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### **Abstract**

This commentary invites discussion about implicit and explicit factors that impede research about substance use from a nuanced perspective that recognises potential benefits and advantages. It is argued that explicit efforts to engage in scholarship beyond those informed by theoretical and philosophical assumptions that substance use is inherently risky and problematic can enhance genuine inquisition about substance use and transform which discourses and interpretations are legitimised. Prioritisation of scholarly funding and publication has largely been predicated on the notion that illicit substances pose an inherent risk for individual and social harm. This has implicitly and explicitly influenced what type of research has been conducted and how substance use is constructed. Researchers who engage in research that suspends assumptions of risk and problems associated with substance use may become subject to judgement about their credibility, ethics, and expertise. Moving forward, we suggest that conscientiously attending to broad, nuanced experiences associated with substance use will contribute to a stronger evidence base. Equal opportunity should be given to examine the complexity of lived experiences. It may also be timely to consider what brings value to scholarly pursuit, recognising that health is but one valued social outcome. Perhaps other outcomes, such as human rights, compassion, and justice are equally commendable. To advance substance use scholarship, it is essential that decision-makers (e.g., funding bodies, editors) embrace research

that does not conform to assumptions of risk or inherent problems as exclusively legitimate, advocate for scholarship that resists conforming to dominant discourses, and create spaces for critical perspectives and interpretations.

## **Background**

In this commentary, we invite readers to consider implicit and explicit factors that impede substance use research that does not conform to assumptions of risk or inherent problems, that limit genuine inquisition about substance use, and that shape which discourses and interpretations are legitimised. We advocate that evaluations of credibility take into account deliberate approaches to scholarship that engender critically reflexive opportunities for nuanced understandings of substance use. The term ‘substance’ is defined as chemicals that alter brain function and affect consciousness, mood, and perceptions, encompassing licit and illicit substances, prescribed medication, and traditional healing plants (Kiepek & Baron, 2017).

Research about licit and illicit substances in particular have prioritised ‘problems’ as an area of inquiry for scholarly funding and publishing, which has resulted in a large body of evidence about the nature of substance use in relation to risk, pathology, and prevention (Race, 2017). There are arguably three historically dominant discourses about substances that have scaffolded prioritisations for problem-focused research on substance use. The *moral model* of addiction, gaining prominence in the early 19<sup>th</sup> century era of early Protestantism and industrialism, contributed to the development of a discourse that “demanded the renunciation of pleasure for the sake of piety in productivity” (Reinarman, 2005, p. 310). The *disease model* emerged in the late 19<sup>th</sup> century and continues to be an influential paradigm for researching substance use (Longo, Volkow, Koob, & McLellan, 2016). The Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> edition, defines addiction to derive from the effects of drugs to

“activate the system and produce feelings of pleasure, often referred to as a ‘high’ (APA, 2013, p. 481). It is described that “individuals with lower levels of self-control, which may reflect impairments of brain inhibitory mechanisms, may be particularly disposed to develop substance use disorders” (APA, 2013, p. 481). Internationally, two treaties exist regarding the *legal* scheduling of substances: the *United Nations Single Convention on Narcotic Drugs (1961)* and the *United Nations Convention on Psychotropic Substances (1971)*. Individual countries enforce laws according to their own legislation. Legal discourses tend to hold high credibility in society as determinants of what is deemed acceptable.

Research priorities of risk, pathology, and prevention, along with the majority of substance-use related policy, are predicated on the notion that illicit substances pose an inherent risk for individual and social harm (Bacchi, 2016). This expectation overlooks, and effectively silences, potentially beneficial and non-problematic substance use which poses little or no risk to the individual or others and does not reflect diverse motives for or experiences of substance use. In research, as in public discourse, there has been comparably little acknowledgement of non-problematic, pleasurable, or beneficial substance use (Holt & Treloar, 2008; Race, 2017; Ritter, 2014), which has significant implications for the development of models, theories, and policy. Many researchers have produced laudable critical research and theory to more explicitly conceptualise substance use outside dominant discourses that reify substance use as risky, harmful, dangerous, and unhealthy, as evidenced the special edition of the *International Journal of Drug Policy*, (49), entitled *Drugged Pleasures*. Nevertheless, a number of these articles included a key implication of the research as informing harm reduction policy and practice or substance use-related intervention (Bøhling, 2017; Bundy & Quintero, 2017; Dennis, 2017; Dennis & Farrugia, 2017; Duncan, Duff, Sebar, & Lee, 2017; Malins, 2017; Treloar & Holt,

2017), subtly reinforcing an underlying assumption that substance use does, in fact, pose risk to health and wellness.

Despite inconsistent classification systems used to regulate substances (Nutt, King, & Phillips, 2010), there are enduring discourses that posit *any* use of *any* illicit substances as inherently rife with risk. Personal rationales for the use of substances may be discredited and interpreted as cognitive distortions (Kiepek, 2016) and considered irrational and unintelligible (Race, 2017). This is not to say that a potential for risk or harm does not exist, but to focus exclusively on this might result in overlooking other important aspects of use. In contrast, prescribed substances are largely considered to be beneficial. Potential problems or risks are minimised or accepted. That said, when pharmaceutical substances are used outside the regulated medical context, they become subject to scrutiny and framed as risky and problematic. Common examples include anabolic-androgenic steroids to increase muscle mass or strength, ephedrine for fat burning properties, methylphenidate to improve study concentration, or medicinal cannabis for pleasure. In some contexts, non-medical use of pharmaceuticals is referred to as 'lifestyle drugs,' 'human enhancement drugs,' or 'performance and image enhancing drugs,' and are used to improve one's lifestyle, health, performance and/or image (Koenraadt & Van De Ven, 2017). Scholarship and media coverage addressing the motives for repurposing a pharmaceutical is highly polarized (Forlini & Hall, 2016) with an underpinning emphasis on risks associated with non-medical uses (Forlini & Racine, 2009). Again, the potential risk for harm tends to supersede other factors and shape interpretations; the benefits are 'in spite' of the risk for harm and acceptable use is contingent on harm minimisation.

It is not our intent to position substances or substance use as either problematic or non-problematic. However, in advocating for approaches to scholarship that *include* aspects of non-

problematic and beneficial use, contrasts and comparisons are sometimes made in relation to problem- and risk-focused approaches.

### **Challenges facing researchers**

Studying substance use from a nuanced perspective that does not adopt or conform to problem-focussed theories or assumptions can present institutional, methodological, and professional challenges. Mariana Valverde (1998) purported an “absence of a democratic public sphere” to consider alternative perspectives about consumption, desire, freedom, and the experience of problems (p. 204). Malins (2017) further asserted that pleasure is neglected in substance use research and “any mention of pleasure seems to be positioned as a danger to the goals of deterrence and prevention, but also in sociological drug research, where the risk-attuned disciplinary lenses of public health and criminology, along with risk-averse government funding priorities” (p. 127) prevail. These examples convey the value-laden systems that influence and inform what is considered worthy of serious inquiry.

### *The moral significance of health*

As in other social arenas, health has become a meta-value (Betts, 2007; Metzl, 2010). Health is constructed “as a moral obligation, a commodity, and a mark of status and self-worth” (Metzl, 2010, p. 6). Efforts to strive for optimal health and avoid risk and risky situations are expected as a form of moral self-regulation. According to contemporary morality, “to be healthy is to be a good person” (Benford & Gough, 2006, p. 428) and to be a “good citizen,” one must not only endeavour towards health, but reinforce healthy choices by others (O’Byrne & Holmes, 2007). This moral narrative about health is one of the factors that shape drug research priorities, how they are funded and published.

### *Conforming to strategic research priorities*

Given competitive academic climates where success is measured according to number of grants and publications, researchers who situate their work outside dominant paradigms may experience pressure to conform to dominant discourses and frame substance use to engender risk and problems in order to secure funding for their work and opportunities to publish. Substance use researchers generally compete with medical research for scarce financial resources and there is therefore a “vested interest in focusing on, and possibly amplifying, drug-related harms” (Moore, 2008, p. 355). Funders are generally interested in research projects that deal with a “public health crisis,” are focussed on treating or curing an illness, or that will improve the quality of life of people experiencing social and/or health harms. To justify research and convince reviewers of the significance and impact of a project, substance use researchers may focus on problematic aspects of substances as opposed to examining or including pleasurable or advantageous experiences in their research. This adjustment contributes to a self-perpetuating system that reifies positioning substance use as inherently problematic and deters from complex understandings.

#### *Navigating a landscape of ‘hype’ over harm*

While the creation of ‘hype’ is often attributed to alarmist or enthusiastic reporting from the media (Seale, 2003), the contribution of researchers to a ‘spiral of hype’ has been recognized in many research domains (Nuffield Council on Bioethics, 2013, p. 17). Researchers and journalists share a commitment to gather evidence, shed light on practices, and disseminate valuable information. Yet, both groups face implicit pressure to portray substance use in conscientious ways. One concern is that substance use research and media coverage can unintentionally reinforce drug-related stigma about who uses substances and why (Society of Editors, 2012). Another concern is that research and media coverage which acknowledges the pleasurable effects

and details about dose, administration, and procurement could encourage use (Australian Press Council, 2001). These concerns can constrain the diversity of discourses about substance use explored and made public. At the same time, researchers are responsible to accurately represent current evidence and practice (Forlini, Partridge, Lucke, & Racine, 2015).

### *Effects of the rhetoric of “problems”*

Problem-focussed medical, legal, and social discourses have strong rhetorical power that can place researchers in positions of vulnerability and risk, making them subject to suspect judgement about their credibility, ethics, and expertise. Viano (2002) asserts, “merely raising the topic [of illegal drugs] with any attitude other than condemnation is itself bound to create problems. Talking/writing about drugs, in academia, as well as in any other situation where a job, a career, a reputation are at stake, is no easy task” (p. 153). A clear example of this is evident in the response to Dr David Nutt’s proposition, when describing the relative harms of drugs, that certain daily activities (i.e., horse riding) pose more risk for harm than some illicit substances (Nutt, 2009), which contributed to his resignation from the position of chair of England’s Advisory Council on the Misuse of Drugs (Summers, Jones, & Booth, 2009).

### **Approaches to non-problematic substance use research**

In recent years, several authors have emphasised the importance of acknowledging the benefits and pleasurable effects of substance use (Keane, 2017; Race, 2017; Winstock & Nutt, 2013) and the use of substances by healthy individuals (d'Angelo, Savulich, & Sahakian, 2017). Indeed, excellent critical research has emerged about substance use that does not conform to the dominant perspectives reviewed above. In this section, we highlight some characteristics of recent and notable examples of substance use research that exemplify approaches that do not conform to problem-focussed assumptions. What they all have in common is a rethinking of “the

preoccupation in drug strategies with negative physical, mental, and social outcomes” (Mey, Plummer, Anoopkumar-Dukie, & Domberelli, 2017, p. 294).

Conceptual reframing of research questions has allowed some authors to think beyond problem-focussed theories and approaches. Bostrom and Roache (2008) describe use of ‘enhancement drugs’ as an aim to improve an organism beyond its ‘normal’ state. Going ‘beyond normal’ comes into stark contrast to drug therapy, which aims to ‘fix’ by curing diseases or injuries and has garnered much criticism for being unnecessary and ‘unnatural’ (President's Council on Bioethics, 2003, p. 328). The use of substances to construct an ‘optimal’ and ‘enhanced’ life might be a laudable goal (Evans-Brown, McVeigh, Perkins, & Bellis, 2012). Enck (2013) suggests that use of *cognitive* enhancers can be viewed as a virtue indicative of a desire for self-improvement. He further argues that it might be considered a responsibility for medical professionals to use substances for cognitive enhancement if it serves to improve overall performance and patient care (Enck, 2014). The ethics of human enhancement is still an open debate albeit one that does not rest exclusively on therapeutic benefits of substances or potential harms.

Re-casting what is considered ‘problematic’ is yet another option for conducting nuanced substance use research. While negative perceptions of doping in sport can be a barrier to further investigation. Marcora (2016) argues that ‘doping’ substances can be beneficial to facilitate physical activity. He argues that perception of effort is one of the main reasons why most people choose sedentary activities for their leisure time. Compared to watching television (zero effort), even moderate-intensity physical activities, such as walking, require considerable effort. Using caffeine or other psychoactive drugs (e.g., methylphenidate, modafinil) to reduce perception of effort could entice people be more active. This example conforms to the benefits of using doping

substances from a medial perspective (i.e., ‘treating’ physical inactivity and the associated burden of disease), but serves to demonstrate the multifaceted complexity and underlying ethical considerations.

In their pilot study with professionals and students in professional programs, Kiepek, Beagan, and Harris (2018) purposefully recruited outside therapeutic and legal contexts and designed the data collection instrument to include a range of effects. They found the reported effects of substances, whether licit, illicit, and prescribed, to be predominantly positive, such as enhanced performance (e.g., sleep, socialisation), mood (e.g., manage stress, relax), and cognition (e.g., energy and clarity of thought). Substance use was also reported to improve the overall experience of activities (e.g., enjoyment). Participants infrequently reported effects of impaired work, school, or leisure performance, injury, sleep disruption, and pain or discomfort.

### **Moving forward**

This commentary ultimately concerns knowledge production and the “politics of knowledge” (Kincheloe & Levin, 2009, p. 513). Contemporary research integrates particular “socially and culturally inscribed worldviews into knowledge production in often an undetected manner” (ibid, p. 519). While often invisible to researchers, decisions about how research is conducted can reify particular dominant values and worldviews, which inadvertently harms individuals who experience marginalized status (ibid). While we acknowledge that drug research certainly embraces a myriad of methodologies, epistemologies, and ontologies, underlying dominant values, worldviews, assumptions, and theories will unavoidably shape knowledge production to some extent. Dominant discourses of drug use continue to be challenged for propagating narrow approaches to the classification and treatment of licit, illicit, and prescribed substance use (Hall, Carter, & Forlini, 2015). The salience of dominant social constructions of prohibition,

criminalisation and pathology are pervasive globally (Treloar & Holt, 2017). As Jacques Derrida (1993) claimed, “the concept of drugs is not a scientific concept, but is rather instituted on the basis of moral or political evaluations: it carries in itself both norm and prohibition, allowing no possibility of description or certification – it is a decree, a buzzword (*mot d’ordre*)” (p. 1). The challenge, and opportunity, is to integrate critically reflexive approaches to knowledge production.

With health as a meta-value in contemporary Western societies, and the predominance of the disease model of addiction, health and wellness are socially valued considerations for drug use research. We contend that understanding real and potential problems associated with substance use is important and all efforts to alleviate suffering merits commendation. At the same time, these studies may be enhanced by considering non-problematic and beneficial aspects of substance use as equally valid and having significant implications within medical, legal, and social realms. Designing research that examines potential for both problematic and nonproblematic outcomes to co-exist may improve social relevance of findings, while advancing only a partial understanding of substance use may in fact *create* hardship and stigmatising experiences and undermine the relevance of policy, legislation, and interventions. Currently, drug-related policies may be construed as unnecessarily punitive, social responses (e.g., public health messages) are overshadowed by local knowledges that contradict ‘expert opinion,’ and people who use certain drugs in certain ways are socially stigmatised. In contrast, pharmaceutical interventions predominate contemporary medical practices.

#### *Relevant and appropriate law, policy, and regulation*

Drug policies have tended to be predicated on values of either abstinence (or the reduction of drug use) or the reduction of harms to drug users’ health (Stevens, 2011). Kofi Annan, the

former UN Secretary-General asserted, “Drugs have destroyed many people, but wrong policies have destroyed many more” (The Lancet, 2016). Recent findings indicate that contemporary drug enforcement “exacerbates and increases harms to users, worsens public health levels, and reproduces social exclusion and division, through patterns of race disadvantage” (Polomarkakis, 2017). Since 1975, the United States’ war on drugs was marked by extreme rates of incarceration and coerced treatment, disproportionately impacting Blacks, Latinos, and American Chinese (Bowers, 2008; Haskins & Lee, 2016; Patten, 2016). A more extreme example is the Philippine’s ‘war on drugs,’ which has resulted in the extrajudicial and vigilantes killing of over 7,000 people since 2016 with the intent of eradicating people involved with drugs (Simangan, 2018).

Certain ‘consequences’ attributed to “drugs” or “drug use” may result from public perception and existing legislation and regulations, not the actual effects of the substances. For instance, if it becomes known that a working professional uses an illicit substance, they may be judged as unreliable by the public or subject to charges of *professional misconduct* or *conduct unbecoming*. For athletes who use anabolic-androgenic steroids or other performance enhancing substances, there is risk of being suspended or losing previously achieved awards. The result is the preservation of a thin evidence base for prevalence rates, benefits, and short- or long-term adverse effects as they relate to substance use for pleasure or enhancement.

Still largely absent from policies are the potential benefits or advantages, and an understanding that not all substance use is inherently problematic. As Ritter (2014) notes, “this avoidance of acknowledging pleasure as the benefit leaves the regulatory system in a parlous state. We end up with a regulatory tool that is ill-suited to its goal” (p. 1587). While it is unrealistic to expect a policy to meet the needs of all citizens, it is important to have evidence

that supports a nuanced understanding to inform evaluation of the benefits and costs of policies across society.

### *Legitimacy of local knowledges*

Excluding pleasure and other benefits in alcohol and other substance use research can hinder progress not only in policy and regulation, but also substance use health promotion efforts and intervention. For instance, public health messages disproportionately construe drug use as risky or problematic, in ways that do not align with public experiences, or “local knowledges” (Farrugia, & Fraser, 2017). It is suggested that public messages are incomplete, providing information *against* drugs, rather than *about* them (Blackman, 2004). Such messages are unlikely to be persuasive and may create distrust (Farrugia, & Fraser, 2017). Creating opportunities for situated understandings of drug use experiences may contribute to more relevant and appropriate social responses and, potentially, more complex understandings of rationality and autonomy in relation to decisions around drug use. Scholarship that uncovers the potential benefits and advantages of substance use, in relation to the population and broader contexts, is equally as important as an examination of problems or risks.

### *Destigmatization*

Further contributing to the silencing of non-problematic experiences of substance use is a lack of research among populations recruited outside addiction treatment or legal settings (Kiepek & Baron, 2017). Many substance use practices that fall outside problem-focused discourses or perspectives remain hidden or silenced; largely because knowledge about personal substance use can pose a risk to the person using, such as loss of child custody, legal implication, loss of job, or loss of social status (Kiepek, 2016; Kiepek & Beagan, 2018). One research informant noted that having a prescription for cannabis created a space to talk more openly about their experiences,

and they saw hope in how being about to disclose personal substance use could reduce stigma, “I guess that’s what reducing stigma is all about, is just slowly getting a few people coming out, and then more people coming out and all of a sudden it’s okay to talk about it” (Kiepek & Beagan, 2018).

### *Examining medicalisation*

‘Medicalisation’ refers to social processes that identify aspects of lived experience as constituting a ‘problem’ treatable through primarily medical interventions. Evidence of medicalisation can be seen in the high reliance on pharmaceuticals. For instance, in Canada, it was found that 41 percent of community-dwelling 6- to 79-year-olds had taken at least one prescription medication within two days of an interview (Rotermann, 2015). Prescribed pharmaceuticals are predominantly framed as positive, necessary, and responsible. Evans-Brown, McVeigh, Perkins, & Bellis (2012) observe that medicalisation has blurred the line between normal life events and disease, whereby substances are used to alter phenomena such as ageing processes, social functioning, weight, sexual performance, mood, cognitive functioning, shyness, and tiredness (ibid). The availability of substances has redefined health and wellness while causing us “rethink how we view our bodies, how they work, how we can change them and what it means to be human” (ibid, p.14).

By framing illicit substances as exclusively problematic and prescribed pharmaceuticals as inherently good, regulatory frameworks are restrictive and non-pharmacological interventions eclipsed. While discussions about legalisation and decriminalisation of cannabis appear to be informed by progressive and alternative perspectives, it is heavily endorsed in relation to therapeutic benefits, rather than individual choice. The discourse around ‘medical cannabis’ shapes cannabis into a ‘medical object,’ and overshadows the prevalent use of cannabis for

pleasure (Lancaster, Seear, & Ritter, 2017). This further reinforces a problematic demarcation between ‘treatment’ and ‘enhancement’ (Lancaster et al., 2017). Substance use, whether licit, illicit, or prescribed, is a complex embodied experience that is socially, culturally, and historically situated. Since substance use can both enhance and impair health, it is essential to look more deeply at individual and societal factors that influence the decisions people are making in terms of evaluating risk and benefits.

### **Conclusion**

We recommend that researchers adopt critically reflexive practices when undertaking substance use research. As noted by Kincheloe, et al. (2018), “Facts can never be isolated from the domain of values or removed from ideological inscription,” (p. 237); however, researchers can take step to acknowledge, articulate, and mitigate these influences. We understand that it can be difficult for researchers to distance themselves from dominant, problem-focussed discourses and frameworks given institutional, methodological, and professional pressures they may face. However, individuals and various groups are currently using substances in ways that are beneficial and for the purpose of enhancing lives, which may or may not have co-occurring problematic or risky aspects. Research on substance use needs to reflect lived experiences and local knowledges free from rigid discourses about problematic behaviours, harm and risk.

Within the contemporary era, as a number of countries are moving toward decriminalisation and legalisation of certain substances, there is opportunity to re-envision the future of substance use research. As noted above, the groundwork has been established for researchers to apply different philosophical perspectives, ask new questions, implement a variety of research methodologies, and use critically informed analytical approaches that integrate or attend to non-problematic and beneficial aspects of substance use. Lancaster et al. (2017), for

instance indicates that analysis of ‘pleasure’ within the objectivisation of ‘medicinal cannabis,’ created options to expand understandings of pleasure to include “freedom from pain, enjoyment of life, promotion of wellbeing, the alleviation of suffering, and the dignity borne from compassion,” that may further promote “more humane understandings of what medicine can ‘do’” (p. 123). This is a radical shift from foregrounding the medical model towards one that espouse more humanistic interpretations of substances.

We need to adopt epistemologies and methodologies that foster knowledge creation and avoid delegitimising personal accounts with hegemonic practices that frame person accounts of substance use as unreliable (Kiepek, 2016). Guilfoyle’s (2006) description of the interpretative process suggests that “discovery of the other” must not presume “a conditional knowing” (p. 201) according to familiar ways of understanding; in substance use research and practice the familiar way of knowing has been skewed to problem-focused models, theories, and discourses.

Moving forward, a stronger evidence base will be established by explicitly attending to broad human experiences associated with substance use. This does not mean researchers need to choose to examine the benefits instead of problems, but that equal opportunity must be given to examine the complexity of lived experiences. It may also be timely to consider what constitutes value in scholarly pursuit, recognising that health is but one valued outcome; perhaps other outcomes, such as human rights, compassion, and social justice are equally commendable. It is essential that researchers, educators, funding bodies, and editors view non-problematic or beneficial substance use research as legitimate, advocate for scholarship that resists conforming to dominant discourses, and create spaces for critical perspectives and interpretations.



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