

THE LANGUAGE OF LITHUANIAN DRUG POLICY: IS IT THE PROBLEM?

By
Eglė Adašiūnaitė

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Supervisor: Sara Svensson

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Author's Declaration

I, the undersigned **Eglė Adašiūnaitė** hereby declare that I am the sole author of this thesis. To the best of my knowledge this thesis contains no material previously published by any other person except where due acknowledgement has been made. This thesis contains no material which has been accepted as part of the requirements of any other academic degree or non-degree program, in English or in any other language.

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Date: June 17, 2016

Name: Eglė Adašiūnaitė

Signature:

Abstract

By drawing on Carol Bacchi's poststructuralist approach to policy analysis, this thesis discloses how the 'issue of drugs' has been produced in Lithuanian drug policy through the specific use of language. In order to do so, a thematic analysis of five national drug strategies was carried out, generating a detailed depiction of the various ways drugs and people using them have been discursively constructed as a 'problem' over time. By dissecting values and presuppositions inherent in these constructions, the thesis identifies their *potential* effects on *actual* policy responses. Of particular significance is the unfolding shift from the 'drug problem' as an *addiction* to *problematic use*, which shows that individuals are increasingly perceived as rational and responsible for their own health. Although appealing and reflective of the ongoing debates on drug policy at the European level and globally, this shift is still inconsistent. In fact, it is coupled with a morally-charged representation of the issue, which is highly prevalent throughout Lithuanian drug policy documents. This suggests that policy environment in Lithuania is rather unfavorable to more lenient drug policy approaches. Furthermore, morally-weighted concepts invoked when referring to 'vulnerable' societal groups may result in some undesirable policy effects by reinforcing stigma and marginalization.

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Introduction

Drugs and issues associated with them constitute a highly contested policy problem, which is often intermingled with symbols and morally weighted language. This explains why policies adopted to tackle the ‘problem of drugs’ vary significantly, depending on how these problems are defined. Even though drug policy documents are commonly regarded as declarative, they do facilitate certain language. As such, this language shapes how ‘drug problems’ are thought about and what policy responses are perceived as suitable and justified (Lancaster and Ritter 2014). In doing so, it also generates a particular understanding of people who the policy aims to help (Lancaster et al. 2015, 621). Therefore, clear understanding of the ways in which these documents represent and shape the ‘drug problem’ is of crucial importance to explain the subsequent desirable and undesirable policy effects (Bacchi 2009).

The entrenched notion of ‘drug problems’ has attained scholarly scrutiny. To date, the majority of these scholarly contributions have focused on drug policy rhetoric in Anglo-Saxon countries (e. g. Fraser and Moore 2011; Lancaster and Ritter 2014; Lancaster, Duke and Ritter 2015). Particularly relevant to this thesis is a fairly recent study on Australia’s National Drug Strategies was carried out by Lancaster and Ritter (2014). These authors critically examined how ‘drug problems’ were constructed and represented in drug policy documents, covering the time span of 25 years. They discovered that Australian drug policy had shifted from understanding the ‘drug problem’ as ‘drug-related harms’ to the ‘drug use’ itself subsequently shaping policy responses. A few critical studies attempted to follow a

comparative research design to explore how the ‘drug problem’ is articulated in different national contexts. D. Moore et al. (2015), for example, compared the metaphors and meanings at work in national drug policy documents of Australia and Sweden. Focusing exclusively on meanings relating to the themes of addiction, social exclusion and gender, this study proved that national imaginaries shape drug policy in subtle but tangible ways (Moore et al. 2015, 420). The proven palpability of effects induced by (un)international use of language only reaffirms a need to continue interrogating the equivocal nature of national drug policies.

Applying discursive analytical tools is premised on an advanced knowledge of language. Thus, it is not surprising that studies undertaken so far have mainly addressed documents originally written in English. Somehow only distinct regimes of drug policy operating in European countries such as Germany, Sweden, Spain or the Netherlands have been of interest to critical studies (e. g.: Herzog et al. 2008; Euchner et al. 2013, Moore et al. 2015). Meanwhile, research on drug policy discourses within Central and Eastern European countries is less extensive. By focusing on a country located in a region that receives little study, this thesis fills in a gap within the existing literature that is not likely to be addressed due to the inherent language barriers. As far as country selection is concerned, Lithuania was chosen as a single case study. Lithuania gained its complete independence from the Soviet Union in the early 1990s. Hence, it is commonly characterized as a transitional country – this status comes with particular assumptions on the country’s post-Soviet legacy and subsequent effects on social policies and public mindset (Donoghoe et al. 2005). Lithuania, together with other relatively new Member States of the EU, is also subject to forces of Europeanization. This process has been reported to affect numerous

domestic policy fields, with drug policy constituting one of them (Standing 2011). Standing on at least few distinct legacies, Lithuania is a scholarly valuable case and a potential reference point for further research.

Given that Lithuanian drug policy and its development have not been studied from a discursive perspective, this thesis aims to disclose how the ‘drug problem’ was represented in the country over time. In doing so, it assumes that there have been some substantial changes in the ‘drug issue’ problematisations that might also be connected to other discourses present in wider debates on global drug policy. To engage with the language of Lithuanian drug policy, this thesis employs an analytical framework informed by Bacchi’s (1999, 2009) approach ‘What’s the Problem Represented to be?’. As per this framework, the thesis examines each iteration of national drug strategies adopted since 1999. Thereby, providing a detailed portrayal of how drugs and people using them are discursively constructed as a ‘problem’. Dissecting values and presuppositions inherent in these constructions, this thesis also demonstrates how they can possibly shape *actual* policy responses. In doing so, attention is drawn to several most prominent tendencies within Lithuanian drug strategies. In particular, the disclosed shift from the ‘drug problem’ as an *addiction* to *problematic use* shows the gradually increasing emphasis on individual agency. Although appealing and reflective of the ongoing shifts within public health policies at the European level and globally, this transition is not (yet) consistent in Lithuanian drug policy. Indeed, it is coupled with the morally-charged representation of drug using behaviors, which is highly prevalent throughout the analyzed documents. These multiple representations suggest that there is no political consensus on the ‘drug problem’ in Lithuania which makes it an unfavorable environment to more permissive drug policy measures. In addition,

morally-weighted concepts invoked when referring to particularly ‘vulnerable’ societal groups hold strong potential to reinforce their perceived ‘otherness’ (Moore et al. 2015). The aforementioned arguments are likely to be of relevance both within and beyond the Lithuanian drug policy context. As for national level, this thesis calls for a careful reconsideration of desirable and undesirable policy effects of the language currently present in Lithuanian drug strategies. Likewise, it opens up spaces for further research on where the European Union and its drug policy is heading, since divergent paradigms in Member States have long been undermining its efforts to adopt a common position on the issue.

Chapter 1: Analytical Framework

This chapter introduces the analytical framework followed in this thesis. It begins by addressing workings of Carol Lee Bacchi (1999, 2009), whose novel approach ‘What’s the Problem Represented to Be?’ allows to critically engage with Lithuanian drug policy. By drawing from literature on drug policy worldwide, with a particular reference to studies that focus on its discursive formations, the second part of the chapter points out a number of distinct narratives on the ‘drug problem’. This will contextualize the subject of this thesis and provide insight into potential reference points used in the thematic analysis of Lithuanian drug strategies.

1.1. What’s the Problem Represented to Be?

The idea that “language has meaning beyond mere words’ (Aldrich, Zwi and Short 2007, 125, as cited in Lancaster and Ritter 2014) and determines the very nature of social reality has been addressed by a large and still growing body of literature. This idea has also been applied to public policy and language. Therefore, it comes as no surprise that discourse analysis, together with other contributions of critical theory, post-structuralism, social constructionism and postmodernism, has effectively established itself as a distinct methodological approach towards social policy studies. Addressing the shortcomings of the empiricist perspective to conventional policy analysis, this approach calls for more interpretative and value-critical policy research that pays sufficient attention to social values and shared meanings “produced and reproduced through discursive practices” (Fischer 2003, 14). As Majone (1989) shortly puts it, “public policy is made of language” (Majone 1989, 1).

Hence, politics and public policy are understood here, not as simply expressed in words, but rather as constructed through the language in which they are described (Fischer 2003, 43).

In this vein, an influential contribution belongs to Carol Bacchi (1999, 2009), who developed a novel approach to public policy analysis premised on the concept of ‘problematization’. The author uses this term in two ways. Firstly, Bacchi emphasizes the need to challenge the taken-for-granted assumptions in policy about the very nature of the problems faced. Secondly, she urges researchers to dig deeper and question specific policy proposals to reveal how they produce the targeted issues as ‘problems’. Thus, her approach notably departs from the conventional views to public policy as created and launched to tackle the pre-existing problems. Instead, it regards policies as productive. As such, they create and shape problems of their own rather than merely addressing them. As Bacchi puts it, “‘problems’ are endogenous – created within – rather than exogenous – existing outside – the policy making process” (Bacchi 2009, x).

Bacchi does acknowledge, however, that the way policy problems are represented is not necessarily intentional and might be the outcome of subconscious policy-makers’ decisions. Nevertheless, revealing the underlying values, norms and presumptions is greatly important because problem representations have a real impact for ‘what can be seen as problematic, for what is silenced, and for how people think about these issues and about their place in the world’ (Bacchi and Eveline 2010, 112). To dissect these underlying assumptions, the author proposes an analytical framework consisting of six critical questions (see Table 1).

Table 1. Bacchi's (2009, 2) 'What's the problem represented to be?' approach to policy analysis

1. What is the problem represented to be in a specific policy?
2. What presuppositions or assumptions underlie this representation of the problem?
3. How has this representation of the problem come about?
4. What is left unproblematic in this problem representation? Where are the silences? Can the problem be thought about differently?
5. What effects are produced by this representation of the problem?
6. How/where has this representation of the problem been produced, disseminated and defended?

In this thesis, Bacchi's approach is employed for two purposes. Based on a constructivist ontology and epistemology, her workings allow to theoretically ground the undertaken research. Meanwhile, the above questions serve as a methodological tool which will be adopted to critically engage with the language of Lithuanian drug policy (see Chapter 2).

1.2. The 'Drug Problem': From Sinful to Threatening

Although highly contested as a policy issue, today, the actual composition of the 'drug problem' became ambiguous. Due to differences in social, cultural and political contexts countries continue to address this supposedly common problem from notably different perspectives (Babor 2010) thereby implying that there is a great variety of 'problematizations' yet to be mapped out. The following section highlights the various ways the 'drug problem' has been and still is talked about in the wider literature on global drug policy.

First and foremost, the concept of harm reduction has to be addressed, since this perspective towards drug-related behaviors is among the most contested ones in current drug policy debates worldwide. As such, harm reduction represents the very opposite approach to the international drug regime established in UN Conventions. Rejecting the prohibitionist

idea of the society completely free from drugs, harm-minimization addresses drug-related phenomena primarily from the perspective of health and the society. Meanwhile, prohibitionist policies are based on the eradication of production and on the disruption of drug flows as well as on the criminalization of consumption (Gaviria et al. 2009). As an explicit discourse, harm reduction also marks a significant departure from a welfarist model of drug policy to one inspired by neo-liberalism (Moore and Fraser 2006, 3037). This shift has markedly changed the way how individual drug users were seen in drug policy and practice. The introduction of harm-minimization in the early/mid-1980s reflected a view of drug users which no longer was based on notions of pathology and deviance (Butler 2002, 190). As harm reduction principles became more established, individual subjects came to be treated as conscious, rational and self-regulating agents (Stimson and Donoghoe, 1996). As for policy language, support for harm reduction is usually expressed explicitly or implicitly – by regarding drug users as patients, giving greater emphasis on drug-related diseases and other harms induced on broader society (Keane 2003; Lancaster and Ritter 2014). Over the last few decades, these and similar expressions have increasingly been noticed in the EU drug policy discourse and respective strategies, suggesting its support for harm reduction measures (Lindblom 2002). However, since national drug policies are primarily within the area of subsidiarity, Member States' compliance with this approach varies markedly (Chatwin 2004).

Another distinguishing feature of harm reduction is its value-neutral approach to drugs and people who use them (Keane 2003). Thus, harm reduction and language surrounding it can be understood as “a powerful rhetorical intervention in the highly moralized landscape of drug debate” (p. 227). Due to its symbolical weight, drug policy has

traditionally been ascribed to ‘morality politics’ in which decisions on policy design are shaped by value conflicts rather than rational considerations (Knill 2013; Meier 1994; Euchner et al. 2013). Therefore, there is no surprise that the drug issue has long served as a dividing factor, both nationally and globally (Crick 2012, 408). On an international level, defining drugs as a threat to humanity, peace and security has been seen to result in the division between drug-free countries and morally fallen ‘Others’ (Crick 2012). Similar tendencies have been discovered at the national level. Countries, and various stakeholders within them, tend to contrast drugs with a ‘morally just’ way of living, thus implying that drugs themselves pose an existential threat to the individual or even society as whole (Euchner et al. 2013).

Although common and reinforced by a prohibitive global drug control regime, the value-based view on drugs is not universal. This was proven by a sophisticated analysis and discussion on the subject by Euchner, Heichel, Nebel and Raschzok (2013). Exploring framing and development of drug (and gambling) policy over six decades, the authors convincingly showed that policies commonly labeled as ‘moral’ in the American literature do not have the same meaning in European settings. They proved this by revealing that in Germany drug policies shifted from the morality field to so-called ‘normal’ policies more than two decades ago, while in the Netherlands drug consumption was never addressed as morally wrong (Euchner et al. 2013, 372–389). Hence, critically examining policies that have traditionally been located within the area of morality as well as other socially or symbolically contested fields and mapping out language currently prevalent in different countries is absolutely necessary for further research. Otherwise, the entire classification of policies into different types, as well as assumptions about them may be undermined.

Chapter 2: Methodology

Policy discourses are inherently fluid and thus prone to proliferate, to clash, to compete and to collide with one another (Foucault, 1972). Building on this, this thesis explores the assumption that there has been a shift in the way Lithuania's drug policy has been talked into practice over time. To check the above-mentioned assumption, the following research question was formulated: "How has the 'drug problem' been problematized in Lithuanian drug policy documents? This was further complemented by two sub-questions:

- Have there been any substantial changes in the 'drug issue' problematisations since the introduction of the first Lithuanian drug strategy in 1999?
- How are representations of the 'drug problem' in Lithuanian policy documents connected to other existing themes from other cases in the wider literature on global drug policy?

2.1. Thematic Analysis

To disclose the different ways through which Lithuania's drug policy produces the 'problem of drugs', an analytical strategy had to be designed. In designing such a strategy, the thesis has drawn inspiration from previous studies on the problematisation of drug issues in Western policy contexts (see e.g. Fraser and Moore 2011; Lancaster, Duke and Ritter 2015; Seear and Fraser 2014). While deconstructing the rhetoric used in various policy texts, these studies almost exclusively followed Bacchi's framework and its six complementing questions. Yet, none of the aforementioned studies offered a thorough explanation on how

the actual text analysis has been carried out and what procedures have been followed. This may have left the reader with the impression that particular problematisations that supposedly emerged as a result of the conducted discourse analysis were targeted selectively. In addition, without information about what assumptions informed their analysis, it is difficult to evaluate their research, and to compare and/or synthesize it with other studies on that topic, while preventing other scholars from conducting related studies in the future (Attride-Stirling 2001).

This thesis adjusts for the aforementioned shortcomings by detailing exactly how the data body was selected and analyzed. It does so by supplementing Bacchi's approach with a clearly defined method, which was deployed for textual data analysis, namely thematic analysis. As a method, thematic analysis is used for identifying, analyzing, and reporting themes (patterns) within data (Braun and Clarke 2006). Thematic analysis differs from other qualitative text analysis methods since it is not (necessarily) theoretically grounded and organizes the data only minimally while describing it in richer detail. In doing so, thematic analysis focuses more on revealing and describing both the implicit and explicit meanings within the given data and aggregates them into so-called themes (Guest, MacQueen and Namey 2012, 10).

2.2. The Data Body

The first step of the overall analysis involved identifying the body of data. Here, only strategic Lithuanian drug policy documents were selected. This follows the rationale that these documents are relatively less technical than explicit laws or regulations and thus constitute “a distinctive kind of text which frame the nature of public policy problems, shape

the boundaries of possible responses and act as points of reference for a wide variety of actors to justify subsequent actions” (Smith et al. 2009, 219). As such, the documents were also expected to be rich in information on different values, interest and ideas prevalent at particular points in the evolution of national drug policy (Iannantuono and Eyles 1997).

All strategic policy documents on drug control and prevention issued by Lithuanian institutions since 1991, when the country gained its complete independence from the Soviet Union, were collected from official repositories, including the latest version of the Draft National Programme for Control and Use Prevention of Drugs, Tobacco and Alcohol for 2015–2025. This produced five total policy documents of varied length, encompassing the time span from 1999 to 2025 (see Table 2).

Table 2. National Drug Strategy Documents Analyzed

<i>Year</i>	<i>Title in English</i>	<i>Short Title</i>	<i>Length</i>
1999	The National Programme on Drug Control and Prevention of Drug Addiction 1999–2003	National Programme 1999-2003	35 pages
2003	The National Strategy on Drug Control and Prevention of Drug Addiction 2004–2008	National Strategy 2004-2008	4 pages
2004	The National Programme on Drug Control and Prevention of Drug Addiction 2004–2008	National Programme 2004-2008	11 pages
2010	The National Programme on Drug Control and Prevention of Drug Addiction 2010–2016	National Programme 2010-2016	24 pages
2014	The Draft National Programme for Control and Use Prevention of Drugs, Tobacco and Alcohol for 2015–2025	Draft National Programme 2015-2025	28 pages

The National Programme 1999–2003 was chosen as a starting point for the analysis since it was the first formalized attempt by the Lithuanian government to address the ‘drug problem’ explicitly. Meanwhile, various laws and technical regulations on specific drug-related issues such as control of precursors or neurological care as well as provisions of

criminal laws and penal codes were left out of the analysis, assuming that they feed into the conceptual framework of national strategies.

It is important to acknowledge that regardless of the strategic documents' potential to determine tangible and 'real' policy outcomes, it was not the goal of this thesis to assess whether ideas and initiatives defined by these materials have actually impacted Lithuanian drug policy in the anticipated way. Therefore, the selected documents were treated here primarily as textual artifacts.

2.3. Data Analysis

To analyze these textual artifacts, the thesis relied on step-by-step guidelines as suggested in the research manual *Applied Thematic Analysis* (Guest, MacQueen and Namey 2012). It began by gathering and retrieving the selected policy documents and familiarizing with the entire data set. During the first read-through, preliminary themes and possible codes were identified that eventually resulted in an unsystematic 'code book'. The outcomes of this stage were strongly influenced by the questions posed by Bacchi as well as the awareness of a number of potential themes stemming from previous studies on drug policy language in other countries (see Chapter 1). Nonetheless, the first reading was not limited to confirming the prevalence of the themes already established in previous studies. At this stage, the primary aim was to reveal all, including yet undiscovered, ways the drug issue has been worded in Lithuanian documents.

After a list of all possible codes was generated, a second read-through was conducted in order to mark these codes in the documents and produce a visual illustration of code locations and potential interactions. For this purpose, the documents were plugged into and

processed with the qualitative data analysis computer software *Nvivo*, which allowed highlighting and labeling certain excerpts of documents with the codes they were representing. Once all the texts were coded and collated, the analysis shifted to grouping different codes into potential themes, restructuring the initial ‘code book’, as well as re-reading and re-coding the data-set accordingly.

Going about the thematic analysis as transparently as possible, it is also necessary to set out the rationale and questions that were followed when describing the results. As it was briefly mentioned above, this study relied on an inductive procedure, which entails deriving themes from the documents themselves rather than “going in” with a pre-defined list of codes. As a result of this process, a so-called ‘thematic map’ was generated encompassing a number of broad themes and complementing sub-themes. For example, a theme titled “What is The Problem?” was derived which united at least few smaller sub-themes, including “Addiction and *Narcomania*”, “Drug *Use*”, “Causes” and “Consequences”. Every theme and sub-theme contained a respective set of text excerpts from all five strategies that were further analyzed and interpreted via the following rationale. Firstly, four out of six Bacchi’s questions (namely 1, 2, 4, and partially 5; see Table 1) were consulted and adjusted to the content of a particular sub-theme. For example, when applied to the sub-theme “Causes”, Bacchi’s questions were reformulated accordingly:

- How do strategies represent causes of the ‘drug problem’?
- What are presuppositions or assumptions that underlie this particular representation of causes?
- What possible causes are left unproblematic or silenced? Can these causes be thought about differently?

- What effects are produced by this representation of causes?

Then, analysis proceeded with two additional questions, namely:

- Have there been any substantial changes in the way causes are represented in different strategies?
- How are representations of causes in Lithuanian policy documents connected to the existing or developing themes from other cases in the wider literature on global drug policy?

The same method of adjusting the questions was applied to all derived themes and sub-themes.

Chapter 3: Analysis and Findings

This chapter presents the results of thematic analysis, which aimed to disclose how issue of drugs has been constructed within five Lithuanian drug strategies (see Table 2). To contextualize the findings, the chapter begins by providing an historical overview of drug policies in Lithuania. Then, it proceeds with the results organized into two broad sub-chapters that reflect the main themes derived from the documents. The first one elaborates on how the ‘problem’ of drugs was rhetorically constructed while the second one looks into categories of people represented as ‘problematic’. Here, however, it is important to note that the distinction between particular themes and sub-themes should not be taken as a hard rule because there were many cases when these themes, especially regarding the analysis surrounding them, blended into one another. Likewise, the sequence of questions (see sub-section “Data Analysis”) applied to structure the findings has been followed interpretatively. Finally, the chapter concludes with a summative discussion of the similarities and differences between the five successive strategies and, where possible, a description of the discourse evolution.

3.1. The Lithuanian Context of Drug Policy Making

Lithuania, together with a number of other Central and Eastern European states, is commonly characterized as a transitional country (Donoghoe et al. 2005). Hence, it is not surprising that any analysis of its development cannot proceed without even minor references to its recent history of an anti-totalitarian revolution and post-socialist economic and political transformation. Prior to the restoration of Lithuania’s Independence in 1990, due to ideological reasons drug use and related phenomena was officially treated as non-

existent. These issues were not discussed publicly and any information that could possibly be used to estimate the prevalence of the drug problem was restricted. In fact, during the 1980s, drug policy, as it is understood today, simply did not exist in the Baltic States. However, official efforts to conceal any prevalence of a drug problem were coupled with largely putative approach according to which drug production, trafficking, and possession were criminalized. These politics were dictated from Moscow and were the same throughout the Soviet Union (Maciejewski 2002, 578). Thus, Lithuania's Soviet legacy quite effectively explains why its efforts in this policy field are fairly recent, dating back no later than mid-1990s.

Since then, the scope and comprehensiveness of Lithuanian drug policy have markedly increased. At the very beginning Lithuania was faced with a challenge to establish a legal framework and necessary infrastructure from scratch. Lithuania has since been developing its drug policy in compliance with the international drug control regime and support from the UN, the WHO, EUROPOL, EMCDDA, Northern Dimension, the EU Phare programme, the EC Pompidou Group and others (Reitox 2012, 9). Hence, its first legal developments on the issue, namely the amendments of criminal laws and penal codes introduced in 1994, closely followed the recommendations and provisions of the UN Conventions. By 1999, Lithuania was a party to 1988 UN Drug Convention, the 1971 UN Convention Against Psychotropic Substances, and the 1961 Single Convention.

In the mid-1990s preparations for the accession to the EU resulted in major legal review of numerous Lithuanian policies. It also led to some changes in national drug law which aimed to ensure Lithuania's compliance in areas related to social policy, justice and home affairs as well as fight against crime, drugs, illegal migration and others. Hence, the

imposed adjustments were mainly reflective of the objectives the EU Action Plan on Drugs 2000–2004 and were largely aimed at ‘drug detection, disrupting drug supply channels, dismantling drug trafficking organizations and placing drug traffickers under arrest’ (Phare Multibeneficiary Drugs Programme 2002, 1–2).

The introduction of the first multi-year programme on Drug Control and Prevention of Drug Addiction in 1999 marks another big step in the evolution of Lithuanian drug policy. Rather than addressing drug-related issues with separate laws and regulations, this document signaled a qualitatively different era in national drug policy with respect to comprehensiveness and strategic planning. Corresponding programmes and strategies then followed for the years between 2004–2008 and 2010–2016. Each of these strategic documents were also accompanied by yearly operational plans, according to which specific measures for their implementation were appointed to the responsible public institutions and organizations, effectively mapping out all the activities undertaken in different public sectors. The Draft Programme for Control and Use Prevention of Drugs, Tobacco and Alcohol for 2015–2025 constitutes the most recent legal development in national drug policy. Endorsed by Lithuanian Government in late 2014, this Programme is yet to be considered by the Parliament. Thus, current Lithuanian drug policy is being implementing according to National Drug Control and Drug Addiction Prevention Programme 2010–2016, adopted in 2010.

Having notably advanced its national drug policy, which balances drug supply and drug demand together with a substantial emphasis on harm reduction, Lithuania today is considered to be one of the most successful examples in the region (EHRN 2009, 20). In fact, Lithuania is recognized to be among the first countries in Europe to adopt the often

contested harm reduction measures as early as 1995. However, local advocacy groups and international observers report that political commitment to this approach is still relatively weak due to “the unchanged stereotypical attitude of the public to these programmes and a negative opinion about vulnerable groups as such” (Galiu gyventi 2009).

3.2. What Is The Problem?

This subsection discusses four sub-themes that emerged from the thematic analysis of the Lithuanian drug strategies. The first two sub-themes explore the literal language employed to define the ‘problem’, explaining why drug *use* is so different from drug *addiction* or *narcomania*. The other two sub-theme, namely *causes* and *consequences*, are conceptually different, but equally important to complete the overall description of the ‘problem’. As such, they provide insight into how the origin of the ‘drug problem’ was thought about and which of its effects were represented as the ones in need of state intervention.

3.2.1. *Addiction and ‘Narcomania’*

To begin with, Bacchi’s approach lead the analysis to explore how the ‘problem of drugs’ has been represented in the five Lithuanian policy documents. As the very first step of the entire analysis, literal meanings of the words used to title the selected documents as well as language of their stated missions and aims were compared. As it is shown in Table 3, although all five strategies employ rather bureaucratic language, the formulations of their aims and thus the ‘problem’ vary significantly. However, one common expression, namely *drug addiction*, can be found in all strategic documents with an exception of the Draft Programme 2015-2025. Here, the reference to *drug addiction* as ‘the problem’ disappears

from both its stated aim and title. Instead, the *use of drugs* in general (together with alcohol and tobacco) are presented to be as un-safe and un-healthy to Lithuanian society. It follows that, until recently, *drug addiction* has constituted one of the central ‘problems’ in Lithuanian drug policy, representing it as a particular kind of problem – the one of ‘dependence’.

Table 3. Mission or Aim of Each Lithuanian Drug Policy Document

<i>Shortened Title</i>	<i>Official Title</i>	<i>Mission or Aims</i>
<i>National Programme 1999–2003</i>	The National Programme on Drug Control and Prevention of Drug Addiction 1999–2003	“taking into account the saliency of drug addiction in Lithuania; to set up goals (tasks) and respective measures of national drug control and addiction prevention policy”
<i>National Strategy 2004–2008</i>	The National Strategy on Drug Control and Prevention of Drug Addiction 2004–2008	“to ensure national and public security by impeding and reducing the spread of drug addiction”
<i>National Programme 2004–2008</i>	The National Programme on Drug Control and Prevention of Drug Addiction 2004–2008	“to impede and reduce the spread of drug addiction; to set up and follow the priorities and policy measures in the fields of drug control and prevention of drug addiction; to improve the effectiveness of drug addiction prevention in Lithuania”
<i>National Programme 2010–2016</i>	The National Programme on Drug Control and Prevention of Drug Addiction 2010–2016	“to impede and reduce illicit supply and demand of drugs and psychotropic substances and their precursors [and] the spread of drug addiction through the strengthening of individual and public education, health and safety”
<i>Draft Programme 2015–2025</i>	The Draft National Programme for Control and Use Prevention of Drugs, Tobacco and Alcohol for 2015–2025	“to strengthen the health and safety of Lithuanian residents by reducing the use of drugs, tobacco and alcohol”

It is also crucial to emphasize at this point that some important aspects of this particular problem formulation might be ‘lost in translation’ due to inherent differences between Lithuanian and English. When official titles of drug strategies contain phrases such as ‘drug addiction’ or ‘prevention of drug addiction’, the respective Lithuanian versions refer to the same phenomenon as *narcomania*. Etymologically, this term is composed of two Greek words *narco*, which pertains to sleep or unconsciousness and *mania* indicating a compulsion or obsession. Since the early 20th century, *narcomania* and derived terms such as *narcomaniacs* have commonly been used to describe addictive behavior in Eastern Europe and the rest of the former Soviet Union. Referring to pathological, uncontrollable craving for drugs, this term, by definition, rejects the notion of rationality (Daly and Sampson 2013) and even entails some extent of abnormality. Thus, being addicted to drugs is seen as unacceptably different and beyond the normal. At the same time, it divides the society into non-addicted individuals who are in control of their own actions and the ones whose self-control is impaired because of addiction to drugs. Since the very existence of drug addicts not only threatens public health and safety (as stated in the mission of the National Programme 2010-2016), but also might be a matter of national security (as stated in the mission of National Strategy 2004-2008), the state has a justified reason to intervene (Davies 1997, 4).

Problematizing the drug issue as an addiction is not particularly distinct to Lithuania. In fact, it is one of the most common problematisations in drug policy. It indicates that drugs as a policy problem is seen in terms of health and medicine since addiction is a condition subject to treatment (Fraser 2006, 680). In this way, the individual subject is *medicalized* or, as described by Lancaster et al. (2015), *patientised*. This medical discourse is usually further

reinforced by a plentiful use of language such as ‘care’, ‘treatment’, ‘disease’ and other health-related expressions. In case of Lithuanian policy documents, ample examples of this type of language have been found in earlier drug strategies adopted for periods 1999-2003 and 2004-2008. The National Programme 1999-2003, for example, explicitly states that “individuals suffering from drug addiction [*narcomania*] are in need of specialized treatment composed of two stages – detoxification and rehabilitation.” This particular formulation not only illustrates the prevalence of medical discourse, but also shows favor to the expertise of treatment services. Similar language is also invoked in both policy document for 2004-2008 where a separate section is devoted to describe state activities in the field of health care, rehabilitation and social integration. Although still existent, medical references, including the term *narcomania*, becomes less frequent in the National Programme 2010-2016 while in the Draft Programme 2015-2025 drugs are mostly represented as one out of three consumable substances (drugs, tobacco and alcohol) subject to state regulation.

This *patientised* problematisation entails important policy implications since it constructs people addicted to drugs as objects rather than subjects (Lenson 1995, 35, as cited in Fraser 2006). In other words, having an addiction implies being in need of help, special services and support while making them “governable” (Bunton 2011, 223). As such, this formulation might also prevent them from being taken as rightful stakeholders when it comes to policy development (Moore and Fraser 2006). This somewhat transformative or dividing feature of addiction is extremely evident in one particular provision found in the National Programme 2004-2008, which states that individuals suffering from addiction to drugs should be provided with an opportunity to exchange criminal liability for minor offenses with the alternative of treatment. In this way, drug addicts are constructed as objects that are

no longer held responsible for both the condition of their health and deviant or even illicit behavior.

3.2.2. *Drug ‘Use’*

Instead of *addiction*, the ‘drug problem’ could be defined using words such as *use*, *misuse* or *abuse*. The aforementioned formulations would leave more space for individual choice and rationality. As for policy implications, these formulations may result in giving more emphasis on preventative medicine and healthy lifestyle promotion, transferring the responsibility to act or choose being ‘healthy’ from the state to individuals (Burrows, Nettleton and Bunton 1995). Although sporadically, terms such as *use*, *abuse* or *drug users* also occur throughout all five Lithuanian drug strategies. Yet, these notions become more prominent in the two most recent drug policy documents, namely the National Programme 2010-2016 and Draft National Programme 2015-2025. Although the mission of the National Programme 2010-2016 still addresses ‘the spread of drug addiction’ it is also complemented with a novel clause ‘to impede and reduce illicit supply and demand of drugs and psychotropic substances and their precursors’ where the demand accumulates from the supposedly prevalent *use*. The shift from the problematisation of drug *addicts* as passive and irrational to the construction of more responsible individuals is also evident from the increased emphasis on preventative policy measures and relatively frequent use of such notions as “healthy lifestyle”. Correspondingly, provisions such as the one stating that ‘the prevention of drugs, tobacco and alcohol use should be strengthened by promoting the negative public opinion about their consumption’ also aim to enlighten and thus empower the individual subject, at least to certain extent. However, the later provision is not without a caveat since it implies presenting the use of psychoactive substances as intrinsically wrong

rather than educating individuals about its (harmful) effects and leaving the floor open for personal judgement. In addition, both of the latest strategies eminently stress the need for prevention measures that are further categorized into four different types, namely ‘environmental, universal, selective and indicated’. Without delving into the differences between these types of drug use prevention, it is important to emphasize here that the very categorization and language used to describe it sounds very reminiscent of the provisions of EU Drugs Strategies 2005-2012 and 2013-2020. However, this does not provide enough evidence to prove, or deny that the identified shift from ‘problematic’ *addiction* (or *narcomania*) to ‘problematic’ *use* of drugs in Lithuanian drug strategies was induced by the EU policy discourse.

Another important observation relates to the way terms *use* and *abuse* are used. After exploring the two strategies in which ‘the problem’ is mainly represented as *drug use*, it became apparent that the aforementioned notions are used interchangeably. In doing so, the possible distinction between *drug use* and *abuse* as well as alternative patterns of consumption (e. g. for pleasure) are silenced out. This implies that the documents construct the ‘problem’ in a rather oversimplified manner. Hence, a number of presuppositions can be identified here as underlying this particular problematisation. Firstly, by ignoring the existing variety in drug use patterns and purposes, these strategies (i. e. National Programme 2010-2016 and Draft National Programme 2015-2025) construct drug use as inherently harmful and thus resulting in a number of consequences (see the subsection “Consequences”). This unified and undifferentiated representation of drug use exaggerates the problem and its consequences because the most severe harms, in fact, caused by *drug abuse* are conceptually attached to *drug use* in general. Furthermore, taken together with the

fact that emphasis on *use* simultaneously implies greater individual agency, this problematisation ascribes all harms and risks to individual drug consumption (Pienaar and Savic 2016, 40). As for potential policy effects, this move may shift the blame to individuals and undermine collective determinants of the problem such as social, environmental or cultural conditions or institutional insufficiencies (Lancaster et al. 2015, 621). Correspondingly, this problematisation might manifest itself in policy interventions that are primarily implemented at individual level rather than targeting families, communities or society in general (Campbell 1999, 903). Although all of the above-mentioned presuppositions are plausible, it is difficult to define to what extent they hold in Lithuanian drug policy due to uncovered theme collisions. As it is shown later in the analysis of *causes*, the increased emphasis on *drug use* and its implicit presentation of drug *users* as being the ones responsible for the entire ‘drug problem’ is not fully consistent with the way *causes* are constructed in the very same strategies. Thus, it allows to suggest here that, although noticeable, the shift from *drug addiction* to *drug use* is inconsistent or at least hindered by colliding themes.

3.2.3. *Causes*

Under the sub-theme ‘causes’, six district groups of factors have been identified as explicitly or implicitly mentioned in the analyzed drug strategies (see Table 4). None of these have been consistently addressed in all five strategies. Since 2003, references to weakening family ties and moral breakdown as well as references to social exclusion have repeatedly occurred throughout all documents adopted since then. Ruling out the National Strategy 2004-2008 as the one in which very little was said about the origin of the ‘problem’, economic factors constitute another equally prevalent group of *causes*. Three out of five

documents have acknowledged that current national drug policy, capacities or resources devoted for their maintenance are insufficient, thereby explaining why the ‘problem’ is still existent. Two of the *causes*, namely ‘Congenital health condition’ and ‘Globalization, increased mobility and migration’, have been introduced relatively recently – with the adoption of the National Programme 2010-2016.

Table 4. ‘Causes’ of the ‘Drug Problem’ and Their Occurrence throughout the Data Body

<i>Causes</i>	<i>National Programme 1999-2003</i>	<i>National Strategy 2004- 2008</i>	<i>National Programme 2004-2008</i>	<i>National Programme 2010-2016</i>	<i>Draft Programme 2015–2025</i>
<i>Weakening family ties and moral breakdown</i>		x	x	x	x
<i>Social exclusion, intolerance</i>		x	x	x	x
<i>Economic hardship, poverty, unemployment</i>	x		x	x	x
<i>Ineffective state policy, limited capacities and resources</i>	x		x		x
<i>Lack of education and misconceptions</i>	x	x	x	x	
<i>Congenital health condition</i>				x	x
<i>Globalization, increased mobility and migration</i>				x	x

The deterioration of traditional values is represented as a *cause* of the ‘problem’ as early as in the National Programme 2004-2008, stating that ‘due to gradually weakening family and neighborhood ties the level of social control has decreased, resulting in favorable conditions for the spread of drug addiction’. The two most recent drug strategies reaffirm this construction as still relevant by linking the weakening of family ties and devaluation of moral values to delinquent behavior and the use of alcohol, tobacco, drugs and other psychotropic substances. This allows to conclude that, regardless of the shift from drug *addiction* to drug *use* as the core of the ‘problem’, the normatively charged dimension remained intact. As such, it contrasts drug using behavior with the positive way of living and high morale while implying that drug using behavior (in this case, either drug *use* or

addiction) threatens an individual “in a fundamental and existential way” (Euchner et al. 2013, 378). In addition, by problematizing weakening family ties and resultant moral breakdown as one of the causes, holds parents responsible – at least to certain extent - for raising children to be resilient to drugs. At the same time, it points out that some parents (e. g. the ones at social risk) are incapable of preventing their children from drug using behavior thereby providing a pretense for state intervention at the level of family unit (Rose 1999, 31). By implication, it also grants state the right, in partnership with the home, to take care of children’s spiritual and moral development.

Social exclusion and public intolerance was also emphasized in the analyzed documents, adding another dimension to the ‘problem’. For example, the National Programme 2010-2016 claims that ‘children [...] growing up in families experiencing social risk or poverty are more prone to use narcotic and psychotropic substances...’. With this and similar statements, the problem is situated within certain societal clusters of people, such as children, disadvantaged families or financially worse-off individuals. Here, the notion of “vulnerability” is also invoked as a feature characteristic to the above-mentioned categories of individuals. Since presuppositions underlying this formulation have huge implications on how national drug policies regard the individual subject, this sub-theme will be explored in greater detail in Chapter 3.3.

Usually mentioned in tandem with social factors, economic status, financial hardship and unemployment have also been represented as partly causing the ‘drug problem’ in Lithuania. These, however, are rarely specified thus giving the impression of being a result of inertial use of language. Yet, there is one noticeable shift in the way the origin of economic hardship has been constructed. Adopted in 1999, the National Programme 1999-2003

acknowledges that Lithuania is still undergoing the transition to a market economy and thus invokes references to socialist past. The Programme states that Lithuania's 'economy, social conditions and people's lives have been changing.' Shortly after that it proceeds by qualifying these changes as causing disruption: '[u]nder difficult social and economic conditions, people – particularly youth – are more vulnerable...'. Taken together, these statements explain economic and social hardship as imposed on Lithuania from the outside thereby depicting the country as a victim. In doing so, it not only constructs the problem as foreign and too big for Lithuania to handle, but also provides the state with a justifiable explanation of why this first comprehensive drug policy document is being introduced relatively late. At the same time, it allows the government to admit to the fact that drug policy measures undertaken until then were ineffective or insufficient, without taking direct blame. Indeed, there are numerous cases where the National Programme 1999-2003 recognizes that, for example, 'the issue of drug use prevention has been tackled slowly with no clear strategy or rationale' or 'current access to treatment is very limited'.

Statements admitting current policy shortcomings are less popular in later strategies with only few instances that can be noted in the National Programme 2004-2008 and the Draft Programme 2015-2025. In fact, a shift to a conceptually novel explanation of drug problems' whereabouts can be noticed in the latest two documents. For instance, the National Programme 2010-2016 defines drug use a 'universal phenomenon varying in scale across countries' thereby constructing it as a problem shared globally. In doing so, every country is made equally responsible for taking effective actions while leaving no room for evasion and excuses at national level. Despite this, the problem is still represented as stemming from foreign origin, by claiming that mobility and migration have contributed to the increasingly

prevalent ‘liberal attitude’ towards the use of alcohol, tobacco, drugs and other psychotropic substances. This particular formulation plays out very interestingly with the individual agency inherent in the terms ‘attitude’ and ‘use’. By implication, it assigns migrants and other ‘mobile’ individuals a transmitting role and holds them at least partially responsible for bringing the ‘drug problem’ home. Similarly individualizing is the introduction of genetics and heredity as a possible cause of drug use in the National Programme 2010-2016, which was also deployed in the Draft Programme 2015-2025.

As it was summarized in Table 4, the emergence of the ‘drug problem’ has been explained in a number of different ways that are often in contradiction. Given the nature of the discourse itself and the fact that strategic policy documents are usually the outcome of a temporal political consensus, the thematic divergence comes as no surprise. Nevertheless, at least a few generalizing tendencies are worth pointing out. Throughout the years, the origin of the drug problem has been increasingly understood as multidimensional. This trend is reflected in a greater number of distinct *causes* identified in the most recent strategies. Also, it seems that the shift to drug *use* has been accompanied with a stronger emphasis on *causes* that situate the problem in an individual body or behavior (e. g.: genetics, migration). Despite that, collective factors such as social or economic environment have simultaneously been recognized as *causes*. The deterioration of traditional norms and moral values constitutes another competing explanation of the ‘problem’, which remained prevalent in all Lithuanian drug strategies except in the earliest one.

3.3.4. Consequences

Varying constructions of drug-related consequences provide justifications for different policy responses. Hence, to complete the picture of the ‘drug problem’ in Lithuania, it is necessary to take a closer look at what effects are seen as a primary target of state intervention. As it is summarized in Table 5, three broad categories of *consequences* emerged from the analysis of the documents. The two sets of codes stressing the effects drug using behavior has on public health as well as crime and safety turned out to be the most consistent throughout all strategies under analysis. Meanwhile, references to national security have been noticed in three documents, namely the National Strategy 2004-2008, National Programme 2004-2008 and Draft Programme 2015-2025.

Table 5. ‘Consequences’ of the ‘Drug Problem’ and Their Occurrence Throughout the Data Body

<i>Consequences</i>	<i>National Programme 1999-2003</i>	<i>National Strategy 2004-2008</i>	<i>National Programme 2004-2008</i>	<i>National Programme 2010-2016</i>	<i>Draft Programme 2015-2025</i>
<i>Crime, violence, public disturbance</i>	x	x	x	x	x
<i>Harm to public health, increased morbidity and mortality</i>	x		x	x	x
<i>Threat to national security</i>		x	x		x

Most often, references to crime and public health came in conjunction. For example, the National Programme 1999-2003 states that ‘drug addiction has become a threatening social phenomenon. Drug-related crime has been increasing. [...] The number of people addicted to drugs together with cases of drug-related infectious diseases is rapidly growing...’. Similarly, the Draft Programme 2015-2025 acknowledges that “the use of drugs, tobacco and alcohol is related to the prevalence of mental and behavior disorders, poisonings, communicable diseases and HIV/AIDS; crime, incidence of injuries, suicides

and resultant mortality.” Through these and similar provisions, these policy documents have firmly established that consequences of drug *addiction/use* extend beyond an individual subject. Hence, national drug policy measures should seek to address the surrounding factors that affect both the individual and the general society. This suggests that harm reduction measures primarily aimed at minimizing the negative dependencies are preferred over eliminating drug use entirely.

However, references to the national security show that Lithuanian drug policy documents recognize the harm-minimization approach only partially. The National Strategy 1999-2003 aim “to ensure national and public security by impeding and reducing the spread of drug addiction.” Meanwhile, the Draft Programme 2015-2025 frequently makes references to the National Security Strategy in which drug addiction and related infectious diseases are listed among internal threats. Taken together, these provisions provide sufficient evidence to conclude that Lithuania approaches the ‘drug problem’ from the prohibitionist perspective. Still dominating worldwide, this approach regards drugs as wrong in their entirety and thus entails criminalized and punitive forms of drug policy (Levine 2003, 148). In case of Lithuania, this rationale is also complimented by strongly persistent value-based problematisation, which produces drug using behavior in an equally antagonistic manner – as fundamentally incompatible with the moral fiber of Lithuanian society. Regardless of a strongly expressed moral representation of problem *causes*, none of the analyzed drug strategies have explicitly listed the deterioration of moral and traditional values as a possible *consequence*. This allows to conclude that drug *addiction* or - as reformulated in strategies adopted later - drug *use* is understood exclusively as a negative outcome which is not ‘socially contagious’ and does not affect the moral character of the rest of society. However,

as it will be shown later in the chapter below, this particular construction further reinforces the distinction between morally ‘fallen’ drug *addicts/users* and drug-free parts of society.

3.3. Who Is The Problem?

As it was shown above, values and presuppositions underlying certain problem representations may also categorize people into groups with distinct features (Lancaster et al. 2015, 621). This sub-section elaborates on how an individual subject (a drug *addict* and *user*) was problematized throughout the five analyzed Lithuanian strategies with a particular reference to people represented as ‘vulnerable’.

3.3.1. Drug ‘Addict’

In describing the measures that were taken by the Lithuanian government in the areas of drug control and drug addiction prevention, the National Programme 2004-2008 declares that the national education policy has been “instilling core human values in children and youth together with a sense of self-identity and belonging to community; respect for fundamental human rights and freedoms and appreciation of cultural, social and spiritual virtues”. Apparently, this statement is wired up with morally charged assumptions on how a life of exemplary young citizen should look like. Positioned in a strategic drug policy document, the aforementioned statement gives away how drug *users* or, in the context of this particular strategy, drug *addicts* or *narcomaniacs* are problematized. First of all, it provides a detailed picture of who drug *addicts* are or – more precisely – who are not. Here, the attainment of socially and morally just life from early age is represented as a precondition for addiction-free existence. This, by implication, means that people who failed to lead their lives according to high moral and social standards are more likely to become addicted to

drugs. Correspondingly, individuals suffering from drug addiction are represented as lacking all of these aspired features. In other words, drug *addicts* are thus pictured as socially, culturally and morally underdeveloped. Taken together with the above finding that throughout early drug strategies *addiction* has mainly been constructed as a treatable health condition (see the subsection “Addiction and ‘Narcomania’”), adding a moral dimension to it eventually leads to a rather complex picture in which the construction of the ‘drug problem’ is premised on medical, moral and societal assumptions.

This statement also creates the link between drug *addiction* and the value of lives of individuals who use them. By implying that a sense of belonging to community is important to prevent the youngest part of society from developing an addiction, it constructs the ones suffering from it as detached or – more precisely - unrealized citizens who are not participating in the society to full extent (Lancaster et al. 2015, 621). This construction is reinforced by statements claiming that ‘...the prevalence of drug addiction in Lithuania threatens national security and constitutes a socially unacceptable phenomenon’. This particular excerpt shows that the problem of drug addiction is not only constructed as a matter of high politics, but it also contains a very straightforward statement which implies that drug addiction should be eliminated from the society as a foreign object while denying any possibility of their co-existence. In doing so, people addicted to drugs are constructed as non-citizens linking the drug-free life with the notion of full citizenship and belonging to society.

The same tendency is also manifested in provisions calling for the installment of overarching ‘system for diagnostics, treatment, rehabilitation and reintegration into society’ that are repeated throughout the document several times. Here, the concept of ‘reintegration’

should be examined more closely. Inherent in this notion is the presupposition that individuals suffering from drug addiction live at risk of social exclusion or are already excluded entirely (Pienaar and Savic 2016, 40). Hence, treating their addiction becomes the primary solution for bringing these unacceptably different or less worthy citizens back to the society. In addition, since staying drug-free is linked to numerous social, cultural and moral values, treatment also serves as a means to instill these values back in ‘fallen’ individuals, not only restoring their connection to the society, but also raising the moral, spiritual and societal value of their lives (Moore et al. 2015). However, this conceptual connection between drug addiction and individuals’ contribution to the society as well as their compliance with aspired virtues, problematizes drug *addicts* themselves rather than the condition they are suffering from (Lancaster et al. 2015, 623).

3.3.2. *Drug ‘User’*

As far as the two most recent Lithuanian drug strategies are concerned, the conceptual shift from drug *addiction* to *use* results in a corresponding transformation from drug *addicts* to *users*. As mentioned before, implicit in this move is the idea of a more ‘responsibilized’ individual leaving the decision about drug use for personal judgment. In fact, a number of cases were found in the respective strategies signaling the increased emphasis on individual agency as well as perception and comprehension. For example, National Programme 2010-2016 mentions that ‘liberal attitude towards the use of alcohol, tobacco, drugs and other psychotropic substances has been increasingly prevalent’. Another section states that ‘users’ motivation to seek treatment and participate in social and psychological rehabilitation programs is insufficient’. Taken together, these excerpts effectively illustrate that in these strategies the drug *user* is constructed as a rational agent.

Furthermore, the idea of ‘social rehabilitation’ that is further complemented by the notion of ‘reintegration’ shows that drug *users* are ‘othered’ in a manner similar to earlier strategies. Likewise, assumptions underlying this particular formulation resemble the ones presented with regard to drug *addicts*. Particularly, drug *users* are represented as different and thus their relationship with the rest of drug-free society has to be restored. However, the reasons for this reintegration, as well as the entire picture of drug *users* are represented slightly differently. By listing the unfavorable factors, both the National Programme 2010-2016 and Draft Programme 2015-2025 claim that ‘low public activity, weakening of family ties and devaluation of moral values lead to delinquent behavior and the use of alcohol, tobacco, drugs and other psychotropic substances’. Although this excerpt says more about the construction of *causes*, it also allows to uncover the features of a drug *user*. Here, a drug *user* is represented as socially detached and inactive, morally troubled and thus prone to illicit or generally unacceptable behavior. Interestingly, these features, by implication, contradict the increasing emphasis on *users*’ rational agency because most of them are associated with the social environment a drug *user* comes from, rather than his or her ‘choice’.

3.3.3. *The Ones at Risk*

As it has been briefly mentioned before, not all members of Lithuanian society are thought to be equally at risk of becoming a drug *addict* or *user*. Here the idea of ‘vulnerability’ or ‘being at (social) risk’ is invoked in all Lithuanian strategies. As such, *vulnerability* is constructed as another distinct feature of both drug *addicts* and *users*, which enriches the overall problematic portrayal of an individual subject. However, since the

language of vulnerability is invoked when referring to different groups of society, it is reasonable at this point to address this sub-theme separately.

As it is shown in Table 6, categories of people described as relatively more susceptible to drug using behavior or – in case of earlier strategies - addiction are roughly the same across all five strategies. The most obvious commonality, however, is the consistent emphasis on children and youth. The category of ‘imprisoned individuals’ occurred in 2004 (2003) and remained present to date. Women were enlisted as a distinct group only briefly - in the National Programme 2004-2008. Meanwhile, individuals problematized in the National Programme 2010-2016 perfectly coincide with the ones mentioned in the Draft Programme 2015-2025. It is also noticeable that *vulnerability* is addressed not only at individual, but also at family level.

Table 6. People at Higher Risk of Drug Use or Addiction

	<i>National Programme 1999-2003</i>	<i>National Strategy 2004-2008</i>	<i>National Programme 2004-2008</i>	<i>National Programme 2010-2016</i>	<i>Draft Programme 2015–2025</i>
<i>Groups targeted as being at higher risk of drug use or addiction</i>	Children and youth in general; Pupils; Individuals suffering from social and economic hardship.	Children and youth in general; Pupils; Children and families at social risk; Imprisoned individuals.	Children and youth in general; Pupils; Minors and women; Families at social risk; Imprisoned individuals.	Children and youth in general; Children, adults and families at social risk; Imprisoned individuals.	Children and youth in general; Children, adults and families at social risk; Imprisoned individuals.

In addition to categories presented in Table 6, the two most recent strategies also establish the connection between drug use and mental health. They do so by stating, for example, that ‘public intolerance for people with mental and behavior disorders due to use of psychoactive substances contributes to their social exclusion and limited access to

treatment and social services’ (National Programme 2010-2016). Through this conceptual link, drug use is positioned together with health conditions that, once again, dilutes the presuppositions on rational choice and autonomy. In fact, similar representation of drug using behavior was discovered by Moore et al. (2015). Reporting from Sweden, the authors concluded that identifying drug abuse with mental illness or disability possibly reflects “the increasingly biomedical worldview that shapes some social policies in which ‘problems’ in human behavior are ascribed to biological and genetic causes” (p. 423). Furthermore, they claim that this specific formulation mirrors the paternalistic approach towards citizens, which is particularly characteristic to Sweden (Moore et al. 2015). Indeed, as it has been discussed before, the idea of susceptibility to drug use as a congenital health condition was also introduced in both the National Programme 2010-2016 and the Draft 2015-2025.

Equally important is the tendency to problematize the youngest part of Lithuanian society, which has been prominent since the introduction of the first comprehensive Lithuanian drug strategy in 1999. The rhetorical emphasis on this group is reinforced by employing negatively colored language. As it was mentioned before, throughout the analyzed documents the terms drug *use* and *abuse* are employed interchangeably. However, the notion *abuse* almost exclusively occurs in contexts where youth or target groups like pupils or children are mentioned. The National Programme goes about it extremely bluntly by stating that “drug addiction [*narcomania*] is the disease of young and middle-aged individuals”. Moreover, although none of the documents explicitly acknowledges pleasure or recreation as one of the possible purposes for drug use, at least few references to entertainment have been noticed in sections addressing drug prevention of pupils or youth in general.

At least three presuppositions are inherent in problematizing certain societal groups as more vulnerable to drug using behavior (either *use* or *addiction*). Firstly, by declaring that the occurrence of drug use or addiction is more likely among individuals who are already on the margins of the society, it establishes their ‘otherness’ even more firmly. Correspondingly, references to vulnerable groups are usually surrounded by language on prevention, which is understood as a key tool to preserve their still intact ‘sameness’ (Moore et al. 2015, 423). In fact, Lithuanian drug strategies contain ample examples of terms ‘vulnerability’ or ‘risk’ coming in tandem with calls for preventative measures. Secondly, picturing certain people as relatively weaker creates the impression that drug use and its numerous negative dependencies would affect them more severely. This particularly applies to youth, which is depicted here as troubled, reckless and constructed as the only category of people susceptible to recreational drug use or *abuse*. In doing so, the extent of drug problem among young people is inflated while oversimplifying the underlying reasons of their drug using behavior (Shiner and Newburn 1997, 511). Ultimately, the feature of vulnerability ascribed to youth and other categories of people takes away their capability to act and solve their issues independently thereby providing even a stronger justification for state intervention (Moore et al. 2015, 423). In contrast, by characterizing ‘children’, ‘pupils’, ‘youth’, ‘minors’, ‘women’, ‘adults at social risks’ as ‘vulnerable’, the analyzed drug policy documents silence out the possibility that the ‘drug problem’ might be equally prominent among socially and financially well-off people, males or other societal clusters. As a result, ‘omitted’ individuals are constructed as unremarkable and thus in lesser need of help or state intervention. Correspondingly, they are represented as more resilient and capable of dealing with the ‘drug problem’ – either *addiction* or *use* – on their own.

As it was shown in this section, the most characteristic feature of an individual subject is its problematizing as unacceptably different and thus not allowed to co-exist with the rest of Lithuanian society. This particular formulation was noticed in all five Lithuanian drug strategies. Combined with still prevalent moral representation of both *addiction* and drug *use*, it entails some marginalizing implications. These are enhanced by constructing a conceptual link between the ‘drug problem’ and ‘vulnerable’ individuals, such as ‘children’, ‘imprisoned persons’, ‘families at social risk’ and ‘youth’ in particular. To address this, there are some alternatives how drug *addicts* and *users* could be problematized. For example, as it was shown by Moore et al. (2015) in their comparative study on metaphors employed in current national drug policies in Australia and Sweden, the term ‘reconnect’ might be used to characterize the relationship between individuals with drug issues (either use, abuse or addiction) and the rest of society. In this way, problematized individuals would be constructed as an integral part of the overall community regardless of their difference (Moore et al. 2015, 423). This formulation would allow for reuniting people who became different through becoming addicted to drugs with the rest of society without implying the need to eliminate them completely. As such, it would also have less capacity to stigmatize the ones who are already presented as different, acknowledging that drug *addiction* and/or *use* is an on-going phenomenon *per se*.

3.4. Discussion

By following Bacchi’s approach, this thesis has carried out a thematic analysis of five Lithuanian drug policy documents. In doing so, it generated a comprehensive and nuanced picture of how drugs and people using them have been constructed as a ‘problem’

over time. This subsection summarizes the findings of the above analysis and highlights the most prominent shifts and tendencies that bear significant policy implications.

With the adoption of National Programme 2010-2016 a shift from the ‘drug problem’, represented as an *addiction*, to *problematic use* has occurred. Looking from a broader perspective, this discursive change is not unique to drug policy as field, or to the Lithuanian context, since it corresponds with the broader transition from liberal to neo-liberal welfare policy as a whole (Bunton 2001). However, the interesting thing is that it reached Lithuanian drug policy discourse only recently, while neo-liberal language in European drug policies was captured a few decades before. Furthermore, this shift in Lithuanian drug strategies appears incoherent and hindered by the alternative collectivizing and moral formulations, implying that the transition is not (yet) complete or is a result of language borrowed from EU drug policy documents. Nevertheless, this unfolding discourse appears to generate the corresponding construction of people who *choose* to use drugs as self-controlled and rational agents, rather than *addicts* in need of state help. In doing so, it entails some implications for individuals that drug policy is aimed at as well as further policy development in general.

Theoretically, a greater emphasis on individual agency may be appealing because it implies treating drug *users* as equally capable and rational as other members of a society. Thus, the decision to stay ‘healthy’ or ‘drug-free’ is left for personal judgement while the state only seeks to empower its citizens by investing in prevention while dealing with harmful effects of their autonomous choices. That said, this shift may be promising in the context of the EU which is recognized as a strong supporter of harm reduction measures. So far, its efforts to adopt a common position on drug policy have been undermined by

paradigmatic divergence among Member States. However, the notion of harm reduction is fairly compatible with the neo-liberal approach to drug policy, since it mainly targets affected individuals and does not seek to eliminate the use of drugs in its entirety. Thus, the shift towards individualized public health regimes could be favorable for further drug policy convergence at the EU level.

With regard to harm reduction, the biggest obstacle for its universal adoption within Europe and globally proved to be the deeply entrenched perception of drugs as morally wrong. As shown in this thesis, the discourse of Lithuanian drug policy is not an exception. Despite changes in surrounding themes, the value-based dimension of the ‘drug problem’ in Lithuania remained intact from the adoption of the National Programme 2004-2008 to the Draft Programme 2015-2025. This allows to suggest that regardless of borrowing some of the language used in drug policy debates globally, the support for more lenient approaches towards drugs and individuals who use them is not universally accepted within Lithuanian society, resulting in the environment unfavorable for more permissive drug policy measures. Also, it leads to question how genuine the take-up of the EU policy language is and, more importantly, what policy outcomes (if any) it produces in practice.

Assuming that strategic documents reflect a political consensus, established at different points of time, it is not surprising that the thematic analysis of Lithuanian drug strategies revealed multiple themes and sub-themes with some of them colliding. However, moral representation of drugs in Lithuania should be given a particular emphasis because it interestingly connects with the way individual drug *users* or *addicts* are defined. Implicit in value-based representation of drug use (or addiction) is the assumption that, as a phenomenon, it threatens the individual or even the entire society in an existential way

(Euchner et al. 2013, 378). Thus, people suffering from addiction or those who are using drugs, are constructed as fundamentally incompatible with the rest of society. Given the fact that Lithuanian documents invoke morally weighted concepts or negatively colored language (e. g. *abuse*, *vulnerability*) mainly when talking about particular societal groups such as children, pupils and youngsters, it may have some concerning policy effects due to their potential to further marginalize, stigmatize or somehow differently affect the interest of people this policy seeks to address (Bacchi 2009).

Ultimately, the results of the thematic analysis reaffirmed how dependent policy discourse is on a country's historical and political context. This was particularly evident in the way the origin of economic hardship and resultant prevalence of drug addiction in the country was represented in the very first drug strategy for 1999-2003. Here, implicitly referring to Lithuania's difficult recovery from socialist regime, the 'drug problem' was constructed as foreign and too challenging for a still fragile country to handle. Meanwhile, references to increased mobility and migration, as possible determinants of drug use prevalence are likely to stem from Lithuania's most recent developments, particularly its integration into the EU.

Overall, the thematic analysis of five Lithuanian drug strategies shows that divergent themes and policy rationales within the drug policy debates in Europe (and globally) are reflected in evolving and contradicting constructions of the 'drug problem' in Lithuania. However, it is crucial to acknowledge here that the scope of this thesis is insufficient to confirm the origin of these 'borrowed' expressions. Also, it is impossible to check whether presuppositions inherent in the discovered problematisations have actually resulted in corresponding policy outcomes.

Conclusion

This thesis project sought to unveil how Lithuanian drug policy documents used language to problematize the ‘drug issue’ since the introduction of the first comprehensive drug strategy in 1999. To do so, this thesis critically engaged with five Lithuanian drug policy strategies by following an approach informed by Bacchi’s analytical framework ‘What’s the Problem Represented to Be?’ Having examined themes and patterns inherent in the selected documents, the thesis generated a comprehensive depiction of the various representations of the ‘drug problem’ over the years. Where it was possible, both the similarities between the documents as well as the departing points or discourse evolution from one strategy to another were identified.

Among the most prominent findings to emerge from this thesis is the underpinned transition towards neo-liberal discourse, which is still unfolding in Lithuanian drug policy. Central to this move is the increased emphasis on the individual agency that is supposedly favorable for more permissive drug policy, particularly harm reduction measures. Yet, the very essence of the neo-liberal understanding of public health contradicts with the morally-weighted representation of drugs and people using them. The latter is highly prevalent and consistent throughout the four most recent Lithuanian strategies. Often invoked when referring to specific categories of individuals, value-based representation holds strong potential to stigmatize people whom the policy aims to aid. These and other less prominent but equally important insights of this thesis not only prove the necessity to delve beyond the face value of policy language, but also call to carefully weight up its desirable and undesirable effects on *actual* policy outcomes.

It is important to acknowledge that the analysis carried out by this thesis could have taken multiple directions. Thereby, it cannot provide the reader with an exhaustive examination of all the themes present in Lithuanian drug strategies. To adjust for the scope of this small project, a rationale for theme selection was set by following Bacchi's analytical framework. Accordingly, solutions to policy issues were assumed to stem from problem representations themselves. Therefore, themes concerning policy responses, as defined in the strategies, were left out of the analysis and addressed only indirectly. Furthermore, while this thesis succumbs to the notion that discourse tangibly shapes *real* policy outcomes, the likely effects of the 'drug problem' identified in the analysis of Lithuanian drug strategies are regarded as no more than that – *potential* effects. These, however, could serve as a starting point for further research aimed to check whether shifts in drug policy problematisations have induced corresponding changes in regulation, budgeting and other substantive policy outcomes. Another fruitful endeavor would be to detect the set of actors, interests or political rationales that give rise to discursive shifts and policy change.

To the best of author's knowledge, this thesis is the first attempt to apply Bacchi's framework to analyze drug policy language in Lithuania or any other CEE country. As such, it extends the empirical use of Bacchi's workings, in addition to focusing on a country located in a region that receives little study. In doing so, it fills in a gap within the existing body of research that is not likely to be addressed due to the inherent language barriers. As a result, the outcomes of this thesis contribute to the ultimate goal of mapping drug policy discursive reproduction and development across Europe and globally.

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