limit setting raised to the virtue of an ethic. Significantly, this ethic had significant benefits for the individual in that it was designed to bring to that individual nobility of character and the intensification of one's pleasures. Moderation was never understood as a virtue in and of itself: it was a practical means of improving one's life—a true art of existence. I would argue that such a conceptualisation might provide a way of rethinking Australian drug policy.

Drug use as a practice of the self: moderation and limits

The ancient Greeks understood that the experience of pleasure is always shadowed by the antinomies of moderation and excess. Recognising that the balance of these tensions is a matter of personal determination, the Greeks sought to cultivate a *culture* of moderation and self-restraint. In our own time, governments have resorted to the machinery of the state in prohibiting the experience of those pleasures deemed too unruly, disruptive or unpredictable (see Walton, 2002). Whilst matters of sexual and corporeal expression, of lifestyle and identity, have been largely decriminalised in recent decades, the use of (most) drugs for pleasure is still firmly prohibited. This is despite the fact that prohibition has failed to prevent the pervasive use of such drugs, and has arguably increased the array of risks and harms associated with their consumption (see Davenport-Hines, 2002; Duff, 2003b; Walton, 2002). Stuart Walton (2002) argues that this failure is the result of the difficulties associated with the legislative regulation of private conduct. Being largely unenforceable, such laws rely on the maintenance of a supportive moral consensus; once this moral consensus breaks down, enforcement becomes progressively more difficult. I would argue that this is precisely what has happened in Australia in relation to the use of illicit substances. Particularly within youth cultures, the taboos proscribing illicit drug use have been steadily eroded such that drug use has become 'culturally normalised', with many young people regarding the use of illicit substances as yet another leisure activity (see Duff, 2003a; Parker, Aldridge, & Measham, 1998). In such a climate, drug policy ought to move from the prohibition of use to the management of use. Without this attempt to intervene in the culture of illicit drug use, the patterns and prevalence of use will be left to the vicissitudes of particular cultures and contexts. It is not clear that moderation and the more responsible 'use of pleasure' are always valued within these cultures.

This approach also acknowledges the realities of drug use in contemporary societies. As Walton (2002) stresses, drug use is an innately private experience, comprising a mix of pleasures and risks, highs and harms. Whilst drug use almost always takes place within a social context, it is also a matter of personal conduct, of choice and compulsion. In this respect, drug use might itself be described as a distinctive 'practice of the self'. Drug policy should thus seek to influence the nature of this conduct in entrenching the principles of moderation and self-restraint. Clearly such practices already exist in many youth cultures and so contemporary policy should seek to harness and reinforce these practices. Yet, the gap that exists in Australia's drug policy regime between prevention and treatment largely precludes such interventions. Indeed, existing policies have no way of accommodating the more moderate and/or responsible use of illicit substances. No doubt some will demur that there can be no level of responsible use of illicit substances. Yet this approach has only ensured that governments have been largely ineffective in shaping the culture of illicit drug use in Australia whilst doing little to prevent their use. Drug policy must therefore find more effective ways of shaping the private conduct of individuals. I would argue that Foucault provides a way of thinking through these new approaches.

Following Foucault, drug policy ought to be concerned with limits and moderation in the fostering of a culture of responsible use. This should serve as an effective means of reducing the harms associated with the use of illicit substances, whilst also working to overcome the pervasive indifference to drug policies and strategies that exists in many youth cultures (see Clark, Scott, & Cook, 2003: 38–41). For some, this setting of limits will involve complete abstinence, for others it will involve abstaining from certain substances whilst enjoying others in moderation. The great benefit of a more Foucauldian approach to this problem lies in the recognition of the benefits of moderation. Typically, government sponsored harm minimisation and prevention strategies valorise moderation and abstinence as inherently 'proper' and virtuous. Perhaps one might have more success in promoting such moderation if one were also to identify its benefits. As Foucault points out, moderation permits the intensification of pleasure on those rarer occasions in which it is experienced. To effectively moderate one's drug use is thus to ensure that each remaining episode of use is more distinct and pleasurable. Such moderation is also clearly an effective harm minimisation strategy in its own right. Moderation might in these respects be recommended not only as a virtue in itself, but also for the practical benefits it delivers. This is also likely to render such policies and programmes more relevant to the needs of individual drug users and thus more effective as policy.

This work should also seek to build upon the more 'spontaneous' expressions of moderation and 'controlled' drug use that exist in many youth cultures. As many researchers have acknowledged (see Lupton & Tulloch, 2002; Moore, 1993; O'Malley & Valverde, 2004; Zinberg, 1984), much

drug use takes place within distinct social settings or ‘locales’ which feature an array of specific norms and conventions that work to encourage moderation through discouraging excessive consumption. Slavin (2004) argues that notions of ‘messy’ or uncontrolled drug use are condemned in many drug using peer groups as the province of inexperienced and/or irresponsible users. In this sense, considerable cultural and social cachet is attached to the cultivation of more refined and controlled personal habits—in the ability to ‘handle’ one’s drug use (see also Measham, Aldridge, & Parker, 2001: 124–129). That said, the typical focus of many of these social norms is the desire to avoid the embarrassment or social stigma associated with ‘messy’ drug use, with getting ‘out of it’, rather than the more direct valorisation of moderation in the use of pleasure. It does, nonetheless, suggest that the grounds for a practice of moderation and active limit-setting already exist in many youth cultures and across many diverse settings. Furthermore, it suggests that a policy that might promote the moderation of use as a way of both intensifying the pleasures associated with that drug use as well as ameliorating the more ‘messy’ or undesirable consequences of this use has considerable merit.

In closing, this paper has sought to canvas the value of a more Foucauldian appreciation of pleasure and ethics in the design of drug policy and so my interests have been more conceptual or theoretical than practical or programmatic. The next step in the development of this line of argument must concern the manner in which these ethical principles might be implemented and/or operationalised. How in other words might theory be brought into practice? In thinking about this problem, I would argue that drug prevention and harm minimisation programmes ought to be implemented within those contexts and settings in which drug use takes places in order to influence the nature and conduct of that drug use. Foucault’s work suggests that such a cultural transformation might be possible through closer attention to an ethics of moderation. This will require new types of information and peer education strategies in specific ‘drug use settings’ such as bars and nightclubs, the workplace, schools and universities. This might involve the development of more effective ‘peer to peer’ education and information strategies in which the practical benefits of moderation might be communicated to young people in a way that resonates with their own experiences. Following Foucault, these strategies ought to emphasise the manner in which the practice of moderation might enhance the experience of pleasure whilst potentially reducing harms. This work should also go some way towards shifting the broader culture of drug use in ways that valorise more moderate use whilst cautioning against excess. Moreover, a strategy that focuses on the ‘responsible use’ of illicit substances, in contrast to the idealism of prohibition, is arguably a more pragmatic and appropriate response to the ‘problem’ of illicit drug use in Australian society.

A model of such strategies might be discerned in the work of the Australian peer education and harm reduction

organisations RaveSafe, Enlighten and the Pt’Chang Non-Violence Group. Each organisation remains ‘grass-roots’ and peer driven, and is committed to reducing the harms associated with young people’s use of illicit substances through the provision of ‘honest, non-judgmental’ information and education (see VCDPC, 2003). These organisations primarily offer out-reach services to young people in those settings in which they consume illicit substances, with clubs and raves being common sites of operation. Importantly, each organisation is managed and staffed by volunteers and peers and is widely respected among young people who use illicit drugs for a non-judgmental and pragmatic approach to harm reduction (see VCDPC, 2003: 217–229). It is also worth noting that these organisations share a commitment to the safer use of illicit substances through the dissemination of safer use guidelines and other innovative harm reduction strategies (see VCDPC, 2004: 682–687). It is for these reasons that I believe such organisations have much to offer in the development of an ethics of moderation in the use of illicit substances. For each organisation might quite readily be pressed into the service of a much broader push to encourage a more Foucauldian ‘use of pleasure’ in the consumption of illicit substances across a range of diverse settings. The challenge remains to find ways of funding these bodies to ensure that their efforts are more effective and enduring.

Conclusions: reconfiguring Australian drug policy

I have argued that the principal failing of Australia’s existing drug policy regime lies in its ineffectiveness in shaping the ways in which most individuals consume illicit substances. Whilst law enforcement may from time to time impact upon the availability of certain substances in certain regions, and some successes have been achieved in changing the behaviours of injecting drug users, most illicit drug users have been left to determine their own cultures and norms of consumption. Yet shouldn’t these cultures of use be the focus of the state’s efforts? Harm minimisation arguably implies *some* attempt to shape the culture and the context of illicit drug use in that such a policy is explicitly aimed at reducing harmful patterns of drug use in Australian society. This suggests, in turn, that drug policies should concern themselves with the limits of moderation, and the ways in which illicit drugs are consumed. However, the gap that exists in Australia’s drug policy settings between prevention and treatment efforts has ensured that the culture of drug use in Australia has been only indirectly fashioned by the state and its illicit drug strategies. In short, Australian drug policy has no way of conceptualising the shifting patterns and cultures of illicit drug use, and thus has been unable to conceive of ways in which these cultures might be transformed. This is a significant failing.

I have also argued that this conceptual lacuna might be corrected through the development of a robust and dynamic

theory of ethics, pleasure and limits. The origin of this lacuna lies in the inability or unwillingness to acknowledge the reality of the pleasures associated with the consumption of illicit drugs. In focusing solely on the nature of risks and harms, and the means of their prevention, drug policy effectively misunderstands the culture and the context of illicit drug use. This is not for a moment to suggest that the emphasis on harm minimisation is misguided, indeed, it is vital; it is only to argue that a focus on harms must be wedded to an appreciation of pleasure and the ways in which harms, risks and pleasures are entwined in any experience of illicit drug use. To understand and accommodate these complex interactions is to provide a conceptual framework adequate to the task of designing and implementing good policy. I would argue that Foucault's work on the 'use of pleasure' might provide this conceptual framework. The challenge now becomes finding ways of operationalising this model within the broad framework of Australian drug policy.

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