

5 **What can we say about substance use? Dominant discourses and narratives emergent from Australian media**

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10 *(Received 20 April 2007; revised 11 October 2007; accepted 26 October 2007)*

Abstract

Discourses are conceptualised as context-specific frameworks that constrain what can be presented as rational when considering psychoactive substances. Given the implications of this for Australian policy debate and development, research and health promotion, an integrative analysis explored the nature of the dominant discourses as they pertain to substance use. Newspaper articles spanning a 12-month period (April 2005 – 2006) were analysed with the analysis triangulated with visual media and newspapers from 5-years prior. We conclude that within Australia, psychoactive substance use is framed within the dominant discourses of medicine, morality, law, economics, politics and popular culture. The linguistic landscape circumscribed by each discourse is described and the power dynamics underpinning the maintenance of the discourses considered, with each discursive framework shown to delineate unique subject positions that define the numerous individuals concerned with substance use issues (e.g. substance users, politicians, medical experts, etc.).

Keywords: *Discourse, media, Australia, psychoactive substances, policy debate*

Introduction

25 Many of the concepts, theories and definitions of substance use that are present within Australian society can be considered socio-cultural constructions – linguistic products of a particular set of historical circumstances (e.g. Keane 2002; Moore and Rhodes 2004;

2 *S. J. Bright et al.*

Spooner 2005). Foucault (1969, 1972) conceptualised such constructions in terms of discourses, which are described by Hall (1997) as systems of statements that:

30 produce the objects of our knowledge [and] govern the way a topic can be meaningfully talked about and reasoned about. [They] also influence how ideas are put into practice and used to regulate the conduct of others (p. 44)

That is, in constructing an account of reality, discourses inherently make available specific subject positions. Put simply, subject positions are social roles implicitly defined within discourses that stipulate how the person being spoken about can or cannot talk, write or act. 35 Foucault's (1984) later work emphasises the relationship between discourse and power, in which constructions of reality are intimately related to the interests of particular institutions that occupy positions of power within society. Hence, particular discourses will be more dominant within any given context, relative to these social structures. The present article will 40 focus on Foucault's earlier definition of discourse that regardless of the interests of social institutions, dominant discourses becomes self-perpetuating due to the broad acceptance of these constructive frameworks within society.

For example, in considering the rhetoric inherent to particular debates surrounding substance use, Dingelstad et al. (1996) have illustrated that each debate tends to be framed 45 by distinct discourses (or dominant to the particular context), each of which functions to privilege the interests of particular institutions. Thus, with regard to the issue of substance use in sport, Dingelstad et al. (1996) proposed that debate is commonly framed within a moral discourse that perpetuates a construction of the behaviour (e.g. drug use is wrong) consistent with the interests of the sporting conglomerate whose aim is to promote the image 50 of sport as 'fair' and 'pure' to ensure the institution's financial security. Moreover, this discursive framework denies certain act (e.g. athletes who use drugs) from having a voice, through the determined availability of a limited number of subject positions. In this case, athletes who use drugs are denied a voice as a consequence of their being 'immoral', which is diametrically opposed to the 'sport as pure' ideology implicit to the moral discourse.

55 From a psychological perspective, dominant discourses can be conceptualised as worldviews, or schemes (Beck et al. 1979; Young et al. 2003) that are widely accepted by the majority of people within society. That is, they pertain to the dominant cultural group and provide members of society with the cognitive structures that organise their perceptual information. Thus, each discursive framework will produce different (and 60 often incommensurate) approximations of the material reality that the institutions and social structures from which discourses ultimately arise are operating. In this way, discourses might be thought of as frames 'within which representations of the reality of drug use can be depicted ... [and] influence the picture it encompasses' (Martin and Stenner 2004, p. 396).

65 This conceptualisation of discourses is consistent with Harre's (1995) celebration of discursive psychology as the second cognitive revolution and has wide-ranging implications. For example, Australia's emphasis upon the contribution of illicit substances in creating problems within society, despite licit substances creating a larger social burden (Australian Institute of Health and Welfare 2005), might be explained by dominant 70 discourses that maintain this version of reality. Specifically, once dominant discourses are internalised by individuals, the resulting schemas frame their perception in such a way that it 'makes sense' for licit substances to be less problematic. Similar processes are perhaps salient in policy development, such that politicians' dialogue, text and thoughts become constrained by discursive frameworks, thus precluding deviations from the status quo.

75 That is, apparent variations in policy simply reflect fluctuations in the degree to which
incompatible discursive frameworks are favoured – same debate but a different winner. In
this respect, the content of debates concerning ‘harm-minimisation’ vs. ‘zero tolerance’
can be considered temporally static, such that changes in public opinion and policy with
regard to this debate only reflect the perception of substance use being viewed through a
80 different frame. Further, those discourses that are dominant at any given time will
influence the paradigmatic focus of research, such as that of the ‘addiction as a disease’
inherent to the biomedical paradigm (Reinarman 2005). It is reasonable to assume that the
relationship between discourses and research underpinned by particular paradigms is
reciprocal, such that research results further establish the dominance of particular
85 discourses.

Indeed, it becomes apparent that the maintenance of particular realities of substance use
exists within a dynamic system. Ultimately, individuals using substances are deeply affected
by this system, such that they may dismiss the harms associated with certain substances, or
become marginalised for using other substances such that they engage in risky behaviours.
90 Hence, in understanding numerous substance-related issues, it would be useful to articulate
the dominant discursive frameworks that substance users, researchers, politicians and the
public are immersed in.

Currently, however, there is a paucity of research that has investigated the dominant
discourses used to frame substance use within Australia in a comprehensive manner. Largely
95 such investigations have been confined to specific issues, and lack an integrative analytic
approach, with the analyses of discourses limited to particular discursive elements.
For example, the two most recent examinations of the discursive context within which
substance-related issues are constructed in Australia were limited to the exploration
of newspaper articles discussing a very specific issue (e.g. heroin prescription; Lawrence
100 et al. 1999) or a very specific subsection of the substance using population (e.g. heroin users,
Elliott and Chapman 2000). Moreover, the analytic procedures adopted were limited in
terms of their comprehensiveness, with Lawrence et al. (1999) failing to indicate the
theoretical underpinnings of their approach and conclusions; and Elliot and Chapman
limiting their analyses to the subject positions available in the texts without consideration
105 of the discourses within which these positions were situated, nor the institutions
being reinforced by these discourses. Indeed, as Hook (2001) noted this lack of
comprehensiveness when conducting discursive analyses renders superficial interpretations,
yet is frequently observed in the literature.

Consequently, despite the aforementioned implications of discursive formations upon the
way in which drug use is constructed, theorised, understood, talked about and experienced,
110 there remains a paucity of research exploring the content, nature and impact of the
dominant discourses in Australia. This investigation, was therefore conducted in response to
this dearth of information, with the authors hoping to provide a more comprehensive
articulation of the dominant discourses in which substance use is framed in Australian
115 society, as well as instigate more serious consideration of the practical and theoretical
implications of how the issue of drug use is typically spoken about.

Method

Both a major state and national Australian newspaper, *The West Australian* and
The Australian respectively (Roy Morgan 2005), were chosen for the analysis, since it

120 was believed that this would provide a representative sample of the dominant discourses
in Australia, with each newspaper having special editions and popular culture sections.
Given the geographic size of Australia, local community newspapers were not included
since the results could become confined to only a small section of Australian society. A
125 search for articles pertaining to substance use printed between April 2005 and April 2006
was conducted using the Factiva electronic database system. The search used an array of
keywords inclusive of the Australian cultural vernacular relating to substance use
including: alcohol, amphetamines, beer, caffeine, cannabis, coffee, drug, ecstasy, heroin,
ice, marijuana, meth, nicotine, pot, substance, smoking and wine. The search appeared to
130 have reached saturation at as no new articles were being found in the later searches. A
total of 1080 articles from *The West Australian*, and 1496 articles from *The Australian* were
retrieved. A random sample of 75 articles was taken from each newspaper. The content
of 53% of these articles concerned illicit substance use, 37% licit substance use, and 8%
included a reference to both illicit and licit substance use. Two articles contained
ambiguous content and could not be classified.

135 An analysis of the discourses and their content was conducted on the articles. Following
the suggestions of Parker (1992) and Willig (2001), this involved an iterative process
of distinguishing between discourses through considering the subject positions that were
made available within the text, the way in which objects (e.g. psychoactive substances)
were constructed and the ideologies inherent to the text. As these discourses emerged,
140 they were further explicated through determining how the inherent qualities of the
discourses reflected institutions and how might this serve to reinforce particular
institutions.

To ensure credibility (Nagy and Viney 1994), the data was triangulated with both an
episode of *Insight* that examined the prevalence of substance use among young people and
145 aired on SBS in May 2005, in addition to older newspaper articles. Using the procedure
for obtaining the first sample, eight articles were sampled from each newspaper that
appeared 5-years prior to the first sample to validate the final interpretation since discursive
formations are conceptualised by Foucault (1966, 1970, see also 1969/1972) as being
universal to an episteme. Further, inter-coder reliability testing was employed with
150 competing interpretations being constantly scrutinised. Finally, rigour was ensured through
an audit trail documenting the emergent analysis (Morse 1994).

Results and discussion

Overview

155 The analysis revealed dominant discourses that are reflective of the institutional structures
that dominate Australian society. Discourses were considered dominant in that other
discourses and narratives could be situated within these overarching frameworks. Further,
the discursive frameworks needed to adequately account for all psychoactive substance use
(despite differences in how substances were individually situated within the discourse).
Through carefully considering competing systems of classification, it was finally
160 determined that medical, legal, economic, moral and political discourses constituted the
primary discursive frameworks within which representations of substance use in Australia
is constructed. In addition, a 'glamorous' discourse emerged from the analysis that is less
reflective of any single institutional structure than of popular culture. The pattern in
which each dominant discourse and its various discursive constructions were used

165 (and associated narratives invoked) varied according to the type of substance being considered within the text (e.g. licit vs. illicit).

Medical discourse

170 The medical discourse encapsulates the disease theory of addiction that has been popular since the 1960s (Miller and Hester 1989). This discursive framework constructs psychoactive substances as pathogens, and thus inherently dangerous. Typically this framework makes available two categories of subject positions, those who are experts (doctors, researchers, etc.) and those who are unwell (patients, drug users, etc.). These two types of subject positions made available by the medical discourse are contrasted in terms of the actors' agency, with 'experts' imbued with an inherently active status, compared to the passivity that is implicit to the subject status of those who are 'unwell'. Hence, the medical discourse functions to construct the drug user as passive/without agency and thus narrates stories of how such subjects fall victim to the agent (substance/pathogen), the effects of which are constructed to account for the difficulties such subjects experience. Exemplified in the following excerpt is the manifestation of the 'disease' of addiction and its explanatory power:

180 His addiction to amphetamines or speed was so strong that Mr Marquet would sometimes inject himself while sitting in his Parliament House office after doing a drug deal at the West Perth building. (*The West Australian*, 24 April 2006)

185 Within contemporary Western society, this discourse holds substantial 'truth' value since the empirical essence is consistent with the current episteme in which reason and rationality are given preference (Foucault 1970), and in which health can be conceptualised as analogous to deity (Fleising 2000). Hence, medical discourse pervasively frames both illicit and licit substances. In contrast to the previous quote, however, when licit substance use is framed within this discourse, the pathogenic effects are typically confined to physiological ailments (e.g. cancer, cirrhosis), with the exception of marginalised populations such as indigenous Australians. That the disease of addiction is a reasonable and frequent consequence of exposure to licit substances for these populations but not the dominant group is implicit within the following excerpt:

195 Asked if his trust is doing anything to combat the scourge of alcoholism on [indigenous] communities, Thorpe says he supports trying to create a society where people "do not have a dependency on alcohol and use it as an out". (*The Australian*, 8 October 2005)

200 Further, physiological ailments are confined to individuals deviating from the normative behaviour of the dominant group such as tobacco smokers and those consuming excessive quantities of alcohol. This can serve to normalise the consumption of licit substances among members of the dominant group, whose normative behaviours might even be expected to benefit their health, despite contrary evidence (e.g., Fillmore et al. 2006). Thus, the position of the medical institution within society is perpetuated through concurrently reinforcing normative behaviours and marginalising minority groups.

205 That medical discourse serves to benefit the medical institution at a detriment to users of substances less endorsed by the institution has been identified by Szasz (1985). Specifically, Szasz has contended that it is in the interest of the medical institution to vilify certain substances in the same way that witches were labelled as heretics by the religious

institution to ensure retention of power. Indeed, it is in a similar fashion to the hysteria during the witch trials of Salem that the threat of exposure to pathogens is highlighted through an epidemic narrative. Within this narrative, in which ‘drugs are like a spreading cancer’ (*The Australian*, 29 August 2005), there is an implicit assumption that the medical institution is required to curb this epidemic through their treatment/cures. This is evident in the following extract:

Leading Australian psychiatrists are calling for a radical review of mental health care ... [with] the nation’s mental health crisis ... bring driven by epidemic rates of methamphetamine use. (*The Australian*, 29 July 2005)

In doing so, however, users must first be coerced to acquiesce, foregoing autonomy and agency in order to be cured. Further, the epidemic narrative reinforces the legal institution since preventing exposure to pathogens involves curbing the availability of substances through supply control, evident in the statement ‘a binge-drinking epidemic [has resulted from] easing licensing laws’ (*The Australian*, 7 January 2006).

Legal discourse

Legal discourse was identifiable from other discourses through the use of jurisprudential language to demarcate certain substance using behaviours as illegal. Two primary subject positions are available within this discursive formation; that of the law administrator (police officer, lawyer, etc.) and that of the people whom the law affects. The subject position of those affected by the law consisted of both those who do and do not abide by the law (i.e. are criminals), with precedence given to the law abider. This extends to the classification of substances, evident in the licit/illicit dichotomy, in which precedence is given to the former.

Indeed, illegal behaviours related to the use of legal drugs (e.g. drink driving and under-age drinking) tended to normalise the use of these substances through highlighting that characteristics of offenders were not those of dominant society. For example, an article in the *West Australian* on ‘alcohol fuelled beachfront brawls’, reported that ‘thousands of young revellers – including many underage teenagers – flocked to Cottesloe beach from all parts of Perth and kept police busy as several fights broke out after midnight’ (2 January 2006). Hence, the perpetrators were discriminated from the wider population through highlighting that most were not legally allowed to consume alcohol, thus exonerating the substance from the incident. Notwithstanding this, Forsyth (2001) has contended that certain beverages such as ‘alcopops’ can be portrayed as having agency in a similar way that illicit substances are portrayed as pathogens, and thus are to blame for non-normative behaviour that can serve to normalise alcohol in general (i.e. it is only certain drinks that are problematic); however, this was not observed in the present analysis, though could be implied in the references to under-age drinking since these individuals are generally associated with the consumption of ‘alcopops’.

In contrast, illegal substances are implicated as being responsible for antisocial behaviour, evident in the close in-text association between these substances and behaviours such as murder, rape, and violent crimes. For example, it was reported that amphetamines were ‘implicated in offending behaviour generally’ (*The Australian*, 29 July 2005). Suppliers of illicit substances are vilified in a similar fashion to that of the witches described earlier, since as Szasz (1985) has suggested, these individuals threaten the practices of the dominant

medical institution who control their legitimacy to dispense substances. For example, 'a Sydney-based drug syndicate' was implicated in luring a previously decent citizen into 'acting as a drug mule' (*The Australian*, 28 October 2005). Similarly, it was reported that 'Australia is facing increasing threats from both transnational criminal groups and local manufacturers' (*The Australian*, 27 March 2005).

Unlike medical discourse, however, the substance user has some agency since they must be accountable for their actions. Consider the contrast within the following passage between medical and legal discourse in which the less traditional legal institutions of a sporting agencies assume the position of law administrator:

The policy under which the [Australian Football League] has been operating considers the use of cannabis, ecstasy and cocaine to be a social issue and prescribes confidential counselling for the first two positives, with a six-game suspension for a third offence. Under the [World Anti-Doping Agency] code, a first positive in-competition test for a recreational drug results in exposure and anything between a warning and a 12-month ban (*West Australian*, 21 July 2005)

This excerpt highlights the differences between medical and legal discourse in that treatment is 'prescribed' to aid an individual's 'recovery' within the former, whilst punitive measures are the focus of the latter, forcing a sense of responsibility upon the substance user. However, the excerpt also highlights that there is a fine distinction between medical and legal discourse given the advent of therapeutic jurisprudence, which is implicit to the Australian Football League's policy. In this sense, medical discourse complements legal discourse. Indeed, in their analysis of the evolution of the psychiatric diagnosis of anti-social personality disorder (cf. psychopath), Parker et al. (1995) note that the medical institution provided the legal institution the concept that criminal behaviour was related to a disease, and thus could be treated. This re-conceptualisation was appealing since the focus of punishment had begun to move away from the body to that involving 'the heart, the thoughts, [and], the inclinations' of the criminal (Foucault 1977/1977, p. 16). As such, the criminal subject position of the illicit substance user does not avail much opportunity for voice. Indeed, the conviction subsequent to engaging in prohibited behaviours requires that an individual revoke their right to certain societal privileges including expression, evident in recent proposed changes to Australian law preventing incarcerated criminals from participating in federal elections ('Electoral and referendum amendment (electoral integrity and other measures) act,' 2006).

However, the relationship between medical and legal discourse might be considered reciprocal. In addition to justifying the billions of dollars spent on enforcement, legal proceedings and incarceration (Collins and Lapsley 2002), legal discourse can serve to benefit the medical institution through maintaining the dangerousness of certain substances. As Szasz (1985) has stated, the prohibition of a substance is not a consequence of its dangerousness, but rather, we regard a certain substance 'as harmful in order to maintain our justification for prohibiting it' (p. 34).

Moral discourse

Within moral discourse lie narratives of ethics, characterised by delimiting what is right and wrong. This can be differentiated from legal discourse that defines correct conduct through the legal/illegal dichotomy in that moral discourse is explicitly underpinned by a distinct ideology. This ideology is informed by the institutions of Christianity and family, which are

subsequently reinforced by the proliferation of this discourse. Nonetheless, the two discourses emphasise the responsibility of the individual with regard to their behaviour. Indeed, a dialectical relationship exists between legal and moral discourse, with the use of a particular substance both considered wrong since it is an illegal act and illegal because using the substance is wrong.

The available subject positions within moral discourse include the deviant/irresponsible substance user and the righteous. The deviant/irresponsible substance user is associated with the religious contraindication of overt intoxication and has some agency within this discourse, since like legal discourse, he or she is responsible for his or her actions. However, this subject position is not authorised to speak. That is, the righteous individual assumes the higher status within this discourse through his or her purity of character, and thus, is able to condemn those whose behaviour is incongruent with their ideology. For example, consider the following excerpt from an editorial piece on young Australian's using substances in Indonesia:

It is the result of a delusion, common among young adults that they are invincible, invulnerable and possibly even immortal. Just for their sakes, then, let's spell it out one more time: Drugs. Bali. Bloody idiot. (*The Australian*, 29 August 2005)

Hence, moral discourse is consistent with an Aristotelian conceptualisation of ethics, in which morality is a virtue of character (e.g. Bostock 2000).

The use of words such as 'banning' and 'reform' in moral discourse implies the public condemnation of particular immoral behaviours that require attention and intervention. With regard to cannabis, for example, the federal parliament secretary for health, Christopher Pyne, was cited as stating 'if something is bad for people and wrong, it should be treated that way' (*West Australian*, 14 November 2005). In this respect there are some similarities with medical discourse, with the pathogen of medicine being synonymous with immorality in moral discourse. Similar to the medical expert, the righteous person is an advocate for change among deviant individuals, although change is sought through repentance rather than treatment. As such, moral discourse might be palatable to users that have changed their behaviour since they are able to assume a righteous subject position. For example, Szasz (1985) has suggested that the reformed user becomes a prophet. Indeed, consider that a reformed individual is able to state:

They're the street kids who survive by their wits and savvy, their means of survival often supplemented by petty crime or by selling their bodies, the proceeds going on food, booze and drugs. (*West Australian*, 29 October 2005)

As such, reformed users might 'accept the myths and models of the ruling classes and participate in the exploitation of their own groups' (Albee 1992, p. 271).

A further parallel between the pathogenic narrative and moral discourse was evident in the depravity narrative. Rather than portending the physiological harms that are consequential to exposure to a pathogen, the moral discourse highlights perpetuating immorality as being a manifestation of substance use. For example, a previously respected public servant's depravity following use of amphetamines was described:

Mr Marquet started to build a web of deceit inside the Parliament building he had proudly represented for more than two decades, it was the beginning of the end for his otherwise commendable career. (*West Australian*, 24 April 2006)

340 This narrative might preclude consideration for moderation, since as Duff (2004) has indicated, pleasure is deemed sinful and cannot be considered. A dichotomy between abstinence/purity and use/sin exists within this ideology, and thus, behaviour is defined as all or nothing.

345 Nonetheless, at times alcohol is partially exonerated as a cause of depravity. Incidentally, alcohol has been intimately associated with Christianity (Gossop 2000), perhaps explaining this inconsistency. Hence, within moral discourse, problems associated with alcohol use were typically the result of mitigating circumstances. In contrast with the 'depravity' subsequent to Mr Marquet's amphetamine use, for example, prior to a man's admission that he 'has become a drunk', an extensive and explicitly poignant account of the man's
350 misfortune was firstly presented (*The Australian*, 11 January 2006).

Economic discourse

Economic discourse is underpinned by a Capitalist ideology in which the psychoactive substance is a commodity. Whilst it is conceptually plausible for any substance to be framed as a commodity (Mugford 1991), only alcohol (and occasionally tobacco) appears to be
355 legitimately framed within this discourse, reflective of the multimillion dollar alcohol producing industry. For example, while a young girl on *Insight* stated 'It's cheaper to take one pill and not be messed the next day than spend however much on alcohol', this would presumably be deemed an irrational statement by a majority of Australians. As a result of the position made available with this discourse for the manufacturing industry, the substance
360 user becomes a consumer. As consumers, substance users become active decision makers (Willis 2004) and have considerable agency (Mugford 1991). Within our analysis, they essentially determine the available commodities through their preference for particular products. For example:

365 In April, Foster's released a chardonnay to US consumers called White Lie ... to make an entirely new style of wine that reflected the taste profile and palates of Australian women (*The Australian*, 1 August 2005).

It is reasonable to assume that this empowers the substance user since they are able to make explicit their choices, reflective of their subjectivity. Further, consumption of the substance can become normalised with advertisements portraying the archetypical consumer
370 endorsing the substance.

It is in the interests of manufacturers for substances that they produce to be normalised to ensure increased profits. Since economic discourse is informed by a Capitalist ideology, the primary concern is with fiscal issues. For example, within the following except pertaining to trading policy, the fiscal issues appear foremost to social concerns:

375 They [publicans] fear that Sunday trading could cripple local family hotels *and are also worried* [italics added] about increased social problems related to alcohol consumption in country towns (*West Australian*, 16 July 2005).

Indeed, Capitalist ideology is conducive to the normalisation of substance use, since the ability for companies to sell their product with minimal political interference is valued.
380 Thus, de-legitimising the use of a substance is antithetical to this discourse.

Political discourse

Political discourse was distinct from the previously discussed discourses in that the narratives pertain to policy and the institution of governance. As such, the primary subject positions are that of the politician, who might be considered the ‘expert’, and that of the community, the people, or the constituents. The nature of the latter subject position was often not explicit, and might be best considered as the ‘us’. The notion of ‘us’ is defined by what it is not rather than what it is through the ‘them’. The ‘them’ can be described as those objects that deviate from an idealised norm and are considered a threat to the ‘us’. For example, a political committee deliberates ‘whether Australia is doing enough to combat the scourge of synthetic illicit drugs’, thus dismissing these substances and their users from the ‘us’ (*The Australian*, 27 March 2006). Similarly, the burden of ‘them’ is highlighted through an emphasis on the cost of these individuals and objects on ‘us’, such as:

The North Korean freighter that has cost federal taxpayers more than \$2 million to maintain during the trial of its crew for heroin smuggling, has been sunk by a bomb dropped from an RAAF F-111 fighter jet (*The Australian*, 24 March 2006).

In doing so, the use of such substances by the ‘them’ will be more closely monitored by the ‘us’, consistent with Foucault’s (1984) concept of surveillance.

Smith and Berg (1997) have postulated that the psychodynamic process of splitting and projection maintains this societal dichotomy. That is, negative representations of society are split from positive representations, with the former projected upon particular scapegoats (e.g. certain substances and users), thus enabling all but the scapegoats to feel good about themselves. Any change to the scapegoats’ status is a threat to society since it would force the ‘us’ to examine these negative representations. Hence, it is in the interest of politicians, and indeed society, to maintain the ‘them’.

It is not surprising then, that political discourse involved a confluence of the aforementioned discourses. Since it is in the interest of the government to appeal to the ‘us’, it follows that other dominant discourses (i.e. those seen as holding the most truth value) will be drawn upon to create and combat the ‘them’. In this way, substances that are no longer perceived to be therapeutic by the medical institution become all encompassing causes of myriad ailments in which politicians, members of the medical community and members of the legal fraternity can unite in their cause to prohibit. Further, through providing a taxonomy of mental illness (e.g. substance disorders), Parker et al. (1995) suggest that the medical intuition provides governance through de-legitimising the ‘them’.

This confluence of dominant discourses within the political discursive formation provides the contextual basis for a paternalistic narrative. For example, the medical discourse holds that people cannot control their behaviour when under the influence of pathogens, so steps must be taken to ensure the safety of the ‘us’. The extent to which there exists a threat to the ‘us’ might be reflected in the disproportionately large number of articles relating to illicit substances in contrast to the actual number of people who use these substances (Australian Institute of Health and Welfare 2005). Further, given that younger people represent the majority of those who are using illicit substance, it could be suggested that this group (in addition to other groups) become the target of the ‘them’. Indeed, younger people have been implicated in a number of the excerpts presented, both as a threat to the ‘us’ and as being threatened by exposure to substances. The implications of this paternalistic narrative

perhaps benefits the institution of governance since individual agency is the one threat to governance. That is, an autonomous society does not require governance, rendering the political authority limp.

430 *Glamour discourse*

In contrast to the previous discourses that are each reflective of particular Australian institutions, ‘glamour’ discourse appears to be underpinned by a myriad of institutions that are central to popular culture. Specifically, reality and fiction coalesce in a landscape inhabited by celebrities that is broadcast to the populace through radio, television, and
435 magazines. This is particularly evident in a study by Trevithick et al. (1999) appearing in the *British Medical Journal* examining the effects of shaking versus stirring on the anti-oxidant properties of an alcoholic beverage in which the hypothesis was informed by the fictional character James Bond. Similarly, *The West Australian* reported that consumption of
440 chardonnay wine decreased as a result of ‘TV icons Kath and Kim, along with chardonnay-swilling desperate single Bridget Jones, [who] adopted the top-drop and made it a little too common for some’ (25 November 2005).

Only celebrities and fictional characters are able to occupy the subject positions available within glamour discourse. This exclusion highlights the disparity between the unfathomable reality of glamour discourse and that of ordinary life, in which the:

445 Universal rules [do not] apply to ... those in elevated states. At the big charity bash after the premiere of Russell Crowe’s movie *Cinderella Man* in Sydney, anyone who wanted a quick smoke was required to dash outside [however] at the end of the evening one table was definitely a smoking zone. Which one? The one with Big Rusty, Kerry Packer, Young Jamie and his model/actor/singer girlfriend Erica Baxter. (*The Australian*, 23 September 2005)

450 Through this disparity, psychoactive substances are often constructed as mysterious and fascinating. For example, ‘think hotel heiress sex tapes, supermodels snorting cocaine and royal affairs with riding instructors’ (*The Australian*, 23 December 2005). Use of substances adds a further dimension to the celebrity’s persona, often viewed as being a reasonable and rationale behaviour. This might be described as a privileged narrative in which recreational
455 use of psychoactive substances is not deemed irrational by certain people. Indeed:

Generation X roles models are lining up to admit that they have taken the drug – among them Nicole Kidman, who told *Marie Claire* magazine last week that she had tried “everything anyone could imagine”, presumably including ecstasy. (*The Australian*, 21 April 2001)

460 This is in stark contrast with the previously discussed discourses in which such behaviours cannot be rationalised, although the subject position within glamorous discourse is reserved for those people who have the privilege to be allowed to indulge in recreational use.

Nonetheless, not all celebrities can be situated within this subject position. In particular, sports stars appear to often occupy a separate semi-fictional landscape that is uncontaminated by the impurities of ordinary reality. As alluded to by Dingelstad et al. (1996), moral
465 discourse is congruent with this in which substance use is contraindicated, thus maintaining a version of reality that is pure and untouched by ordinary reality. This version of reality epitomes the contemporary notion that health is the modern equivalent of purity.

Conclusion

470 Through conducting an analysis founded on the assumption that the media's presentation of
information will necessarily be integrated with those discursive frameworks that are
dominant within society, we have systematically described the dominant discourses within
Australian society with regard to psychoactive substances. In accordance with the
475 constructions inherent to these dominant discourses, illicit substances are legitimately
conceptualised in Australia as an epidemic that is dangerous to the body (medical),
corruptive to the soul (moral), a threat to normative society (political), and thus must be
outlawed (legal). The discourses also allow for licit substances to be conceptualised in this
way, although through economic and some medical discourse, significant additional space is
480 available for these substances to be considered a normative part of society. Many Australians
might not consider conceptualisations of substance use that fall outside of these discursive
frameworks to be rational. Further, it is possible that the availability of subject positions
within each of these discourses is limited by social structures. For example, consider the
contrast between the uses of moral discourse to describe the civil servant's substance use,
medical discourse to describe indigenous Australian's substance use, and glamorous
discourse to describe a celebrity's use of a substance.

485 The way in which these discourses impact on our conceptualisations of substance use is
particularly evident through their role in providing the rationale that underpins policy. It is
only reasonable that illicit substances be prohibited given the aforementioned constructions
of these substances that are inherent to the discourses. However, it is important to remember
490 that these constructions are not objective, but rather, the effect of institutions attempting to
maintain their power within society. This becomes most evident when glamour discourse is
contrasted with the other dominant discourses. Thus, it is important that consideration is
given for how these discourses are being utilised within any discussion of substance-related
issues.

495 Future research might use these findings to develop more effective ways of promoting
health. For example, it is noteworthy that a narrative of harm-minimisation was not present
within the texts. Hence, whilst harm-minimisation might be widely accepted within the
academic and treatment community, this concept has not penetrated the dominant
Australian culture. In order to better 'sell' this and other health promotion concepts to the
500 public, it might be useful work within particular discursive frameworks to ensure that
information is integrated with individuals pre-existing schemas. For example, harm-
minimisation needs to be situated within discourse in which the subject position of
substance user has rationality (e.g. economic discourse and consumer safety).
Unfortunately, within Australia harm-minimisation has been typically associated with
505 medical discourse (Lawrence et al. 1999), which might explain the absence of this narrative
within dominant culture, since the pathogenic narrative of substance use within medical
discourse might be incongruent with harm-minimisation. It could be suggested that the
rationality of recreational substance use that is inherent to the glamorous discourse makes
available the space to provide a harm-minimisation message; however, the exclusion of the
510 general public from the privileged subject position of the celebratory precludes any such
integration.

Alternatively, an understanding of these global schemas might allow for more
sophisticated cognitive interventions involving cognitive restructuring (Beck 1995), such
as through challenging the 'us' and 'them' dichotomy of licit and illicit substance use.
Similarly, through highlighting how they are positioned within discursive frameworks,
515 political debates might be made more productive (although we cynically concede that such

improvements might require a utopian-like reflexive political atmosphere). However, given the culturally dependant nature of discourse, any application of these findings beyond the Australian context must proceed with caution since despite many of the discursive frameworks appearing to reflect Western culture and ideology, the unique idiosyncrasies of Australian culture will be implicit to the discourses described.

Acknowledgments

This research represents part of a PhD being undertaken by the S.J. Bright at Curtin University. No external funding has been provided for the research. We would like to thank Laura Willis for her assistance in gathering and analysing the data.

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