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# The Construction of Drug Control: A Case Study of Lithuanian Public Discourse on Cannabis

**SUMMARY OF DOCTORAL DISSERTATION**

Social sciences,  
Sociology 05S

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This dissertation was completed in 2013–2018 at Vilnius University.

**Academic supervisor:**

**Prof. Dr. Aleksandras Dobryninas** (Vilnius University, Social sciences, Sociology – 05 S)

The public defence of this doctoral dissertation will take place at an open meeting of the following Dissertation Defence Committee:

**Chair – Prof. Dr. Arūnas Poviliūnas** (Vilnius University, Social sciences, Sociology – 05 S)

**Members:**

**Prof. Habil. Dr. Viktoras Justickis** (Mykolas Romeris University, Social sciences, Law – 01 S)

**Doc. Dr. Liutauras Kraniauskas** (Klaipėda University, Social sciences, Sociology – 05 S)

**Prof. Dr. Dina Siegel** (Utrecht University, Netherlands, Social sciences, Sociology – 05 S)

**Doc. Dr. Rūta Žiliukaitė** (Vilnius University, Social sciences, Sociology – 05 S)

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Address: Universiteto st. 9/1, LT-01513, Vilnius, Lithuania.

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# Narkotikų kontrolės konstravimo ypatumai: Lietuvos atvejo analizė viešojo kanapių diskurso kontekste

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**Mokslinis vadovas:**

**prof. dr. Aleksandras Dobryninas** (Vilniaus universitetas, socialiniai mokslai, sociologija – 05 S)

Gynimo taryba:

**Pirmininkas – prof. dr. Arūnas Poviliūnas** (Vilniaus universitetas, socialiniai mokslai, sociologija – 05 S)

Nariai:

**prof. habil. dr. Viktoras Justickis** (Mykolo Romerio universitetas, socialiniai mokslai, teisė – 01 S)

**doc. dr. Liutauras Kraniauskas** (Klaipėdos universitetas, socialiniai mokslai, sociologija – 05 S)

**prof. dr. Dina Siegel** (Utrechto universitetas, Nyderlandai, socialiniai mokslai, sociologija – 05 S)

**doc. dr. Rūta Žiliukaitė** (Vilniaus universitetas, socialiniai mokslai, sociologija – 05 S)

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# SUMMARY

## 1. INTRODUCTION

The struggle over the use of psychoactive substances has a long and rich history. In contemporary Western industrialised societies, the current approach to drugs is influenced by both a medical and a criminal vision that emerged a little more than a century ago (Milhet M., Moloney M., Bergeron H. et. al., 2011, p. 1). The concepts of “addiction” and “drug control” have been posed as the unquestionable truths of drug issues. Also, the doctrines of pathologisation and criminalisation have become the dominant approaches towards psychoactive drugs. This “accepted” or “taken for granted” knowledge of drugs from a priori definitions (e.g. “disease”, “addiction”) that reflect the hegemony achieved by the medicalisation of drugs (Milhet M., Moloney M., Bergeron H. et. al., 2011, p. 1).

The subject matter of this thesis is the social control of cannabis, the most consumed illicit drug worldwide. In this respect, cannabis falls far behind tobacco and alcohol, the only legal psychoactive substances. In 2015 the estimated prevalence among the adult population was 18.4%; 15.2% for daily tobacco smoking; and 3.8% for past-year cannabis use (Peacock A., Leung J., Larney S., 2018, p. 1). Unlike many other prohibited psychoactive substances, cannabis has legal or de facto legal status in some national (e.g. Canada, Uruguay, the Netherlands) or regional (e.g. California) jurisdictions. In this respect, it is important to highlight that the so-called *normalisation* doctrine has a far greater impact on the use of cannabis than the use of other illicit drugs. According to H. Parker et al, the five key dimensions of normalisation are: (i) an increase in the availability and accessibility of some illicit drugs, (ii) an increase in drug “trying” rates, (iii) increased regular use of some illicit drugs, (iv) high levels of drug knowledge, (v) future intentions to use drugs, and (vi) the cultural accommodation of some illicit drug use (e.g. among non-drug users, in popular culture or in policy) (Parker H., Aldridge J.,

Measham F., 1998). For example, in the Netherlands, the rapid rise of cannabis use beginning in the 1960s went along with a change in the general view on cannabis users: from being criminal or mentally ill through being rebellious and non-conformist to just recreational. This trend continued into the 1980s and 1990s (Korf D., 1995). The Dutch criminologist D. Korf (in a private communication exchange) further argued that the progressive development of a tolerant drug policy in this country was associated with the *embourgeoisement* of cannabis consumption, i.e., its cultural accommodation in Dutch society when such behaviour became no longer considered deviant or associated with subcultural preferences.

Social control entails rules of behaviour that should be followed by members of a society. In every society, the legal framework plays an important role in implementing social norms and values. In other words, the legal system is the most explicit form of social control. According to R. Quinney, the law is more than a system of formal social control; it is also a body of specialized rules created and interpreted in a politically organized society. Instead of being autonomous within society and developing according to its own logic, law is an integral part of society, operating as a force in society and as a social product. As an act of politics, law and legal decisions do not represent the interests of all persons in the given society. Whenever a law is created or interpreted, the values of some are necessarily assured and the values of others are either ignored or negated (Quinney R., 1970, p. 36-37). Apparently, law is not a system based on consensus but tends to represent the interests of the powerful. Consequently, the legal system reflects the interests of powerful segments of society in the field of drug policy and cannabis control.

The legal framework of cannabis control is inseparable from the public discourse on cannabis, and a reciprocal relationship exists between these phenomena. According to M. Foucault, various power relations penetrate and constitute a social body, and these relations of power cannot themselves be established, consolidated or implemented

without the production, accumulation, circulation, and functioning of discourse (Foucault M., 1980, p. 93).

The content of mass media production is related to the formation of relevant policy. The drug policy in a specific country is usually closely related to the dominant public rhetoric. For example, the constant escalation of “drug scares” by a hysterical and sensational discourse influences the gradual development of a “tough on crime” approach to the drug problem. Consequently, the adoption and use of repressive control measures is encouraged. *Vice versa*, health-oriented or normalised discourse enables a more constructive and pragmatic approach to drug policy. Moreover, the nature of public discourse content may also reflect changes in the culture of control of a particular society. For instance, the treatment of alcohol consumption as a disease has laid foundations for replacing the system of social control implemented by the church and the state with another one, driven by medicine and science (Schneider J. W., 1978).



## 2. CURRENT RESEARCH, NOVELTY AND RELEVANCE OF THE DISSERTATION

### 2.1 Current research on the subject matter

First of all, drug control must be understood within the larger context of deviance and crime control. The criminologist R. Quinney analysed law and the legal system as a specific system of power relations. According to him, crime is a human construct and the social reality of crime is constructed (Quinney R., 1970). Similarly, for L. Hulsman crime does not have an “ontological reality“ and differs from other social problems only in definition (Hulsman L., 1986, p. 63–80). The Norwegian criminologist N. Christie also took the view that crime does not exist as a natural phenomenon but is created. According to him, actions come first, followed by a long process of meaning-making, for which social distance is of particular importance. With greater distance comes a tendency to regard certain actions as crimes and to simplifyingly ascribe to individuals the status of offenders (Christie N., 1999, p. 24). Aforementioned authors belong to the tradition of critical criminology and their ideas are important for critically evaluating the existing legal order. In the field of drug control, critical evaluation is crucial, because the common knowledge and beliefs, fuelled by a culture of fear around drug issues, have the ability to overshadow other interpretative approaches. They have fused into a type of social control that feeds punitive and stigmatising orientations into social, political and professional forms of regulation (Milhet M., Moloney M., Bergeron H. et. al., 2011, p. 1).

In addition, there is a strong tradition of social scientific research of drugs, especially in sociology and anthropology. For instance, A. Lindersmith was one of the first to emphasize the importance of the learning process for developing addiction (Lindersmith A., 1947). Another important researcher was the American physician N. Zinberg,

who developed the theoretical model of “drug, set and setting” (Zinberg N. E., 1984). N. Zinberg states that to understand what compels someone to use an illicit drug and how that drug affects the user, three determinants must be considered: drug (the pharmacologic action of the substance itself), set (the attitude of the person at the time of use, including his personality structure), and setting (the influence of the physical and social setting within which the use occurs) (Zinberg N. E., 1984). In the opinion of N. Zinberg, of these three determinants, the setting had received the least attention and recognition. He emphasised the enormous influence of the social setting and of social learning on drug use with the compelling example of the changing patterns of heroin use among U.S. soldiers during the Vietnam War (Zinberg N. E., 1984) One of the founders of labelling theory, the criminologist H. S. Becker, studied the peculiarities of marijuana use. In his famous book “Outsiders”, he stressed the influence of moral entrepreneurs in shaping drug control policies and showed how the labels of deviants are attributed to cannabis users (H. S. Becker, 1963). Meanwhile, J. Young in his classic work “The Drugtakers” showed the negative effects of media pressure and repressive police attitudes towards marijuana-using hippies in Notting Hill, London. Although drug use was initially low, gradually it became a more significant part of the hippies' identity (J. Young, 1971). The devastating influence of mass media on drug policy was analysed by C. Reinerman, who disclosed that the drug problem is overly dramatised by portraying deviant cases as typical ones and episodic cases as epidemics. According to C. Reinerman, drug scares are comprised of the following components: a kernel of truth; media magnification; politico-moral entrepreneurs; professional interest groups; a historical context of conflict linking a form of drug use to a “dangerous class”; scapegoating the drug for a wide array of public problems (C. Reinerman, 1994).

D. Bewley-Taylor analysed the genesis of the international control of psychoactive substances. He states that though the current UN

contract system is an international construct, its form and mode of action are largely the results of US efforts. The central axis of the international regime is prohibition, relying on the belief that the recreational use of certain substances is morally wrong (Bewley-Taylor D., 2012, p. 50). In addition, as D. Korf points out, the fundamental premise of the Single Convention on Narcotic Drugs is that drug use poses a danger to society as a whole and to the health of the individual user. The ideological basis is the abstinence paradigm, which holds that individuals are incapable of regulating their use of certain psychoactive substances in a manner, that is acceptable to society and not hazardous to their health. The experimental user of drugs will, as it were, unavoidably end up a dope fiend (Korf D., 1995).

## 2.2. Social research on drugs in Lithuania

Many quantitative studies are being carried out at the request of various national and international institutions, in order to determine the prevalence, scale and trends of illicit psychoactive substance consumption in various segments of society. Unfortunately, that does not say much about the essence of the phenomenon of drug use. As noted by P. Perretti-Watel, the public debate on drugs is consistently informed by epidemiological data, to such an extent that discussions tend to focus more on the data than on their interpretation, and even prevention campaigns are riddled these days with facts and figures (Milhet M., Moloney M., Bergeron H. et. al., 2011, p. 53). That is particularly true in Lithuanian context, where dangerous trends of “factualism“ be observed in the field of drug research and drug policy. Social research on cannabis in Lithuania is scarce. Usually, all illicit psychoactive substances are referred to as “drugs” without further differentiation. Among the most valuable legal studies is a monograph by E. Gruodytė, who has analysed the peculiarities of criminal liability for drug-related offences (Gruodytė E., 2004). Furthermore,

sociological and criminological research of criminal liability for drug-related crimes was conducted by researchers from the Law Institute of Lithuania (Dobrynina M., Kalpokas V., Lankauskas M. et al, 2009; Venckevičienė J., 2013); drug scares and the media rhetoric surrounding them was analysed by M. Dobrynina (Dobrynina M., 2008) and D. Stumbrys (Stumbrys D., 2011; Stumbrys D., 2012); the dramaturgical model of social interaction among former users of psychoactive substances was presented by A. Malinauskaitė (Malinauskaitė A., 2012); L. Kraniauskas has investigated drug crimes and drug abuse in Klaipėda city (Kraniauskas L., 2014). From the psychological perspective, drug use was mainly studied by L. Bulotaite (Bulotaitė L., 2004; Bulotaitė L., 2007).

As may be concluded from the above, a criminological and sociological perspective is lacking in Lithuanian scholarship of the drug phenomenon, and current studies are generally limited by the disciplinary boundaries of law, medicine, or psychology.

### 2.3. Novelty and relevance of the dissertation

To summarize briefly, most of the studies of the Lithuanian drug policy are focused on specific goals, such as the identification of the prevalence of drug use, addiction treatment methods or to the development of legal improvements (within the limits of existing *status quo*).

Unfortunately, there is a lack of cultural studies of drug use and drug control, analyses of the current drug policy from the perspective of critical theory, or examinations of the role of mass-media in drug-related policymaking. It should be mentioned, that the *de jure* or *de facto* legalization of the recreational use of cannabis in some countries raised serious questions regarding the future of the international drug control regime. Furthermore, the influence of the doctrines of harm reduction and normalisation has grown, challenging traditional prohibitionist approaches towards drug use. Support for the

decriminalisation of drug use for personal purposes is increasing, especially in Western countries.

Moreover, the relevance of this thesis is supported by specific local conditions. From 2017 onwards, the liability for personal use of drugs (*inter alia* cannabis) in Lithuania has increased in severity. This encouraged public discussions of the adequacy of such state policies. Also, it is important to note the emergence of a grassroots movement (the “Green Blossom Society”) seeking to decriminalise and legalise cannabis. This movement has initiated and organised “Cannabis culture days” in Vilnius in 2016 and in 2017. Another important change worth mentioning is the political initiative to introduce medical cannabis. It is assumed, that state-approved cannabis products should be available for the treatment of certain diseases from 2019.

This dissertation contributes to the development of knowledge about the social construction of drug policy and drug control. The primary audience of this work are researchers from the social sciences (sociologists, criminologists, lawyers etc.) and professionals in the field of drug control. Also, it may pose an interest to those who are particularly interested in drug policy issues, *inter alia* cannabis users themselves. It is fairly ironic, but the users are often forgotten in expert discussions, their voices are not considered significant, unlike the opinions of professionals (especially e.g. toxicologists) who are familiar with psychoactive substances from their professional experience.

### 3. AIM, OBJECTIVES AND DEFENDED PROPOSITIONS

#### 3.1. Aim and objectives

The main aim of the thesis is to analyse the social construction of cannabis control and its manifestations in the Lithuanian public

discourse on cannabis and cannabis control. In other words, it aims to identify factors contributing to the construction of social control, which are of particular importance in the Lithuanian context. In this respect, it should be emphasised that certain features of drug control are nearly universal and are found in many countries. The factor which entails such universalism is entailed by the system of global drug control, which frames national drug control policies. Nevertheless, there are countries with unique drug control policies, which may be sociologically labelled as “deviant cases”. For example, England and Wales represent an “exemplary case” of the culture of control (as used by David Garland), whereas the Netherlands, by virtue of distinctly different approach to cannabis policy, is considered a de facto “deviant case” (Brewster D., 2017, p. 571).

In order to achieve the aforementioned aim, the following objectives were set:

- to discuss the pharmacology and prevalence of cannabis use and existing research;
- to analyse the development of global cannabis control in a general framework of the international drug control system;
- to highlight the peculiarities of cannabis control at the international and national levels;
- to analyse the public discourse on cannabis and cannabis control in the light of the social construction of cannabis control in Lithuania.

### 3.2. Defended propositions

In the light of the aim and objectives, the propositions defended in this dissertation are as follows:

1. The paradigm of abstinence and the role of USA as a global power had the greatest influence on the development of cannabis control globally;
2. The model of cannabis control in a particular country depends on the professional interest group dominating the public discourse on

cannabis. In addition, moral entrepreneurs and experts have a fundamental role in shaping the policy on cannabis control.

3. A rhetoric of fear dominates in Lithuanian public discourse on cannabis control. The main constituents of such discourse correspond to C. Reinerman's model of the social construction of drug scares.

4. The criminalisation of cannabis in Lithuania may be explained by a negative approach towards the use of this psychoactive substance within the power-holding segments of society.

#### 4. METHODOLOGICAL PROVISIONS OF THE RESEARCH

Attitudes towards the drug control, penal policy, and other aspects of drug use vary by continent as well as throughout Europe. These approaches towards drug control are based on different premises and shaped by different historical and cultural experiences. Therefore, it is somewhat naïve to expect that legal frameworks and practices will reflect the most effective, scientifically grounded and evidence-based drug control policies. On the contrary, often such policies are stagnant, costly, ineffective and sometimes outright inhumane. To legitimise respective drug policies, they are presented as impersonal, objective, free of biased interests or values. Therefore, such presumably “pragmatic”, “scientific” and “commonsensical” set of beliefs and concepts of drug control should be accepted by a large majority of society. Selective case studies that are favourable to the dominant narrative and manipulations of statistical data are used as well to increase legitimacy. The influence of powerful interest groups on long-term drug control strategies should not be underestimated. Representatives of professional interest groups (law enforcement officers, physicians etc.) belong to separate social realities (which differ in their terminology, ideology and interests), although it is difficult to define their boundaries. Consequently, approaches towards the essence of the problem as well as towards the measures that are most suitable to deal with the problem are different. Other

important factors, which influence drug policy, are geography, demographics, historical context, cultural preferences in society, social structure, political system, mass media and others.

The methodological provisions of this research are based on the constructionist paradigm. The assumption is made that social reality is not objective, but, rather, socially constructed. Likewise, the aim of the research is knowledge of a phenomenon within its historical and cultural context. The dissertation relies on the tradition of critical criminology and abolitionism, where one of the most important elements is the ontological scepticism towards crime.

Social constructionism was chosen as the main theoretic perspective of this research, because it enables the analysis of drug policy from the perspective of power relations and conflict of interests, hereby avoiding a non-critical reception of the taken-for-granted knowledge about drugs.

Cultural and legal changes of attitudes towards cannabis use in a particular society may be explained through the theoretical lenses of Quinney's classical theory of the social reality of crime (Quinney R., 1970). The latter provided the theoretical model used in the methodological scheme for analysing the Lithuanian policy on cannabis. The theoretical model made it possible to analyse the existing legal regime regarding cannabis and its dynamics, depending on the social, economic and political structure of society.

## 5. RESEARCH METHODS, STRUCTURE OF THE DISSERTATION AND KEY CONCEPTS

### 5.1. Methods of the research

Based on the methodological provisions mentioned above, various methods have been used to achieve the aim and goals of this dissertation. Considering how important is the historical and social context to the genesis of sociological knowledge related to cannabis



use, relevant scientific literature on the topic was studied, as well as statistical data, research, political documents, and international and national legal acts in the field of drug and cannabis control.

In order to analyse Lithuanian public discourse, content analysis was conducted. Publications about cannabis and cannabis control from 2015 until 2017 were selected from the three biggest Lithuanian online news websites – [www.delfi.lt](http://www.delfi.lt), [www.lrytas.lt](http://www.lrytas.lt), [www.15min.lt](http://www.15min.lt). Quantitative and qualitative analysis of the content was performed using QDAMiner (version 5.0.19) and WordStat (version 7.1.20) software. A three-year period was chosen to because it is sufficiently long and ensures the possibility to compare across the years. A total of 970 publications were selected for further analysis (in 2015 – 303, in 2016 – 306, in 2017 – 361).

In order to enrich the empirical research and to ensure greater credibility of the research findings, during July and August 2017, 15 semi-structured interviews were conducted with experts in the field of cannabis and cannabis control. The participants were selected with the purpose to ensure a variety of professional and social groups with diverse professional and personal experience in the field of drug policy in general, and cannabis control in particular. Based on that, 15 participants of the research were selected: a prosecutor (interview No. 1), a psychiatrist (interview No. 2), two judges (interviews No. 3 and No. 11), two representatives of non-governmental organisations (interviews No. 4 and No. 7), an activist of cannabis legalisation (interview No. 5), a social worker (interview No. 6), a criminal news journalist (interview No. 8), a psychologist (interview No. 9), a public servant working in the Prison Department (interview No. 10), a politician (interview No. 12), a public servant working in a ministry (interview No. 13), a police officer (interview No. 14), and a family physician (interview No. 15). The information obtained during the interview was used to supplement the findings of the content analysis.

## 5.2 Structure of the dissertation

The dissertation has been completed in a continuous manner. Some findings from the first stages of the investigation were presented in peer-reviewed publications and at international conferences. The chapters of the dissertations are structured in accordance with thematic and chronological consistency. The introduction is dedicated to the researches in the field, analysis of literature and the methodology of the research. Scientific studies on cannabis, the prevalence of use of this psychoactive substance are discussed in Part I. The theoretical background of the dissertation is provided in Part II. Part III focuses on the development of the global drug control system, the peculiarities and differences of cannabis control, and legal regulation in various countries. Finally, in Part IV, the analysis of Lithuanian drug policy, cannabis control and public discourse of cannabis is made. The final conclusions are formulated at the end of the thesis.

## 5.3 Key concepts

Psychoactive substances are substances that act on the psyche and can cause temporary pleasant sensations. Illegal substances are generally referred to as “drugs“(Malinauskaitė A., 2012, p. 5). The concepts of “illicit psychoactive substances“ and “drugs“ are used as synonyms in this dissertation, denoting substances, the consumption of which without doctor’s recipe is prohibited according to Lithuanian law. Legal psychoactive substances (alcohol, tobacco, caffeine) are not called “drugs“ because of pragmatic reasons – in order to differentiate legal psychoactive substances from illegal ones and thus avoid confusion. In this context, it should be stressed that the legal regimes of both types of substances and the accompanying discourses are tremendously different. On the other hand, the distinction between a drug and medicine lies in the difference of its formal or informal acceptability. As M. Douglas expressed it, “a drug is a chemical which

is in the wrong place at the wrong time”, and for V. Ruggiero the distinction between “drugs” and “medicines” relates less to their relative physical or social harm and more to the issues of regulation and social control. J. Derrida famously noted that “there are no drugs in "nature"...the concept of drugs is not a scientific concept, but is rather instituted on the basis of moral and political evaluations“ (cited according to Coomber R., McElrath K., Measham F., et al., 2013, p. 6). In Lithuanian public discourse and legal terminology, the notion of “drugs” (Lith. *narkotikai*, which sounds more similar to the English terms “narcotics” or “narcotic drugs”) directly refers to illicit substances, prohibited by law.

“Cannabis” is a natural product, the main psychoactive constituent of which is tetrahydrocannabinol ( $\Delta^9$ -THC). Its molecular formula is  $C_{21}H_{30}O_2$ . Only recreational and medical use of cannabis is the subject matter of this dissertation, thus excluding non-psychoactive cannabis (industrial hemp) from the research. “Marijuana” is a synonym of psychoactive cannabis, more often used in the United States and hashish is a cannabis product (resin).

In accordance with the constructivist frame, “discourse” in this thesis is understood as defined by T. van Leeuwen, i.e. as “socially constructed ways of knowing some aspects of reality” which can be drawn upon when the aspects of reality has to be represented, or, to put it another way, “context-specific frameworks for making sense of things” (Leeuwen T. van., 2014, p. 144). With regard to the aforementioned definition, public discourse on cannabis is understood as socially constructed knowledge about this psychoactive substance. Respectively, the discourse on cannabis control involves social construction of knowledge about the possible and/or appropriate methods of cannabis control. Although the term “public discourse” is used, it should be noted, that the dissertation does not cover all possible aspects of discourse production. The empirical research is limited to the analysis of mainstream media discourse.

## 6. FINDINGS AND CONCLUSIONS OF THE RESEARCH

Policies of cannabis control are influenced by historical, political, cultural, social, and numerous other factors. In the field of drug policy professional interest groups (medical sector, law enforcement, the church, etc.) have specific interests and make a great impact on state policy in this area. According to the social reality of crime theoretical model, cannabis consumption is criminalised when it opposes the values of power-holding segments of society. Drug use is less acceptable if it is related to dangerous classes, nations or social groups. On the contrary cannabis consumption may be decriminalised or even legalised if its use is no longer in conflict with interests of segments of society that have the power. This explanation shows why the approaches to cannabis control differ so much, starting from *zero tolerance* towards all drugs and ending with *de jure* or *de facto* cannabis legalisation.

Historically, cannabis (like other psychoactive substances) was for a long time not prohibited or otherwise regulated. The likely reason is that this psychoactive substance was virtually unknown in Europe. The first prohibitions were set in the USA, as the result of an overall struggle against the use of psychoactive substances. The negative approach has emerged in a specific cultural context, in which the intoxication (primarily with alcohol) was treated as a sinful and a morally wrong behaviour. Later, when physicians gained more influence, this approach has changed, and the use of psychoactive substances came to be regarded as a disease, thus medicalising the drug problem.

A global drug control system has been formed under the direct influence of the USA – a rising global power at the start of the 20<sup>th</sup> century. The contemporary American approach was strongly influenced by the paradigm of abstinence and drugs were treated as a major threat to the society. This led to the creation of an international drug control system based on the aforementioned paradigm, according

to which drugs can only be used for medical and scientific purposes. Any other manner of using them is not only morally wrong but also should be prosecuted. The role of the USA as the main actor in global drug policies continues, and current challenges to the prohibitionist spirit of the international drug control regime are mostly associated with the legalisation of recreational cannabis use in some states of the USA. Until recently, the only country in which *de facto* legalisation of cannabis existed was the Netherlands, but this did not have any significant influence on the international drug policy or drug policy in other countries. Thus, the arguments support the first proposition that the historical development of cannabis control was largely influenced by the abstinence paradigm and the role of the United States as a global power. The prohibitionist ideology regarding psychoactive substances has emerged and matured in the United States and was subsequently successfully transposed into an international level.

Moral entrepreneurs have contributed to the demonization of psychoactive substances and their users and escalation of drug scares through the mass media, with a special role played by US Narcotics Bureau commissioner H. S. Anslinger in the middle of the 20<sup>th</sup> century. The use of psychoactive substances was presented as a threat to society posed by certain “disloyal” minorities (the Chinese, African Americans, Mexicans, hippies), which should be tackled with the utmost severity, first and foremost through punitive measures. Moral entrepreneurs had a great influence when constructing national drug control policies in other countries as well, for example, the psychiatrist N. Bejerot should be considered the architect of the strict Swedish drug policy. Both Anslinger and Bejerot were strictly opposed to cannabis use and considered this psychoactive substance „a gateway drug” leading to the consumption of other illicit drugs. Moral entrepreneurs do not act on their own. They represent influential interest groups, which in turn, express the interests of powerful segments of society. In the context of the control of psychoactive substances in the countries analysed (including Lithuania), the legal

and medical elites currently have a major influence on the formulation and implementation of the policy (historically, the church may also be mentioned). The criminalisation and/or medicalisation of psychoactive substances depends on those who have more power to shape the drug policy. Correspondingly, possessing the power provides good opportunities for the dissemination of ideas about the control of psychoactive substances through mass media, which in turn influences public opinion, while positioning the representatives of influential interest groups as the experts. Thus, the arguments also support the second proposition that the model of cannabis control in a given country depends on the professional interest group(s) dominant in the public cannabis discourse, and moral entrepreneurs together with experts have the greatest influence on the development of a cannabis control policy.

The changing approach towards cannabis, and the related processes of legalisation and decriminalisation are linked to the doctrines of “harm reduction“ and “normalisation“, or sometimes with a fusion of both. In the Netherlands, where cannabis was legalised de facto in the 1970s, the choice of such policy was influenced by normalisation but based mostly on the goal to reduce harm, i.e. to separate hard and soft drug markets, to ensure control, reduce stigmatisation of consumers, etc. On the other hand, successful initiatives for the legalisation of cannabis by referendums in the United States are mostly related to the “normalisation“ of consumption. The use of cannabis is no longer considered to be in conflict with the interests of powerful segments of society. Therefore, the public discourse on cannabis becomes more nuanced. Instead of a blatant demonisation of this psychoactive substance, more neutral or positive information is provided (from medical, economic and other perspectives).

The success of cannabis legalisation has encouraged a debate on the future of the international drug control system since the legal cannabis market is clearly in conflict with international law. In the current UN drug control system, there is no room for the normalisation

perspective which creates a considerable tension between states with different views of drug policy. Meanwhile, decriminalisation is gaining more support and probably is related to the medicalisation of the drug problem, i.e. instances when the social or legal problem becomes a medical problem.

According to political documents, the Lithuanian drug control policy is focused on strict control measures, but also emphasises the importance of prevention. Contrary to the trends prevailing in the West, from 2017 onwards, for the acquisition and possession of drugs (and cannabis), administrative liability was abolished in favour of criminal liability only, thus tightening the legislative regulation. Cannabis does not have a specific legal status in Lithuania and is treated almost identically to other prohibited psychoactive substances. The harm reduction doctrine, while gaining more influence, is directed more towards help for users of hard drugs. The legalisation of cannabis, though currently quite broadly discussed, is still not possible in Lithuania. In particular, there are legal obstacles: the legal cannabis market is in clear conflict with the provisions of the UN Conventions. Secondly, there is no evidence of widespread public support. Thirdly, there are no businesses interested in legalisation, as was the case in the USA or Canada. On the other hand, there is a growing debate in the public sphere about the decriminalisation of personal consumption and especially the use of medical cannabis.

The professional interest groups of physicians and law enforcement officers have the greatest influence on the Lithuanian cannabis control policy (as the main “experts” and analysts on this theme), and the approach of politicians towards the control of psychoactive substances is quite conservative. The public discourse is dominated by criminal news, associated with prosecution. The approach towards cannabis consumption is a bit milder than towards consumption of other illicit substances, but it is by no means “normalised”. The public discourse on cannabis focuses either on the criminal or on the medical aspects. The abstinence paradigm in

Lithuanian public debate on cannabis is stronger than the “normalisation” doctrine, and consumption is often presented in the light of related problems.

Certain features of C. Reinerman drug scares social construction scheme (“a kernel of truth” and “media magnification”, as well as actions of interest groups in drug control area) are characteristic to the public discourse of cannabis control, but it does not have any particularly specific historical context. Recreational consumption was not known in Lithuania for a long time. Cannabis is not associated with any dangerous class or minority (unlike hard drugs that are associated with the Roma community). There is also a lack of prominent and notable moral entrepreneurs, whose political agenda would be at the forefront of the struggle against cannabis or drugs, and drugs (especially cannabis) are not being made a scapegoat of all social problems, by launching a war against an „enemy within”. Thus, the third proposition that a rhetoric of fear dominates the Lithuanian public discourse on cannabis control, and the main elements of its construction correspond to C. Reinerman drug scares construction scheme, is basically ungrounded. It should be borne in mind that this theoretical scheme was constructed by explaining the reaction of the US media to the growing use of certain drugs (e.g., crack in the 1980s) and related problems. The escalation of drug scares is a bit more characteristic in publications that describe synthetic cannabinoids, new psychoactive substances or synthetic stimulants, but it is not very characteristic of the cannabis discourse.

While explaining the criminalisation of cannabis through the theoretical model of the social reality of crime, it should be noted that is difficult to say, what has led to the criminalisation of this psychoactive substance in the past. It is obvious that after 1990 Soviet laws were inherited, because Lithuania didn't have an autonomy while enacting legislation. However, the existing *status quo* (i.e. criminal liability for illegal possession) corresponds to the interests of the powerful segments of society and of interest groups which represent



them (mainly comprising of medical doctors and law enforcement influential in drug control). In Lithuania, behaviour related to cannabis consumption is defined as a breach of law (depending on the specific behaviour – either as a crime, a misdemeanour or administrative offence). Thus, a behaviour which may be legal in other countries is being punished in Lithuania and is defined as criminal by the segments of society with the power to form public policy, thereby creating the crime. Users of cannabis do not have a significant influence (both due to young age and the small scale of cannabis consumption in Lithuania) on forming the definitions of criminal behaviour, therefore the segments of society which have the power to form public policy, seeing threats to their interests (values, moral norms, economic interests etc.), define the behaviour of users as criminal and thus control this social group.

The decriminalisation or legalisation of cannabis is treated as opposing the interests of the powerful segments of society (although, as the most recent survey shows, the society already tends to approve decriminalisation). This is illustrated by the recent (2017) rejection of decriminalisation projects in the Parliament, as well as the negative position of the governing majority leaders with regards to the mitigation of liability for drug offences. The anti-drug sentiment is so strong, that sometimes decriminalisation is confused with enabling legalisation (or seen as the first step to it). Notwithstanding, recently the shift towards a debate on the decriminalisation of psychoactive substances for personal use is noticed, and this relates both to the political positions of international organizations (UN, WHO and EU) in this area, and with the growing approach of the Lithuanian medical community towards drug use as a health problem. The changing tone of mass media publications reflects this as well, though the criminal component is still very significant. On the other hand, physicians and other powerful interest groups are opposed to the normalisation of cannabis use (judging by opinions expressed by experts in the media and provided in interviews), so the movements for the legalisation of

cannabis are still weak, marginalised and have no political influence. In other words, these movements do not have any real power to implement their own interests (unlike, for example, in the United States), and therefore they are not taken seriously in the development of cannabis control policy in Lithuania. Accordingly, cannabis users face the fact that their behaviour is treated as criminal (or violating the administrative law) and controlled by institutions which exercise the right to implement and administer criminal law (i.e., law enforcement institutions). Thus, the fourth proposition that the criminalisation of cannabis in Lithuania may be explained by the negative approach prevailing in the powerful segments of society towards the use of this psychoactive substance is also confirmed.

Means of mass communication in Lithuania provide information on cannabis mainly through the criminal and harm-oriented perspective, but, as was already mentioned, the public discourse on cannabis substantially differs from the overall discourse on drugs, e.g. the escalation of drug scares or moral panic is less characteristic to it. The wider coverage of the possibilities of medical cannabis use and a description of legalisation experiences in foreign countries should be noted as well. Thus, the discourse on cannabis control is currently shifting towards medicalisation, while consumption (both of cannabis and other psychoactive substances) is increasingly perceived as a health problem, that should be resolved by non-punitive measures. According to R. Quinney's theoretical model, a presumption should be made that certain changes are currently taking place in the approach towards this psychoactive substance (first of all inspired by the representatives of the health sector) in the powerful segments of society, and, as a result, there is increasingly concerns are raised about the meaningfulness of further criminalising cannabis use.

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## PUBLICATIONS

Lankauskas M. Jungtinių Tautų narkotikų kontrolės mechanizmas ir naujausios narkotikų politikos tendencijos dėl disponavimo narkotikais savo reikmėms pasaulyje bei Lietuvoje. Lietuvos teisės institutas. Mokslo studija. Vilnius, 2017. ISBN 978-9986-704-43-0.

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## ABOUT THE AUTHOR

### **Education:**

1999-2003 Bachelor of Law, Mykolas Romeris University, Lithuania;  
2003-2005 Master of Law, Mykolas Romeris University, Lithuania;  
2013-2018 Doctoral studies in Sociology, Vilnius University, Lithuania.

### **Research interests:**

Sociology of Law  
Drug policy

Vilniaus universiteto leidykla  
Universiteto g. 1, LT-01513 Vilnius  
El. p. [info@leidykla.vu.lt](mailto:info@leidykla.vu.lt),  
[www.leidykla.vu.lt](http://www.leidykla.vu.lt)  
Tiražas 45 egz.