

***Medicinal Cannabis Users Downplaying and Shifting Stigma:  
Articulations of the 'natural', of what is/is not a 'drug' and oppositions  
with 'chemical' substances.***

**Abstract**

Whilst sympathy exists among the general public for chronically ill and/or disabled people who use cannabis medicinally, cannabis remains a prohibited substance in the UK. How do medicinal cannabis users negotiate this potential stigma when talking about their use of this substance? I reflect on the spoken discourses of 10 medicinal cannabis users (from a sample of 32), obtained by way of qualitative interviews, adopting a critical discourse analysis approach to the data. Specifically, I focus on their articulations around three related themes: cannabis as a 'natural' substance, discursive oppositions between cannabis and other substances and articulations about what is/is not a 'drug'. I examine how participants articulated these themes in ways that attempted to negotiate the potential for stigma that talking about their substance use involved. I found they used rhetorical strategies that *downplay* their own deviance, attempt to *shift* the application of stigma to users of other substances or both. I argue that the more powerful the discursive resources that are articulated, the less rhetorical work an individual has to do to negotiate positive moral standing in an encounter. I also consider to what degree these articulations involved constructions emphasising individual self-control. I argue that in asserting that cannabis is a 'natural' substance (and therefore is less inherently risky to use than manufactured substances) the participants do emphasise their individual self-control.

**Keywords:** Medicinal cannabis, discourse, drugs, natural, deviance, stigma, normalization, Bourdieu.

## **Introduction**

A significant body of research exists regarding how illicit drug users attempt to maintain a positive perception of the self when discussing their substance use and that of others (see Peretti-Watel, 2003; Hellum, 2005; Rødner, 2005; Omel'chenko, 2006; Radcliffe and Stevens, 2008; Hathaway *et al.*, 2011; Sandberg, 2012; Mostaghim and Hathaway, 2013). However, less research exists that considers this with regard to medicinal cannabis users (see Bottorff *et al.*, 2013; Pedersen, 2014) and even less considers this and the discursive/rhetorical techniques involved in doing so (Author, 2018). As well as being methodologically significant (see Author, 2018) this is important because medicinal cannabis users occupy a distinct position in the respect that they have come to use an illicit substance out of necessity to deal with the symptoms of a chronic illness or an impairment, yet still have to deal with the stigma associated with the use of that substance and its' illegality.

In order to understand how medicinal cannabis users attempt to maintain a positive perception of the self when discussing their use of this substance, and the discursive/rhetorical techniques they use when doing so, I reflect upon the discourses of 10 medicinal cannabis users (from a set of interviews I conducted with 32 participants). I concentrate on three related themes - articulations involving ideas about cannabis being 'natural', discursive constructions of what is/is not a 'drug' and discursive oppositions between

cannabis and 'chemical' substances. Whatever themes stigma management elicits, there are two basic strategies, which I call *downplaying* and *shifting*. Individuals can attempt to *downplay* their own deviance, they can attempt to *shift* the application of stigma onto others, or they can combine the two.

After reflecting upon instances of participants' articulations, I argue that the more powerful the discursive resources that are articulated, the less rhetorical work an individual has to do to negotiate positive moral standing in an encounter. I also argue that in asserting that cannabis is a 'natural' substance (and therefore is less inherently risky to use than manufactured substances) the participants emphasise their individual self-control.

## **Background**

Cannabis tincture was a popular medicinal substance, for addressing pain, between 1840 and 1900 (Grinspoon, 1994). Over the span of the twentieth century, cannabis increasingly became understood as a recreational 'drug', with connotations of deviance, as opposed to a substance with medical potential. However, since the early 1970s in the U.S. (Dunn and Davis, 1974) and later in the UK (Author, 2003; Ware *et al.*, 2005) and other countries, a growing number of people have reported using cannabis for a range of symptomatic benefits. Typically these are individuals with a range of chronic illnesses (for example multiple sclerosis or arthritis) or impairments (for example spinal cord injury). Subject to the illness or impairment in question, they report a range of benefits from using cannabis (Author, 2003; Ware *et al.*, 2005; Sexton, *et al.* 2016).

Despite what tend to be labelled as ‘anecdotal’ claims for cannabis’ medical efficacy, as well as clinical evidence (see Zimmer and Morgan, 1995; Dansak, 1997; Hollister, 2001; Musty and Rossi, 2001; Leung, 2011; Kickman and King, 2014), cannabis remains a controlled class B substance under the 1971 Misuse of Drugs Act, in the United Kingdom. From November 1<sup>st</sup> 2018, expert doctors have been able to prescribe cannabis-based medicines in the UK (GOV.UK, 2018), not cannabis *per se*. Many medicinal users argue that cannabis is the only substance that provides them with symptomatic relief and a reasonable quality of life (Author, 2003), but in using it they live with the possibility of criminal prosecution. Whilst it has been argued that cannabis has undergone a degree of ‘normalization’ among a section of typically, though not exclusively, younger people in the UK (Parker *et al.*, 1998; Parker, 2005), the use of any illegal substance for others, and the potential for stigmatisation and criminalisation, remains a very sensitive issue. Of the 10 participants I discuss in this article, eight had used cannabis prior to using it medicinally and two had not. For those who had used cannabis in a recreational fashion, this tended to be when they were significantly younger, with a gap between this and their later medicinal use.

## **Context**

Medicinal cannabis use must be located within the context of increasing levels of scepticism towards contemporary health division and its’ institutions around *many* issues (see Clobert *et al.*, 2015; Biss, 2014; Zheng, 2015 from thousands of papers) and an increasing affinity for ‘natural’ products in

everyday life (see Moscato and Machin, 2018; Nissen, 2015; Rozin et al., 2004). As Porter (1997) noted, from the inter-war years until about 1970, patients, broadly speaking, regarded the medical profession as benign and the populace generally wanted more of the profession. Yet, by the 1970s there was a growing part of the population who were no longer convinced that scientific-medicine was the best, or only, approach for dealing with illness (1997). It is perhaps the case that fractions of the population, living in an increasingly media-saturated society, were becoming sceptical about bio-medical solutions and were unlikely to remain as enthralled with scientific-medicine as they once were.

Illich (1995) comments on the change in attitude to scientific-medicine in the U.S. in the 1970s, but also touches on something broader:

“A generation ago, children in kindergarten had painted the doctor as a white-coated father-figure. Today, however, they will just as ready paint him as a man from Mars or a Frankenstein [...] a new mood of wariness among patients has caused medical and pharmaceutical companies to triple expenses for public relations [...]. Americans have come to accept the idea that they are threatened by pesticides, additives, and mycotoxins and other health risks” (Illich 1995: 225-226).

Illich ties the criticism of science and scientific-medicine to concerns around the environment, with science seen as ‘meddling with nature’ and as being a

danger, rather than a benefit, to humanity. The dystopian discourse that he refers to is also interesting as it is a prominent feature of the way in which other contemporary concerns, for example those around genetically modified foods and cloning, are often articulated in public discourse. Such concerns around scientific-medicine, cloning and genetically modified foods draw on common discursive resources that may be located within the increasingly fraught nature-society public debate (Beck 1992; Murphy, 2018; Nerlich *et al.* 1999; Robbins *et al.*, 2014; Sutton 1999).

Such narratives frequently involve the discursive opposition of science and the 'chemical', to that which is articulated as being 'natural'. Coward argues that 'nature' has powerful associations with notions of virtue, morality, cleanliness, purity, renewal, vigour and goodness (Coward 1989; cited in Lypton 1995) and the opposition between this and the representations of 'Frankensteinian' scientific-medicine with its iatrogenic effects (Illich 1995) is obvious and understandably appealing.

In the changing relationship between society and nature, nature is increasingly seen not just as something to be preserved and appreciated, but also as the provider of alternatives to the inherent manufactured risks of 'non-natural' products. Such articulations are seen in many public discourses, such as food and medicine (Moscato and Machin, 2018; Nissen, 2015; Rozin *et al.*, 2004). As I will discuss, they can also be found within the discourses of medicinal cannabis users.

## **Talking about drug use: discourse, identity, normalization and stigma**

Rhetorical work in which individuals manage the perception of the self, the substance in question and their use of it, is commonly found in interviews with drug users (see Peretti-Watel, 2003; Hellum, 2005; Rødner, 2005; Omel'chenko, 2006; Radcliffe and Stevens, 2008; Hathaway *et al.*, 2011; Sandberg, 2012; Mostaghim and Hathaway, 2013; Pedersen, 2014). Such research is mindful of Goffman's (1968) advice that those who could be seen as 'discreditable' people can pass as 'normal' providing that they can manage information about the source of potential 'shame'. How drug users present themselves in interviews is very much about managing that information and attempting to influence how they are perceived. Methodologically, it is important to see these identities as contextual to the interview and co-constructed by the interviewer, shaped by the interviewer and interviewees' understandings of the interview and aims of the research (see Author, 2018). The strategies that I call *downplaying* (where an individual plays down the stigma associated with their behaviour) and *shifting* (shifting the application of stigma onto others), or both, are found across this literature. In a discussion of how heroin users negotiate the 'junkie' identity in interviews, Radcliffe and Stevens (2008) note how their participants excluded themselves from this category, but also acknowledged its' validity regarding 'others'. Similarly, Rødner discussed how those she described as "socially integrated drug users" (2005: 333) contrasted their drug use with those that they constructed as 'drug abusers'. Peretti-Watel (2003) built on Sykes and Matza's (1957) neutralization theory, which discussed the verbal techniques that juvenile offenders used to justify or excuse their behaviour. Peretti-Watel (2003) found

that French cannabis users he interviewed engaged in risk denial by contrasting their cannabis use with 'hard' drugs, comparing cannabis to alcohol and emphasizing the risks of the latter. Mostaghim and Hathaway (2013) noted how Canadian undergraduates exhibited a more nuanced and fluid understanding of being a 'user' or 'non-user' of cannabis, dependent on the context of the social situation.

Hammersley *et al.* (2001) presented three aspects of the process by way of which cannabis users negotiated identities in social encounters. *Signification* involved considering the meanings of the drug in question, as understood by the social actors involved. I would suggest that this also involves how each actor imagines that the other understands the drug in question and, perhaps, the universe of meanings around 'drugs' more broadly (which tend to be negative). They discussed *negotiation* in relation to how the cannabis user negotiated their self-presentation, subject to audience and the context of the social situation. For me (see Author, 2018), in interviews, both participant and interviewer are negotiating identities, though the participant usually has much more work to do to negotiate stigma. Finally, Hammersley *et al.* (2001) discussed *categorisation*. Categorisation is what was being negotiated, how one actor was understood by another, in terms of extant categories, for example, Rødner's (2005) 'drug user' or 'drug abuser'. I am also interested in the kinds of identities that are 'conjured' by my participants, 'others' that are used in comparison to make themselves look better or onto whom blame can be *shifted*.

Sandberg (2012) identified 'normalization', subcultural and risk denial discourses in his interviews with Norwegian cannabis users. He concluded



that all of these could be seen as responses to stigmatization, challenging ideas around the assumed normalization of cannabis in Western societies minimising the amount of stigma that users might feel they have to manage. This idea is supported by the very existence of so much rhetorical work being exhibited by participants in such research. If they did not feel the potential for stigmatisation, why would they negotiate how they portray themselves and their cannabis use so much in their interviews? Hathaway *et al.* (2011: 451) discussed this in relation to Goffman's distinction between *normalization* and *normification*, arguing that:

“ ... stigma is internalized by users which results in the active reinforcement and performance of established cultural requirements emphasizing self-control.”

I examine the three themes articulated by my users and see whether they use these to emphasize self-control or whether there is more to it than that.

Regarding the normalization thesis literature, much has changed since Measham *et al.* (1994), Parker *et al.* (1995) and Parker *et al.* (1998), some 20 years ago. Since then, critics have made their points, e.g. Shiner and Newburn (1997) and many others since, and the literature has proliferated.

The reader may wish to read the special issue of the journal *Drugs, Education, Prevention and Policy* from 2016, for a perspective (nearly) 20 years later.

However, my paper focuses on medicinal cannabis use more than drug normalization *per se*, or as it is increasingly referred to in the literature

Cannabis for Therapeutic Purposes (CTP). Within the changing normalization literature, the concept of 'differentiated normalization' (MacDonald and Marsh, 2002; Shildrick, 2002) has some relevance here, not with regard to youth culture and drug use, but to think about medicinal cannabis use, in particular, and whether normalization has occurred around it. It is a complicated picture though, which I can only give a flavour of due to space. Less research into the management of stigma relating to medicinal cannabis users, than recreational drug users, exists. Pedersen (2014) interviewed Norwegian cannabis users who identified as medicinal users with self-diagnosed ADHD. He discussed the need among his participants to engage in rhetorical work, as all of them had previously been recreational cannabis users. The symbolic boundary work attempted to establish and maintain 'medical user' identities in opposition to 'recreational use' others and their own 'recreational use' pasts. Acevedo (2007) found that UK media coverage in 2004 defined British cannabis users (including medicinal users) as otherwise law-abiding, but that cannabis use after the reclassification to class B was described in much of the media in far less positive ways. Even after the legalization of cannabis for medicinal use in Canada, in 2001, Bottorff *et al.* (2013) found that the ambiguity between cannabis being a legal 'medicine' and an illegal 'drug' meant that stigma remained an issue for Canadian medicinal users over ten years later. Sznitman and Lewis (2015) found that 69% of stories in the three biggest selling Israeli newspapers, about medicinal cannabis, framed cannabis as a medicine. Yet even 31% of stories, that were about medicinal use, still framed cannabis as an illicit 'drug'. So the discourse of 'cannabis as medicine' found significant resistance. To complicate matters even more,

Asbridge *et al.* (2016) discussed a usually overlooked issue within cannabis normalization, the practice of smoking it with tobacco. If normalization is occurring around cannabis, recreationally, medicinally or both, Asbridge *et al.* argue that de-normalization is occurring around tobacco. This raises the very curious question as to whether, at some point in the future, cannabis users (medicinal or otherwise) could potentially be stigmatised more for their use of tobacco (if they smoke cannabis) than for the cannabis they mix it with?

As well as existing literature on how substance users rhetorically construct identities, manage stigma and on medicinal cannabis use and normalization, there is also work discussing the broader discourses existing within society that construct psychoactive substances as objects of knowledge and practice. Space limits discussion of this work, which has a long history - see Lindesmith (1940) and Christie and Bruun (1969) for example. However, Tupper (2012) discussed three contemporary meanings of the word 'drug' and showed how these inform public policy and discourses. Importantly, for my work, public discourses of course includes the discourses of drug users themselves.

Tupper discussed the three categories of psychoactive substances as: 'drugs' (illegal psychoactives associated with negative connotations such as addiction and criminality), 'non-drugs' (legal psychoactives that tend to be seen as less dangerous, e.g. alcohol, or associated with little danger, e.g. coffee) and 'medicines' (psychoactive substances permitted for restricted use under the direction of medical staff). Interestingly, one may ask the question as to whether changes in the legal, social and political context of cannabis use in recent years in many countries around the world has meant that cannabis now occupies all three of Tupper's (2012) classifications? Building on Tupper's

(2012) work, Duff argued that 'cannabis' can no longer be regarded as a singular entity at all, "... given the diversity of relations, practices, semiotic registers and political squabbles in which the drug is produced as an object of knowledge and practice" (2017: 677). Duff (2017) also argued, using two of Tupper's (2012) three categories, that 'cannabis' may be changing from a 'drug' to a 'non-drug'. Elements of articulating cannabis as a 'non-drug' and opposing it to other 'drugs', and sometimes 'non-drugs' like alcohol, are found in the excerpts discussed by myself below.

### **Method and methodology**

Thirty-three disabled and/or chronically ill people were recruited by way of advertising and the use of a 'snowball' sampling technique (Becker 1963). Of the 32 participants whose data was used (one interview could not be transcribed), 13 were male and 19 were female. The study group also covered a broad range of forms of chronic illness (some of which may or may not lead to impairment) and types of impairment. The most common forms of chronic illness were multiple sclerosis (14 participants) and various forms of arthritis (eight). Other chronic illnesses and/or forms of impairment that participants had included chronic fatigue syndrome, respiratory and muscle weakness, orthopaedic problems, congenital fibromyalgia, spondylitis, cerebellar ataxia and spinal chord injuries. Of the 32 participants, two were aged below 30, eight were aged between 30 and 40, 14 were aged between 40 and 50, six were aged between 50 and 60 and two were aged over 60, the mean age of participants being 44.5 years of age. Participants primarily reported using cannabis medicinally due to dissatisfaction with prescribed medication.

Semi-structured interviews were conducted with all participants. In all but two instances, these were done at their homes (the other two elected to come to my university office). The length of the interviews varied from approximately ninety to one hundred and eighty minutes. Ethical approval for both the original research and thesis were obtained from the XXXX for peer review Research Ethics Committee. It was decided not to use a complex transcription system, such as the Jefferson transcription system, as most of the detail that this provides was not required and it would have hindered ease of readability. A critical discourse analysis approach to the data was employed. Of the 33 participants interviewed, the data from 32 was used in the study reported on here. One of the participants had a severe speech impairment that, unfortunately, made transcribing that interview too difficult. A paper-based approach to analysis was preferred to computer-aided analysis, allowing me to get closer to the data. The initial stage of analysis involved reading and re-reading transcripts and revisiting interview recordings, to familiarise myself with the data. Following this, coding took place. What is presented here is just one part of the analysis, reflecting on the accounts of ten participants whose articulations are illustrative of the 19 that articulated cannabis as being 'natural'.

In terms of demographic characteristics, the 10 participants (made anonymous by myself) can be described as follows (see table 1):

Name (anon.)	Age	Illness/Impairment	Current/former occupation	Highest level of education
Catherine	46	Arthritis	Clerical work	Compulsory
Charles	41	Multiple sclerosis	Army officer	Compulsory
Danny	59	Spondylitis	Labourer	Art College
Ruth	45	Rheumatoid arthritis	Social worker	Graduate
Simon	39	Poly arthritic	Car mechanic	Compulsory
Wendy	32	Fibromyalgia	Disability assistant	Graduate
Grace	41	Rheumatoid arthritis	Head of policy	Post-grad.
Keith	28	Cerebellar Ataxia	Clerical work	Compulsory
Felicity	43	Multiple sclerosis	TV producer	Post-grad.
Deborah	56	Multiple sclerosis	Bank clerk	Compulsory

Table 1 Summary of participant information.

Whilst this article is concerned with discourse analysis and how the participants rhetorically negotiated stigma in the interviews, readers may care to know a little more about the cannabis use practices of those discussed. In terms of administration, seven of the ten participants discussed smoked cannabis, two mainly ate and drank it and one smoked, ate and drank it. This is in keeping with the overall sample of 32, 24 of whom smoked it. Ten of the 24 that smoked cannabis had health concerns about doing so, but acknowledged that they found it the most effective way to use it (in terms of gauging an effective dose). Reported reasons for use all related to symptom management. The stated perceived benefits were most commonly pain management, then bodily relaxation (addressing stiffness and spasms in some cases), enhanced sleep and addressing mood/depression. Again, pain management was the most common response within the overall sample of 32 participants, with a range of other symptom-related benefits also discussed. When asked whether they needed to feel a 'high' to achieve the required symptom management, eight of the ten discussed in this paper replied 'no'. Danny and Keith replied yes, stating that this helped them with low mood. Out

of the overall 32, seven participants sought a 'high', again to enhance low mood.

### **Articulations from the medicinal cannabis users' discourses**

#### **(i) Articulations of 'nature' and the 'natural'**

It became apparent, relatively early in the interviewing period, that talking about 'nature' and the 'natural' were of considerable significance and occupied a central role in the discourses of the majority of participants I interviewed. Whilst I only discuss the articulations of 10 participants in this paper (due to space), 19 of the total of 32 participants discussed cannabis in relation to ideas about 'nature' and the 'natural'. Those who shared the common sense assumption that 'natural' is intrinsically healthier frequently articulated this when discussing their use of cannabis. Rhetorically, this has the effect of *downplaying* the potential for the application of stigma in the ongoing negotiation during the interviews of how cannabis is signified and, thereby, how they as individuals are potentially categorised (Hammersley *et al.*, 2001) by the interviewer. Sometimes, this was articulated in short comments, for example:

Catherine: I still think it's [cannabis] healthier. I really do. More natural, you know.

This brief comment from Catherine draws on the prevalence and taken-for-grantedness of the notion that 'natural is better' (Coward 1989; cited in Lypton 1995). If an idea has come to attain the status of being 'common sense' it

tends to be understood as requiring little or no qualification, as we see here from Catherine. In terms of conversations often involving the imposition of one understanding of an issue over another, this is very powerful, rhetorically. Considering the participants' interviews in the context of the UK government's and medical authorities' refusal to see cannabis as medicinally useful (BMA, 1997), (which has only in 2018 changed, and then only regarding cannabis-based medicine, not cannabis itself) this is significant. Powerful and accepted discourses must be drawn on to contest other powerful discourses.

Charles, unlike Catherine (and unlike Danny below), makes rhetorical effort to emphasise his own responsibility (Hathaway *et al.*, 2011) in his negotiation of the signification (Hammersley *et al.*, 2001) of cannabis and, thereby, the categorisation of himself as a responsible person. Again, articulating ideas about cannabis as being 'natural' has the effect of downplaying the potential for the application of a deviant identity within the interview:

Charles: ... I use something that's entirely natural [cannabis], that can't be too bad. I don't see that there's a problem in that, in that there is, I don't know, shall we, shall we say that it was going to be beneficial for you as a human being to have two glasses of mineral water a day, chances are that you'd have two glasses of mineral water a day and I believe, I don't see what's wrong with it, I mean, as an entirely natural substance [cannabis] ... .



As before (with Catherine), Charles employed the power of articulating a 'common sense' argument. This time, the widely accepted health benefits of drinking mineral water, which itself draws on the power of 'natural is better' (Coward 1989; cited in Lypton 1995), is brought into play. Interestingly, from a rhetorical perspective, this quote begins and ends with the phrase "*entirely natural*". This is an example of extreme case formulation (Jefferson, 1991, cited in Woofitt, 1993). Inter-textually, notions of purity are being brought into play and emphasised further by the term 'entirely', so this fairly brief passage of articulation draws on the power of the 'common sense', the likening to another practice that is commonly accepted as being healthy and this excerpt begins and ends by articulating notions of purity.

Some interviews featured narratives that located cannabis in relation to what can be seen as the fragile trust in science, medicine, technology, government and 'expertise' (Beck 1992) and the related, and equally fraught, public discourse on the relationship between society and nature (Beck 1992; Nerlich *et al.* 1999; Sutton 1999). The following excerpt features such ideas, by articulating the idea of nature as a system of cures:

Danny: ...it is as if God gave me it [cannabis] in, it's part of creation. But as in many things you'll find that, for many conditions there are natural cures that exist in nature, you know. [...] but it seems that because of vested interest, man has, has purified certain chemicals and taken bits out and, and use those instead of using the whole of it [cannabis] and the ones, and

there seems to be a vested interest in, in keeping people using patented medicines instead of using natural cures ... .

This excerpt contrasts the assumed inherent goodness of nature and God with the vested interests of humanity – the implied, but unnamed, pharmaceutical companies. In a good versus evil type narrative, the plea to have cannabis seen as something righteous is, again, rhetorically powerful as an attempt to downplay the potential for the application of deviance during the interview.

### **(ii) Cannabis opposed to chemical substances**

Six participants, of whom I will discuss three (due to space), spoke about cannabis by opposing it to ideas about 'chemical' substances in various ways. Participants' articulations of cannabis' 'natural' qualities often involved the use of the rhetorical strategy of contrasting it with other substances (prescribed medicines, other illicit drugs, tobacco and alcohol), with these being articulated in ways that emphasised connotations that are increasingly associated with manufactured risk (Giddens, 1999). Such articulations use both downplaying and shifting strategies.

Annie gave an interesting account that hints at where her ideas came from.

Annie: I have very good friends that looked after me and they educated me with it. They, they've forbidden me to take any amphetamines, like what they used to be called then, speed,

acid, mushrooms, coke, heroin. They forbided (sic) it. They forbided any chemicals... .

Annie: ...all the tablets that doctors give you, why the hell can't they do it to the cannabis, because the chemicals the doctors in the pharmacy give you do more damage... .

The "very good friends" to whom she referred were a group of bikers that she was a part of. In the first excerpt, Annie lists substances she was forbidden to take. Forbidden is quite a strong word and it emphasises the risks inherent in their consumption if they are "forbidden" things (the possible contradiction of including mushrooms in a list of non-naturally occurring substances is overlooked). The second excerpt suggests an interpretation made by Annie, or at least constructed within this account, of the iatrogenic effects (Illich, 1995) of her encounters with the medical profession being due to the "chemical" constituency of prescribed medicines that she had been given. In both excerpts, shifting is used, with the risks of consuming "chemical" substances being alluded to.

Another participant, Deborah, constructs cannabis in opposition to the 'chemical' in a more direct and explicit excerpt.

Deborah: Yes I have Diazepam for spasm. For me, in an ideal world, I would go for physiotherapy, no drugs like that, they've all got side-effects and some cannabis, which I think is more

natural somehow a more natural substance. I may be totally wrong. I know it's natural because it grows as opposed to some sort of chemical thing... .

In this excerpt, prescribed substances, like Diazepam, were constructed as having side-effects and cannabis was constructed as not having side-effects, or at least less likely to because it is 'natural.' The risks of using cannabis are downplayed and the risks of using "some sort of chemical thing" are emphasised, partly using extreme case formulation (Jefferson, 1991, cited in Wooffitt, 1993) in "they've *all* got side-effects". The absolute certainty of her ontological category of 'natural' is questioned for a brief moment but then reaffirmed by the common-sense assertion that it must be natural "because it grows."

Ruth articulated cannabis by way of a discursive opposition, as being natural and therefore preferable to non-natural prescribed medicines, which are not.

Ruth: I regarded it [cannabis] more as a natural product, rather than things like Valium and alcohol and the other types of drugs that were about. I've never really looked upon it as being in the same context as things like Valium, right, which help to relax you. I've always regarded Valium as a pharmaceutical type drug which I don't have any time for.

Here, the distinction between cannabis, as a 'natural' substance, and Valium and "the other types of drugs that were about", as dangerous manufactured drugs, is constructed. Rhetorically, both downplaying and shifting are evident, as Ruth downplays the risks of cannabis use by articulating it as a "natural product" and then describes Valium as a "pharmaceutical type drug". An opposition is constructed, in which all manner of risk connotations associated with manufactured risk are connoted.

### **(iii) Articulations of cannabis and what is/is not a 'drug'**

The argument that cannabis is not a 'drug' is an interesting discursive assertion and one that both Tupper (2012) and Duff (2017) address (a 'non-drug' in their terms). Articulating cannabis as a non-drug has the rhetorical advantage for participants of downplaying the perception of cannabis as risky/problematic and reducing the possibility of the participant being stigmatised in the negotiation of their identity during the interview. It draws on the previously discussed ideas that cannabis is safe and benign and opposes this to the ideas of 'drugs' as substances that are dangerous in numerous ways, thus shifting the potential for stigma onto them. The notion that cannabis is a 'soft' drug draws explicitly on the 'soft' drug/'hard' drug discursive dichotomy that has great prevalence in the discussion of drugs in everyday life (Coomber, 2000). In this respect it might be argued that such articulations draw on culturally prevalent ways of talking about and understanding drugs (Glassner and Loughlin n.d., cited in Silverman, 1994), which can be taken as reflecting and articulating the 'normalisation' among *some* in society of certain drugs, particularly cannabis, in recent years (Parker

*et al.*, 1998), which in the practical understandings of many has detached cannabis from connotations of 'risk' and 'abnormality'. This detachment tends to be partial though. If it were not, we would not see as much rhetorical negotiation around drug user identities and the signification of the drugs they consume. Hathaway *et al.*'s (2011) discussion is relevant here, as my participants clearly have either internalised stigma or, at the very least, are aware of the possibility of it being applied to them. These articulations of cannabis 'not being a drug' are not limited to the U.K., as can be seen in Omel'chenko's (2006) discourse analysis of Russian drug users sometimes constructing cannabis as *ne narkotik* (not drugs).

The argument that cannabis is not really a drug was explicitly made by three participants and employs an opposition being articulated between cannabis and other illicit substances (typically the so-called 'hard' drugs of 'crack' cocaine and heroin), often drawing on the discursive distinction between the 'natural' and the 'chemical'. However, this dichotomy is incredibly prevalent in the accounts of participants in relation to all kinds of issues. The discursive category of the 'natural' is taken by most participants to be intrinsically preferable in many ways but particularly in terms of safety. 'Chemical' substances are typically constructed as dangerous.

Simon: People just don't know anything about it, do they?

They don't, they don't see that cannabis is not really a drug, is it? It's something totally different. It's away from all the chemicals like heroin and cocaine, the 'crack'...

Wendy: So any chemical drugs, I'm opposed to probably nearly all of them and it's, it's a different category. I, in my mind, I don't perceive cannabis as a drug *per se*. I see it as a remedy or a relaxant or whatever and I would never touch things like heroin, 'crack'... .

Both Simon and Wendy downplay stigma by insisting that cannabis is not a 'drug' and they shift the potential for categorisation (Hammersley *et al.*, 2001) of themselves as deviant by opposing cannabis to other 'drugs'. Simon and Wendy reinforce the distinction by speaking about what are arguably the two most stigmatised drugs in the UK, heroin and 'crack'. The associations that these drugs carry in the minds of many, those of addiction, criminality and generally a high level of risk, greatly adds to the distance that these two participants are constructing between themselves and users of these other substances.

Grace explicitly articulated cannabis as a 'soft' drug in her interview, very simply downplaying the risks of cannabis use and shifting potential stigma onto users of 'hard' drugs. In doing so, she made use of the prevalence of the 'soft/hard' drug dichotomy in the general discourse on drugs (Coomber, 2000).

Grace: I considered it [cannabis] a soft drug. I would never take hard drugs and I've also got complete phobia about needles . . . .

Keith problematised the broad term 'drugs' and argued that the term tends to homogenise the different substances that it encompasses. He used the examples of cannabis and heroin and also argued that alcohol and cigarettes are "far worse" than cannabis (shifting) and that if cannabis is to be included in this all encompassing term 'drugs' then so should they.

Keith: I think one of the problems as well is that they, they, because it's unfortunate but, because drugs is such a broad term, you know? People say drugs, yeah, and they include cannabis in the same word that seems like heroin. They're just not the same, you know? If you're going to do that then you might as well mention alcohol and cigarettes, you know, things that are far worse.

Another participant, Terry, can also be seen as questioning the language used in terms of what is seen as a drug and what is not, around alcohol.

Terry: I kept it [smoking cannabis] a secret for a while because they've [his parents] made it plain that they were anti-drugs, anti-drug use completely, apart from the fact that they used to drink wine quite regularly, which to me is drug use.



Earlier in this section a number of participants were shown arguing that cannabis is not a 'drug', whereas Keith and Terry argued that other substances not usually spoken about as being 'drugs', cigarettes and alcohol, *are* 'drugs'. This is significant when one of the main tenets of discourse analysis is considered, i.e. that discursive constructions shift subject to what individuals are using language to accomplish. Bearing this in mind, participants often either argued that cannabis was not a 'drug' or that other substances were 'drugs', with the effect usually being to *downplay* the stigma of cannabis or to *shift* the application of stigma onto other substances and their users.

### **Cannabis as 'natural': The *power* of prevalent common-sense discourse**

In this paper, I have presented and reflected upon articulations of three inter-related themes and how these were used to *downplay* stigma, *shift* stigma or both. The three inter-related themes were ideas about cannabis being a 'natural' substance, rhetorical constructions of cannabis in opposition to ideas about 'chemical' substances and discursive constructions of what is/is not a 'drug'. In practice, there is a degree of overlap between these. For example, cannabis may be articulated as safe and, therefore, the user as 'not' being deviant because it is 'natural', not 'chemical', with the assumed risks of such substances and an example of a 'chemical' 'drug', such as Valium, may have its' risks emphasized to, in turn, downplay the dangers of using cannabis.

Much of the rhetorical work focused on here involved the idea, assumed to be self-evident by the participants, that 'natural is best'. As negotiations of the signification of cannabis within the interview, and thereby of the potential categorization of themselves as deviant or otherwise (Hammersley *et al.*, 2001), this is effective and draws on highly prevalent discourses in everyday life about natural products and lifestyles as being preferable (Moscato and Machin, 2018; Rozin *et al.*, 2004; Nissen, 2015). The articulations involving ideas about cannabis, 'nature' and the 'natural' *downplay* the deviance of cannabis use very effectively. How can it be wrong, it's natural?! The *shifting* articulations opposed cannabis to other, 'chemical', substances and those that negotiate around whether cannabis is a 'drug' or whether it is other substances that are 'drugs', also depend on ideas about nature being preferable to that which is 'chemical'. Why is this idea so central to these articulations?

Whilst these articulations were specific to the situation in which they were produced (my interviews with the participants), they drew on existing ideas. These ideas can collectively be conceptualised as part of a heterodoxical discourse, one that arises to challenge dominant beliefs (Bourdieu, 1979; 1992). Bourdieu argued that to be successful in challenging dominant beliefs, heterodoxical discourse has to produce a *new common sense*. The core articulations of cannabis as 'natural' achieve this rhetorical function and draw on the highly prevalent tendency within contemporary society to see nature as being:

“ ... safe, gentle and [having] inherent properties which will benefit individuals” (Coward 1989: 19; quoted in Lypton 1995).

Articulations of ‘nature’, the ‘natural’ and cannabis hold this heterodoxical potential due to the sheer discursive prevalence of ‘nature’ and ‘the natural’ tending to be understood as inherently preferable in a range of ways to ‘chemical’ products. Further, the prevalence of this thinking is increasing in day-to-day public discourse in relation to numerous issues (see Moscato and Machin, 2018; Nissen, 2015; Rozin et al., 2004) and holds significant potential *if* drawn on.

I say *if* drawn on, because discursive resources do not articulate themselves. We have seen excerpts from participants that are challenging, critical, and questioning in their constitution. Where do these participants get their power to do this? In a discussion of Bourdieu’s work, Deer (2008) points out that heterodoxy most efficiently arises from those social groups who are relatively high in cultural capital but relatively low in economic capital (they have plenty to use in their arguments and plenty to argue about). Many of the participants discussed in this paper do fit into this social class fraction: Ruth the social worker, Grace the Head of Policy, Felicity the TV producer, even Danny the labourer who had been to art college and romantically professed to prefer the honesty of manual labour. However, some do not fit this high in cultural capital but low in economic capital class position, such as Simon the mechanic, Deborah the bank clerk and Keith the clerical worker (all with compulsory levels of education). To explain their articulation of this

heterodoxical discourse I will only argue that the sheer prevalence of ideas about 'natural being better' and fears about the risks of 'chemical' substances mean that they are within the reach of most members of society, especially in the age of the internet, not just those higher in cultural capital.

Deer also says that "... though it may seek to be critical and even heretic, heterodoxy often remains mediated by the ruling doxa" (2008: 124). Not that I would see it as doxa, due to a high level of disputation, but ideas about cannabis being a 'drug', a psychoactive substance associated with various types of danger and risk and a moral stigma attached to its' use still exist, at least for many (see Author, 2018). It may also be the case that the multiplicity of cannabis products, particularly those that are medicinally-oriented, will increasingly challenge this (see Duff, 2017). For now though, I think these ideas do "mediate" the heterodoxical articulations discussed in this paper to some degree. To revisit Hathaway *et al.*'s (2011: 451) discussion of Goffman's distinction between *normalization* and *normification*:

"... stigma is internalized by users which results in the active reinforcement and performance of established cultural requirements emphasizing self-control."

Whilst my participants articulate a heterodoxical discourse in which cannabis is 'natural', safer than other 'drugs' and medicines, a non-drug and so on, they do seem to have internalized the stigma, or at least to be aware of the potential of having it applied to them, and often argue hard against it and the

possibility of being categorised (Hammersley *et al.*, 2001) as ‘drug’ users, with the various negative connotations that holds for them.

As regards emphasizing self-control, there are two points to make. The articulations in relation to what is/is not a ‘drug’ and oppositions with ‘chemical’ substances tended to feature these emphases more explicitly and with more rhetorical work being done by the participants. Compare these to the articulations around cannabis being a ‘natural’ substance, which tended to involve less discursive effort. My view is that the ability of discourses, about ‘natural being better’, to pass as common sense means that articulators of these discourses may feel that they need to argue less hard to be convincing when using them. They may feel that self-control is demonstrated simply because ‘natural’ is self-evidently, at least to them, safe and beneficial. Secondly though, in articulating in ways that construct cannabis as ‘natural’, in opposition to ‘chemical’ substances (and emphasizing the risks of these) and articulating cannabis as not a ‘drug’, the participants are consistently emphasizing their individual self-control. In terms of Hammersley *et al.*’s (2001) ideas about negotiation and categorisation, individual self-control is something the participants clearly sought to emphasize when talking about their cannabis using practices and, in doing so, themselves.

## **Conclusion**

As is commonly found in the articulations of substance users, medicinal cannabis users employed various rhetorical strategies to negotiate their own positive moral standing. My participants’ discourses placed great importance

on the idea that 'natural is best'. I have argued that such discourses may be seen as effective because they draw on the powerful heterodoxical meta-discourse about 'nature' that is highly prevalent in many aspects of everyday life. My participants also articulated ideas that involved constructing discursive oppositions between cannabis and other substances and articulating ideas about whether cannabis is actually a 'drug' or not. Articulation of all three themes involved using rhetorical strategies I have referred to as *downplaying* and *shifting*.

Of the three themes discussed in this paper, I have argued that participants had to engage in more rhetorical work when articulating oppositions between cannabis and other substances and whether cannabis was or was not a 'drug', than when discussing cannabis as a 'natural' substance. The implication of this is that the more powerful the discursive resources being articulated, the less rhetorical work an individual has to do to negotiate positive moral standing in an encounter when drawing on them. An interesting question arising from this is at what point does a heterodoxical discourse have enough force behind it so that it has taken on the status of being a new common sense?

Finally, I was also interested in Hathaway *et al.*'s (2011) discussion of the internalization of stigma and the need to emphasise self-control when discussing substance use. Whether my participants had internalized stigma or were simply aware of the potential of it being applied to them is an interesting question, but the struggle to achieve and maintain an identity that refuted the

application of stigma is what elicited the articulations discussed in my paper. Individual self-control is something the participants clearly sought to emphasize when talking about their cannabis using practices and, in doing so, talking about themselves. Even medicinal cannabis users, with the sympathy that they enjoy from much of the public, clearly still feel threatened with moral judgement.

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