

# The War on P (Pure, Methamphetamine) in New Zealand, a Moral-Panic?

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## Abstract

This article illuminates how the transfiguration from the sociological concept of moral-panic to moral-regulation replicates wider socioeconomic conditions. The author urges that the Alcohol and Other Drug (named so in order that alcohol can also be categorised as a drug) clinicians reflect on the structural and reproductive impact of their work. The sociological concept, “moral-panic” has socio-clinical efficacy in the (AOD) treatment field. It has much affinity as history in the field is littered with the phenomenon. The author, a long time Alcohol and Drug clinician, now lecturer in the AOD field, considers the phenomenon in New Zealand around the use what is known locally as P (pure) or methamphetamine. Various texts on a *War on P* campaign were analysed. It was found that, through various literary devices familiar themes emerged, evoking local folk devils and heroes. This analysis was carried out against a backdrop of creeping neo-liberalism, a new right-wing government committed to market liberalisation, and thereby the increased availability of a more dangerous yet licit drug, known as ethyl alcohol (Saunders, 1989). However, the concept of moral-panic can be deployed as a means to critically analyse the impact of various licit and illicit drugs under the theme of proportionality. Moreover, a sociological understanding of the prevention paradox can create a pathway to understand the role of moral-regulation and its ramifications as outlined by a *governmental* analysis. An appreciation of Moral-panic theory and Moral-regulation is crucial in the AoD field, as alternatives to dominant medical and psychological individualising discourses, in order to empower clinician and client alike and to politicise a discipline that traditionally eschews politicisation. The author argues that reflecting on the trajectory from moral-panic to moral-regulation creates insights into the dismantling western social state. From an ethical standpoint, it is important that clinicians become aware of the politically reproductive nature of their profession and how they are required to codify themselves and clients into ideological positions.

## Keywords

Methamphetamine, Moral-Panic, Moral-Regulation, Prevention Paradox Governmentality Foucault

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## 1. Introduction

“Society as presently structured will continue to generate problems for its members... and then condemn whatever solutions choose”.

Cohen (2002)

An Alcohol and Other Drug clinician inhabits a space filled with contradicting and complementing discourses, at times pathologising, othering though increasingly normalising. Knitting together ideographic and nomothetic categories, they have historically accessed the psy-sciences (Rose, 1998) and various aetiologies provided by the narrative *addiction*, a huge but highly profitable misnomer, (Reinarman, 2005). Historically mobilising what are retrospectively termed *deficit-based* practices they acted to construct the *addict*, contrived variously as Bad, Mad or Sad thereby requiring professional attention. By the mid-twentieth century, this became explicitly secular and thereby non-moralist. The clinician deployed relevant aetiologies committing to a common sense modernist cause/effect relationship clinically mobilizing remedies, based on an elegant linearity. At times, indeed proponents from opposing aetiologies took their stance with passion, in a field that had hitherto relied on the dominance of traditional and affective knowledge, (Weber, 1968) and not yet professionalised into an obsession with rationality and categorisation. It seemed that proponents of differing aetiologies would take up arms against each other. This was manifested especially in the inflated abstinence versus harm reduction debate. Then overnight an enlightened peace set in, weapons put beyond use. What became known as *strength-based* practices were ushered in. Clients were neither diseased nor flawed. They were in fact *resilient*. Aetiology was abandoned. This signalled a watershed in the field, reconstructing the clinician/client interaction, replacing the *why* (do they have this problem) to *how* (do we manage this). The possessive pronoun *we* gave an impression of inclusivity even when unwanted. The daily hypothesising by the clinician regarding the *real* extent of drug use, as opposed to that reported by the substance user, under the rubric of *denial* was made redundant. In its stead entered the apparatuses of management and risk. Parallel to the deficit/strength trajectory is the panic/regulation reconfiguration that has installed itself into the field through clinical practice.

### 1.1. Alcohol and Other Drug (AoD) Treatment Field/Sociology an Uneasy Interface

Alcohol and other drug treatment and Sociological disciplines rarely collaborate. Apart from Merton’s deviance theory, sociological understandings in the AoD field are often relegated, greeted with suspicion, for reasons that will be addressed later. However, the concept of moral-panic remains “one of the few sociological concepts that have withstood the test of time” (Innes cited in Rohloff & Wright, 2010: p. 404). Certainly sociologists, pre-Foucault, had a discomfort with the concept of the individual self. Psychology on the other hand being enamoured with the concept provided clearer, solutions to problems defined under the paradigm of the psy-sciences (Rose, 1998). This required a subtle appreciation of the micro and macro. The discipline of sociology has difficulty connecting these two with any applicable gain. However, one author paraphrasing Durkheim writes that, (like suicide) “addiction is an individual behaviour that has a social effect” (Adrian, 2003: p. 1388). What continues to be marginalised are the social origins aetiologies, and explanations of the problems generated by society and their chosen solutions (Cohen, 2002). Moreover, addiction clinicians have historically had little access to knowledge around the constitutive nature of neither their work nor the critical skills to interrogate them. Psychological models ineluctably focus on the individual client, but rarely on the interaction between client and clinician, especially involving issues of power. Historically AoD workers worked at certificate level with minimal academic qualifications, often having a *recovering* history. This reflected the influence of the virulently non-professional, anti-intellectual twelve-step movement (Valverde, 1999) which owes its power to problematising the reliability of the intellect (or *will* in its previous form). Indeed, the twelve-steps, inverted the *willpower* discourse to *powerlessness*, advancing the efficacy of the latter, thereby deploying older truths, such as humility, surrender and gratitude. Highbrow intellectual utterances, often the bread and butter of sociological discourse, would be greeted with disdain within the twelve-step movement where the supremacy of the cognitive is treated as suspect, even harmful (Valerde, 1999). Addiction in AA parlance is “cunning, baffling and powerful” (Alcoholics Anonymous, 1976). AoD workers represented a group, not yet enrolled into fully blown professionalism still innocent yet suspicious of the “ponderous formidable materiality” (Foucault cited in Heir, p. 34) of current apparatuses of authority.

Merton’s work has credibility in the Addiction field. Deploying a structural functionalist approach, the effects

of norms were not problematized. The ideological positioning of the AoD worker was not considered, yet the approach continues to have value. Merton combined three factors, culture, social structure and anomie. He argued that anomie occurs when there is a disjunction between these three (Adrian, 2003: p. 1396). This can manifest itself in one of four forms of adaptations, relevant in varying degrees in the abuse of drugs. These include:

a) Innovation when persons accept the dominant cultural goals of material success but disagree with the means. I will return to this.

b) Ritualism where these goals are rejected but legitimate means are accepted, an example may be getting stoned on marijuana to get through the day.

c) Retreatism where there is no attachment to goals or means, for example chronic solitary drinkers.

d) Rebellion where both the goals and means are rejected, for example hippies and punks and so on.

Despite assumptive and forward leaps in this model, it has made sense in terms of what has been the only show in town, as far as the AoD and sociological field collaborations were concerned.

Excluded from Merton's model often, due to its contingent irrelevancy is another section, that of the *normal* alcohol/drug user.

e) Conforming when persons accept the dominant cultural goals of material success and agree to the means.

Crucially, this previously marginalised section has now been privileged as the most important in the field and interestingly it has moral undertones.

The picture drawn by Merton is useful historically, when there was a privileging of deficit (or an acknowledgement of pain). During the 1970s there was a manifestation of *rebellion* signified by the use of drugs. The Beatles sang "Revolution" (Quantick, 2002) and though "Lennon read a book on Marx" (Dziadek, 2012) the hippy movement was profoundly ineffectual with regard to any coherent Marxist or serious political analysis. Drug use, such as LSD (Lysergic diethylamide acid), Marijuana and Heroin like the associated music was symbolic of teen rebellion. In the end some of the hippies overdosed, but many morphed into a yuppie morality that still dominates the liberal left in the western world. Nevertheless, there was for a time an overwhelming sense of rebellion against the prevailing goals and means of western capitalism without the slightest appreciation of the mode to change these. Without the benefit of hindsight an onlooker would have thought that society was on the brink of a radical transformation. In theory the hippies were beyond the pale in terms of conformity confirming Jock Young's statement "a society can control effectively those who perceive themselves to be members of it (McRobbie & Thornton, 2009: p. 561)". Ironically, those previously positioned as outside society are very much inside it now.

Arguably, the drug use in New Zealand, with regard to the strong stimulant methamphetamine, known locally as P, mirrors an Innovation category of adaptation. Methamphetamine is often utilised for its instrumental qualities in enhancing work capabilities. It has been used by highflying business, sporting people and celebrities. An analysis of New Zealand's recent history would concur with an aetiology supporting Cohen's contention (2002) that is superior to traditional psychological and genetic theories that remain privileged and that disregard social structure at least in any more than a token regard.

Robin Room refers to the concept of problem deflation when as a result of narrow sociological analysis the "severity and social importance of addictions (is) severely underestimated" (Adrian, 2003: p. 1393). One case in point is the so called AA disease model, often a soft target for sociological deconstruction, given among other issues that the movement cannot fight back as it does not have any voice on outside affairs. The disease metaphor has helped many people. Crucially as (Reinarman, 2005) indicates the disease metaphor has been very beneficial in capturing funding for a population always the site of spoiled identities along the volatility/susceptibility/culpability (May, 1997) continuum.

The AoD discipline contains a number of insights, which are transferrable to the concept of moral-panic and moral regulation specifically regarding issues of proportionality. These are encompassed in the concept of the prevention paradox.

**Paradox One:** Prevention of harm from drugs is inversely proportional to the actual harm caused. As society puts more effort in human and material terms into policing borders and stamping out drugs that are the least dangerous, i.e. marijuana, LSD, some could say methamphetamine. Society frees up the control and distribution of the drugs that are most harmful. One of these is ethyl alcohol, partly harmful due to its legality.

**Paradox Two:** The most popular anti-drug campaigns are the least effective. Populist campaigns often back fire, despite the efforts of moral entrepreneurs.

**Paradox Three:** Those classed as "addicts" or dependents as per the DSMIV on the severe end of the con-

tinuum cause less harm than others than who use moderately.

**Paradox Four:** Effecting change in the heaviest of drinkers/drug users does not matter.

**Paradox Five:** Responses to Drug problems are often misplaced.

Saunders (1989)

These insights have been crucial in reconfiguring the AoD field under the auspices of the DSMIV, which now exists as an apparatus of moral-regulation. Moving away from older deficit bases paradigms availed new populations amenable for clinical and economic gaze. There was a concurrent abandonment of older aetiology discourses and a movement towards management of risk and self-management.

## 1.2. The Concept of Moral-Panic

The idea of moral-panic was first formulated by Stanley Cohen and Jock Young in the 1960s addressing adolescent (now referred to as youth) behaviour. The concept has particular vibrancy in the Alcohol and Drug field. It is an integral part of the sociology of deviance, a crucial part of addiction sociological understandings. Hier (2008) refers to some different viewpoints. Cohen according to Goode & Ben Yehuda (1994) saw the phenomenon as more akin to a ground level scare where moral entrepreneurs amplify what is seen as a threat to social order against current social and cultural values. Hall tends to consider the issue as endemic of crises of capitalism.

Goode and Ben Yehuda (1994) site five criteria for a moral-panic. However, while these neatly categorise the elements that make up a moral-panic the temptation is to simply list these and contribute to a tautology thus ignoring aetiology and explanatory concerns. The five criteria are listed below. The focus of this work is predominantly with the last two, disproportion and volatility. The argument is that that these two elements provide means to analyse a moral-panic/moral-regulation pathway.

### 1) Concern

There is a heightened level of concern in the community about particular groups or individuals in the community often amplified by the popular media. (Table 1) Folk Devils Indigenous, (Table 2) Folk Devils Foreign, and (Table 3) Hapless Victims. Inevitably, an apparent evidence base will be provided by public opinion polls, and a populist result will be subsequent changes in legislation (Goode & Yehuda, 1994: p. 35). Moral entrepreneurs will emerge, often having experience of the disastrous trajectory of the drug use (Table 4) Fall from Grace.

### 2) Hostility

The issue produces a sizeable hostility within society. A specific group will attract hostility within mainstream society, divisions between Us and Them will emerge, outsider groups being subject to an *othering* process. (Table 1), Folk Devils Indigenous, (Table 2) Folk Devils, Foreign.

### 3) Consensus

There is a consensus within society that a certain group of people are a threat and something *should be done about them*. Usually this was a call for the state to intervene to protect the citizenry. This concern is often engineered by populist groups, (Table 5) Very Addictive and (Table 6) Invasion.

### 4) Disproportionate

A feature of a moral-panic is that the fuss about the particular phenomenon is out of proportion to the actual physical threat, that the threat is not as substantial as a realistic appraisal would indicate (Waddington in Goode & Yehuda, 1994: p. 40). Indeed, some critiques indicate that the MP concept is flawed as it is heavily based on the concept of disproportion and that this not being easily evidenced, is “incapable of being measured” (ibid). This would often be correct, as “It is important not only that we know what we know, but that we know what we do not know” (Lao-Tze, cited in Petticrew & Roberts, 2008: p. 2). Many times it is hard to imagine how the real (if there is such a thing) phenomenon in terms of real danger measures up to the scare. MPs are often analysed after the event (Hier, 2002) with the benefit of hindsight. For example, the scare in New Zealand in the 1950s between the Bodgies and Widgies, or the nineteenth century scare in Ireland scare around drinking tea defined as moral-panic, did not result in the end of Western society as we know it. Indeed, there is no way to measure the true danger of witches in the sixteenth century. One could however make a guess, with the benefit of hindsight. However, deploying hindsight alone as a method of sociological analysis without addressing on-going regularities would not be a sociological analysis at all. (Table 5) Very Addictive, (Table 7) Alternative.

Despite tensions between abstract sociological theory and addiction clinical practice there are vast insights possible by synthesising the two. In terms of ongoing regularities drug use is of a different category. Sometimes outside the cloistered ghettos of academia reversions to normative and cognitive analysis are appropriate, avail-

**Table 1. Folk devils indigenous, (gangs).**

Headline	Date
P-addict jailed for violent attack	5 May 2009
Mob leader's properties frozen under new law	9 Dec 2010
New gang laws come into effect	2 Dec 2009
Tribesmen raided in agency's first bust	30 Oct 2009

**Table 2. Folk devils foreign.**

Headline	Date
Organised crime groups in China,	5 May 2009
Seven Chinese men in court on drugs charges	5 May 2009
\$6m P in luggage	25 May 2010
Tourists arrested in \$6m bust	25 May 2010
Rise of Asian gangs	21 Aug 2010
The Chinese liked New Zealanders' appetite for meth	5 May 2009

**Table 3. Hapless victims.**

Headline	Date
Children found at Bay of Plenty P lab	21 Aug 2010
Toddlers skull smashed	23 Aug 2010
Grandma remanded after 400g P bust	4 Sept 2010
Children found in raid on six P labs	27 July 2010
Girl, 3, found next to bags of P-police	23 April 2010
Mother's lament for her lost cause	6 Jan 2010

**Table 4. Fall from grace.**

Headline	Date
Pain of P for Keisha	1 Oct 2010
Former lawyer pays high price for P habit	1 Oct 2010
Suspension delays Millie Elder hearing	28 Aug 2010
Holmes and Millie reconcile Photos	23 Jan 2010
Model faces long jail term	20 Feb 2010
Ex-model and cheerleader jailed for dealing P	20 Mar 2010

**Table 5. Very addictive.**

Headline	Date
Unprecedented misery and destruction to New Zealand society	5 May 2009
Users quickly become addicted	5 May 2009
Powerfully addictive character	5 May 2009
In a way that no substance I'm aware of ever has before	5 May 2009
The drug has a devastating effect on the personality	5 May 2009

**Table 6. Invasion.**

Headline	Date
Auckland mayor not surprised by P-lab on own street	Jan 16 2010
Drug bust on exclusive Auckland street	Jan 16 2010
Three in court over Remuera P-lab raid	Jan 16 2010
"A veritable flood of methamphetamine makes its way across our borders each year," she told Wei Feng Pan and Ming Chin Chen.	5 May 2009

Table 7. Alternative.

Headline	Date
Drug war failed on every front	May 30 2009
Let's cut the hype and look at the realities of methamphetamine	May 30 2009
P addicts curable if society will make the commitment	May 30 2009

able and useful in assessing the proportion of *actual* harm regarding harm caused by drugs. Despite current health discourses around resilience many drugs especially those in the legal category do cause harm including death, though not imprisonment. There is also an extensive research base and data often published on drug use. In the AoD field it is well known that “legal drug use is responsible for more deaths than the abuse of illegal drugs” (Goode & Ben Yehuda, 1994: p. 41). Thus proportion can be calculated with a degree of sophistication. Some authors marginalise the cognitive and normative practices needed to mobilise disproportion as a criterion. However, facts and figures though not electrifying are clinically helpful. Some drugs can kill and information on safe use can avoid death. It could be argued that the repression of the normative and related concepts such as *morality* gives rise to their re-emergence in another guise, that of a prudential acting individual on the self. This is manifested in the clinical practice, known as motivational enhancement therapy where drugs are never *bad*, but *less good*. The resilient client is called to a life of balance, responsibility, moderate drug use and individuality.

### 5) Volatility

Panics by their nature come and go with a drama obscuring their nature as *episodes* Cohen (2002) thematically re-emerging in different guises. Inevitably concealed are the continuing underlying conditions. Much of the theory of addiction parallels this in that they propose that addiction cannot be resolved until underlying issues are attended to. It also appears that methamphetamine seems to reappear more often in moral-panic situations than other drugs. The fact that they appear to come and go doesn't mean that “historical antecedents do not already exist” (Cohen, 2002: p. 42).

Recent commentators have problematised the concept of volatility. Hall claims that the conditions for the panic precede the panic itself. He ties moral-panics to underlying cultural artefacts and social changes brought about by the decline of British colonisation. Indeed, Hier (2008) seizes the term and refers to the volatility of moralisation. This disrupts certain positions. Firstly, that moral-panic and its later version named risk society are incompatible. Secondly, there is an unproblematic continuum between them. Hunt describes strategies of moralisation. The often overlapping continuum between moral-panic and strategies of moral-regulation are clear to see in the alcohol and drug field, and can be interrogated using the Foucaultian analysis of governmentality. One reason for using this concept is that it addresses the retraction of the state in the current neoliberal setting. What we see is not so much the decline of British colonisation but its emancipatory yet fallible off shoot, currently unaddressed in the sociological field, the social democratic Keynesian state.

## 1.3. Methamphetamine (P)

Innovation, illustrates a position where the societal goals of a capitalist society namely material wealth are accepted, yet the means to achieve these goals are rejected. Arguably this is an appropriate description of the use of methamphetamine. The substance is a very strong stimulant often used instrumentally to achieve high work productivity. It also has high market value on the black market. In a society that adheres to the work ethic it is a rational substance choice.

Illegal methamphetamine known as P. for *pure* is often thought to be much more potent than other commonly prescribed legal amphetamines, such as Ritalin. Armstrong (2007) however claims there is virtually no difference between methamphetamine and legally prescribed amphetamines in terms of their effects. This has been backed up by blind controlled trials with users and abusers. Amphetamine is used as a utilitarian drug to treat “individuals with sleep disorders, ADHD, sleep deprived pilots, (Armstrong, 2007: p. 431), all used as an instrumental drug to improve work performance. It has been used to fight obesity and depression. Armstrong (2007) also describes how it helps women to get through the day, a more updated version of *mother's little helper* (Hancock, 1996). However, methamphetamine is smokeable, inject-able, thereby attracting the associated stigma attached to illegal drugs.

### 1.4. Moral-Panic in the New Zealand Context with P

New Zealand, previously known as Aotearoa was colonised by the British two hundred years ago. Like any project of colonisation, the object of the exercise was to expand the system of capitalism to the far flung peripheries of the world through the reproduction in this case of British imperial values. Under the protection of the British state the indigenous Maori were dispossessed of their land. Western styles of property relations were installed in New Zealand. The main colonisers were from English and Scottish stock, and various cultural aspects were imported. Roughly speaking until the mid-1980s, the New Zealand government operated on an egalitarian basis. New Zealand was the first Western country to grant women the vote, and in the 1970s attention was drawn to the Treaty of Waitangi, signed by the British crown and the Tangata Whenua (people of the land) indigenous Maori and efforts were made to honour the commitments made in the treaty. However, in 1985 the Labour party were elected, and (ironically) the result was an installation of a year zero strategy (Jesson, 1999: p. 19) with regard to social policy. The government had been elected on a centre left platform yet despite its progressive rhetoric the government embarked on a virulent right wing fiscal agenda that was to change the political and social landscape forever.

Describing a radical turn to the right in New Zealand, an article in the New Zealand *Listener* May 1 2010 concluded “In the Western world inequality rose everywhere in the last couple of decades of the 20th century, but in New Zealand it raised the fastest”. Importantly the political attitudes of the population reflected a tolerance to this. The article refers to research in 1992. More than half interviewed (52%) indicated that it was the government’s job to reduce income differences, but recently this figure has fallen. A majority (40%) thinks that it is not so. The *Listener* article referring to the cultural change quotes one observer “when you talk to people under 25, they cannot believe that Telecom was started by the Government. It had to be started by some guy”.

This contemporary distaste of the state has an interesting history. Hall refers to an English cultural aspect that reflects an aspect of anti-intellectualism. This is also referred to by Bruce Jesson (1999) in the New Zealand environment, attached to a rugged individualism (Split Enz), which became inherent in the Kiwi psyche. It was wedded to a strong Protestant work ethic. This is often alluded to as the *number eight wire attitude* where practical individual ingenuity is a source of folksy humour and pride.

Substance abusers inevitably are as much effected by prevailing cultural norms as the majority population. The endemic New Zealand work ethic reflects itself in the manufacture of illegal drugs. New Zealand has a thriving marijuana industry. This is partly due to geographical isolation. In addition, because of a strong methadone programme, there has never been a major heroin issue. This slack was taken up by the *do it yourself* production of opiates known as *home bake*. A current manifestation of this is the manufacture of methamphetamine (known as P) produced in homemade P labs. Another Kiwi icon is that of purity. The New Zealand tourist and other industries exploit an image of New Zealand as having a clean green environment. The difference between traditional legal amphetamines and methamphetamines is thought to reflect itself in potency due to a higher affinity to the neuron. This is referred to maybe ironically as its purity. However apart from these minor chemical differences there are major differences in jail sentences.

## 2. Research and Methodology

The research deployed a discourse (textual) analysis, on what was referred to as “the P (methamphetamine) epidemic” as reported in the New Zealand Herald at two separate time periods from May 2009 until late 2010. The author makes no claims to objectivity, but is positioned as a long time Alcohol and Drug worker, and now lecturer in the field of Alcohol and Drug studies. Textual analysis is not an endeavour to look for hidden meanings in the text but analyses the *effects* on the readers. By effects I refer to the socially productive and constitutive possibilities of language and how diverse populations are constructed and reified by the popular media. This was also thought to be appropriate as news papers depend on capturing the imagination of their readers in order to sell their product.

This research followed from a thesis research by Carol Louise Wallace completed in 2006 entitled *Methamphetamine and the New Zealand Press*. When that thesis was written the Labour Party was in power. In this piece a later period of time was considered from May 2009, when a series of six articles were run by the New Zealand Herald and later series of articles run by the same paper. This was for the sake of convenience more than anything else, apart from the fact that the author had moved from the Alcohol and Drug field in 2005 as a clinician to that of lecturing. At the time of the research there had been change of government and the conserva-

tive National party were installed with an agenda of strong neoliberal policies. Any textual analysis relies on time and places “you cannot understand a text unless you know something about the context in which it occurs” (Martin, 2010: p. 28). It is important to consider some elements of the text such as audience style, genre and purpose. The audience is the main stream news-paper buying public, but increasingly in a genre that is a developing online mode. The style is reasonably formal but also relies on drama to enlist reader attention. The purpose of the text is on one level to inform, but increasingly to entertain.

## Findings

### *Textual Devices*

It is a truism that press reports, especially with the use of headlines, rely on emotion in order to grab reader attention. This is especially important in today’s environment, with the increased competition presented by the internet with traditional press.

In the research two literary devices emerged which enlisted emotions. These included Ideal Types and Binary Oppositions.

*Ideal type* a term borrowed loosely from Weber, the concept used to refer to a social item (Giddens, 2002: p. 692). In my analysis, the notion of ideal types describes stereotypical characters and situations. Employing ideal types creates drama by enlisting sympathy or disdain attracting sympathy or disdain, either hateful or seductive, thereby inviting readers into engagement with the text.

*Binary Oppositions* refers to a concept described by Foucault (1978), where dichotomous ideal types are brought together in sudden collision. As such they create a dramatic effect, on the reader. Cohen (2002, p. 61) describes how one ideal type receives its identity from its contra image “as the profanity of an occurrence or a desire or a character trait is clarified by the references it bears to its opposite, the sacred”.

### *The Samples*

The samples ranged from a specific series of six articles published in May 2009 in the conservative leaning New Zealand Herald and then a later series of articles run by the same paper. On interrogating the articles over a period of time certain themes emerged.

### *Attitude Themes*

Cohen (2002) refers to “attitude themes “that occur in press reports.” These speak to collective inventories that create meaning in times of turbulence. In the press reports these included Folk Devils *Indigenous*, Folk Devils *Foreign*, Hapless, Fall from Grace, Highly Addictive, Invasion and Alternative Voices.

In New Zealand, as in most countries gangs comprise convenient candidates for folk devils. Gangs in New Zealand, especially the Mongrel Mob and Black Power, often made up of dispossessed Maori operate as archetypal figures of fear for middle New Zealanders. Generally hierarchal and patriarchal like any other organised men’s group they have their own identifiable symbols, emblems, way of dressing and various identity markers. Drug use is often one signifier of a particular group identity. Similarly, the respectable Rotary Club men will attire in suits and ties and consume the legal drug ethyl alcohol. In the case of the gangs the members will wear gang patches and use drugs such as marijuana, alcohol and methamphetamine. Rotary club members will refer to their drug use in the vernacular as *drinky poos*, the gangs referring to them to their drug use as *getting wasted*. There is a consensus in New Zealand that gangs are heavily involved in the manufacture and sale of drugs. Methamphetamine has instrumental value in its high commercial value on the black market. However, as a collective behaviour carried out by gangs this may well be overstated, as Professor Greg Newbold reports often it boils down to the behaviour of “individual members” (Wallace, 2006: p. 89). One article indicated an example of what is referred to what Cohen (2002, p. 63) describes to as *cabalism*, when opposing sides work together. It cited cases where Maori and White Supremists had collaborated on the production and sale of methamphetamine. However, the reports did not comment on the idea that this made good market sense, as joint ventures in the business world termed strategic alliances. Basically the text created a picture where drugs and gangs were synonymous.

In the text shown in **Table 1** gangs and drug use are synonymous. Indeed there is the reference of the financial assets built up as a result apparently of drug selling when the mobs property is frozen. This speaks to an inventory around individuals and groups prospering from ill gotten gains while decent folk have to work hard to achieve rewards. Something of the same inventory was cited by Cohen (2002) when the Mods were reputed to have written cheques out to pay their fines with apparent ease. At the time that Cohen was writing cheque books were only confined to the middle classes. It seems that what is particularly galling is the fact that gangs commandeer the sacred aspects of the work protestant ethic by working like normal businesses by venerating the

current articles of the capitalist ethos such as collaboration.

The word gang is an emotional term, connoting the outsider in New Zealand society, and gangs often come under the gaze of populist mayors in various cities. However, an additional folk devil which emerged was that of foreign folk devils, targeting Asian immigrants. Often headlines drew on allusions to invasion, with racist undertones. New Zealand has embarked on a project of opening borders to trade. It makes sense that drug suppliers would take advantage of this, after all they do operate on the ethics of competition. In addition China is now emerging as the second highest trading partner to New Zealand, after Australia. There are hints at triads and gangs and an overwhelming sense these are highly organised and borders are no longer safe. The foreign/indigenous combination connotes internal and external invasion. This enlists an archetypal theme of the island that turns out to be a whale signalling a profound insecurity among white New Zealanders

In opposition to the folk devils represented by addicts and gangs both indigenous and foreign the alter ego of hapless victims disposed of agency presented in idealised form. A well-trodden formula of, children, animals and old people, binaried up against gang folk devils combine to construct a dramatic picture. These binaries act to confirm “the successful creation of folk devil’s rests on their stereo-typical portrayal as atypical actors against a background that is over typical” (Cohen, 2002: p. 61). The descriptions include, everything from toddlers to girls of three to mothers lamenting.

Wilkins, Pledger and Bhatta (2004) and Wilkins et al. (2010) point out that methamphetamine has been and probably is still an instrumental drug for many users, like any of the legal class of amphetamines. Many business people have used the drug in order to increase work output. This concurs with Merton’s theory outlined previously under the category of innovation. However, for some, just like legal drugs, the drug creates a dependency. In the text this is dealt with by a *fall from grace* theme for certain high flying celebrities. This contrasts with the earlier texts where the addict is constructed as intrinsically evil. In the later texts this was predominant, especially with regard to some celebrities, and formerly successful people who had fallen from grace because of the drug. This took on something of a reality show appearance at this stage the mere mention of P in the headline was considered enough to enlist attention. In one particular instance the actress Keisha Castle Hughes (Table 4), *Fall from Grace* is referred to under a headline *Pain of P for Keisha* However in the body of the article there is reference to Keisha’s alcohol problem. She has never used P but she knows others who have. Models and cheer leaders are also mentioned. Methamphetamine is often by women used as an appetite suppressant for very practical and obvious reasons. Enlisted once again is a familiar theme of insecurity. Also referred to is Millie Elder (Table 4) the daughter of Celebrity Paul Holmes who developed a role as moral entrepreneur.

Some reviewers of the moral-panic concept have dismissed the efficacy of the concept of disproportion. This makes sense to some extent. It has been said that this relies on cognitive and normative judgments. As Hall pointed out moral-panics are often analysed after the event. However, it is under the ambit of disproportion that MP theory has clinical efficacy in the addiction field. Harm caused by drug use is to a large degree measurable or comparatively measurable. In fact, in terms of harm comparative figures are available. In many of the discourses produced around moral-panics concerning drugs a common theme that emerges is that of inherent addictiveness. This vague category denotes themes such as impossibility to come off the substance, and loss of control, being rapidly addicted. The term *very addictive* actually is only important in its dramatic rhetorical effect rather than any intrinsic meaning. It is probably meant to signify that people quickly lose control over the drug. This theme seems to be common in other moral-panics regarding methamphetamine (Armstrong, 2007). However, there remains little evidence that the drug is any more addictive (whatever that means) than other drugs. Clinicians often fight an uphill battle in reassuring and instilling hope in effected users and families, that although it is hard, many people do recover from meth addiction, just like other drugs.

There were also strong themes of invasion that nowhere is safe. This speaks to an inventory around displacement from older certainties of identity, namely the end of the British connection. Despite the rhetoric about gangs and outsiders methamphetamine has a way of effecting the children of the respectable middle class. Armstrong (2007) refers to the fact that drugs become especially harmful when they affect our own people. In addition, not only are the borders under threat but the drug seemed to have made inroads to the safest domains of exclusivity. Allusions to natural disasters connotative of loss of control are common in moral-panics (Cohen) and there are references to a veritable flood and invasion of borders.

However, there were a number of resisting voices. Often these came from ex-gang members. Often these people were in the position of having a more authentic assessment of the problems with the drug. There is indeed evidence cited by Wilkins that many of the gangs found the drug harmful to members their families and indeed to

gang welfare and acted to remedy the issue. One of these entailed working in collaboration with the Salvation Army on individuals who had become addicted. There were also some voices that resisted these alternative views utilising an anti-intellectual rhetoric. One headline referred to the ‘outdated thesis given by Wilkins’

### 3. Discussion

Working on the coal face alcohol and drug clinicians, besieged constantly with the psy-sciences and now increasingly by the market model have often little interest in developing a sociological insight. In the fields of sociology there has been somewhat of a transition from moral-panic to moral-regulation to moral-regulation. The development of a sociological insight would be invaluable to enable them to apprehend the increasingly political nature of their work, albeit facilitated under a clinical guise.

#### 3.1. The Environment

This study was carried in New Zealand in 2009 and 2010, against a back drop where a strong neo-liberal government led by the ever affable John Key of the National Party where in their first term. This party deposed the long standing Labour Party headed by Helen Clarke. The Clark government had ushered in many new social policies such as the Prostitution Reform Bill, had increased public spending, especially in education, welfare and the arts. It had supported the Green party’s so called anti-smacking legislation, which attempted to outlaw corporal punishment against children. *Decent ordinary middle kiwis* just had enough and the National Party were elected. Rapidly various bills had gone through including 90-day trial probation period for employment, three strikes legislation with regard to recidivist criminals and the creation of Auckland as a super city (with the consequent abolition of the Maori seats on council), restriction of trade union access, provision of private prisons, and the abolition of compulsory student unions. On the horizon was the Rugby World cup, planned for New Zealand in 2011. In New Zealand Rugby assumes the status of a national religion, Like the American Cup of a few years before, there was the opportunity for the world to have NZ in its sights. With relish a new council cleaned up the streets, improved public transport and planned to exclude the homeless off the main streets of Auckland. There had been for a few years much media attention given to what was known as a drug called P (short for pure) methamphetamine. The Labour Party had changed the legal classification from B to A. According to a report (Wilkins, Rose, Trappit et al., 2010) commissioned by the Centre for Social and Health Outcomes Research and Evaluation meth first emerged on the scene in the late 1990s. It reached its peak in 2001, remained stable in the mid 2000s before declining in more recent years. This decline was not reflected in the media. There was also much attention given to violent crime, the gaze often falling on the gangs, often as the main suppliers of news. Significantly at the same time the Law Commission sat in order to produce a detailed and comprehensive review of the liquor licensing laws in New Zealand. The proposals recommended included, a reduction of liquor outlets, lowering of drinking age, lowering of allowable blood alcohol levels for driving. One finding, highly applicable to the theme of disproportion, was that alcohol leads to the death of 1000 individuals per year, while Methamphetamine abuse leads to 20 deaths per year. The government Land Transport Authority came up with research that indicated that if the legal blood alcohol level was reduced to that of Australia, deaths would decrease by about 35 per year. Despite this, the National government decided not to act on the recommendations. In addition the minister of sport was granted the right to grant temporary liquor licences for the duration of the Rugby World Cup.

#### 3.2. Efficacy of the Moral-Panic Concept in the AoD Field

As indicated before, sociological models are under-represented in the Alcohol and Drug field. However, the concept of moral-panic has achieved credibility.

There have been criticisms, regarding the issue of disproportion in Moral-panic theory. However, this issue is crucial in the AoD area. Moral-panics are associated with a high degree of emotion and moral judgements though what defines emotion or morality is problematic and contingent on cultural and political forces. However, in the AoD field cold facts and figures are crucial, in terms of clinical efficacy. Much is made in moral-panic situations about the inherent addictiveness of various drugs. Often, a drug is described as *very addictive* (Table 5), a description histrionically effective than accurate. Drug harm can be assessed in terms of potentiality to cause overdose, withdrawal symptoms, physical effects and dependency. For the individual substance user and

affected others information can be provided, which can counter the dangerous misinformation that arises during periods of moral-panic. Many drug users, do use socially without incurring problems. Many, who do become dependent, manage to successfully recover from dependency. It is important that effected clients and their loved ones be given hope, that recovery is indeed possible despite the hype. The realisation that there is a moral-panic operating can alert clinicians and clients to see the bigger picture..

Paradoxically moral-panics, create funding opportunities. Anecdotal evidence in New Zealand indicates that additional beds have been made available for clients with methamphetamine abuse, through increased funding. This has been spurred on by moral entrepreneurs, and beds would not have been provided if the moral-panic had not eventuated. On the ground possibly this occasioned a certain flexibility in assessment techniques, when the vast hordes of expected users, did not eventuate but the beds could be filled by those effected by alcohol or cannabis use. The AoD profession does not have the status of other professions such as nursing or social work, or psychology so relies heavily on indirect phenomenon such as the disease model and indeed the presence of moral-panics.

### 3.3. Moral-Panic and Moral-Regulation in the AoD Field

Consideration of the trajectory from moral-panic to moral-regulation especially in the AoD field can yield substantial insights, specifically in the area of ideological reproduction. Superficially MP speaks to an old negative Weberian ideal type in social science MR represents the new positive Foucauldian ideal type. The former is diseased, physically emotionally or morally, the latter is an ideal rational, economical, prudent individual. The former enlists our disgust or sympathy, the latter our admiration. On the surface this speaks to progress. As everyone knows terms like wellness, strength based, and resilience are unequivocally incontestable. I would contend however that there are a number of paradoxes present.

Clients present at AoD services with serious problems and deficits. Clinicians are encouraged to use non-deficit language. However, all clinicians know that the honest acknowledgement of defects is a precursor of resilience. Many clients talk about the Gethsemane experience and the “dark night of the soul” preceding recovery. Most clinicians know that the emergence of strength based practices has little to do with clinical considerations, but more to do with the retracting social state.

Moreover, the related disappearing of vocabulary around moralism under the theme of non-judgementalism results in its vibrant re-emergence under a new guise of compulsory wellness.

Seemingly archaic in western society, the concept of morality, sneered at under the discourse of non-judgementalism especially in the Counselling and Alcohol and Drug fields, where anything akin to moralising is considered anathema to ethics, the term *moral* has continued potency. Critter (2008, p. 3) describes Hunt referring to projects of moral-regulation and how although these may be based on utilitarian claims “the basic imperative to action is moral.” Although fiercely secular utilitarian discourses are deployed there is a “linkage posited between subject, object, knowledge, discourse, practices and their projected social consequences.” At earlier times this would have been expressed in overtly moral terms.

May (1997) described how myriad factors conspired to make addiction sayable and thereby *thinkable* in England. These forces included the industrial revolution, capitalism, the land enclosure acts, modernity and medicine. Discourses thereby naturally arose, deploying ideas of willpower and thrift. What emerged was a triangulation encompassing *medicine, morality and money*, sometimes signified in words, such as *sobriety*. These were mutually reinforcing, meshing together, so one adapting the guise of the other. This episteme still exists. The episteme is an environment wherein thinking of addiction is made possible. At times one particular part of the triangle submerges, but it is a case of protesting too much. In current clinical practice morality rhetoric is seriously repressed but it emerges with a vengeance with interpellations for the self to act on itself in terms of health and economy. It is the task of sociology to unpack this.

Hunt (1999) states that agents of moral-regulation act not on just on others but on themselves, in what used to be known as a crusade. Any basic course in counselling (Gilberd & Gilberd, 2001) includes concepts of congruency, and old AA discourses urge us to walk the walk. AoD workers are also still affected by the twelfth step exhortation to carry on the message to others, *Alcoholics Anonymous*, (1976). More so than other professionals, AoD workers do not simply follow a trajectory of theory leading to practice. They not simply have an emotional and spiritual investment in taking up the profession. The clinician has indulged in a regimen of making themselves into projects of care of the self and others.

Newer forms of clinical practice now reflect the newer forms of regulation. These carry with them an inter-

pellation for the client to engage in rigorous forms of active self care

The practice known as Motivational Interviewing for example uses a strategy (Miller & Rollnick, 2002) where the client is asked about the *good* things about drug use, then followed up by what is the *less good* about drug use. Behaviours are never bad, they are *less good*. The client is not sick, they are resilient. Morality in a neo-liberal setting is meshed into medical and monetary discourses of self-care. The homoeconomic citizen lives a life of balance, individualism and prudence. Various counselling practices in the AoD field help to produce such citizens.

Fundamentally counselling is the sophisticated manipulation of language. Counsellors have been wedded to Freudian concepts around a secular version of the confessional cathartic concept. However, the truth may not set you free but entrap you in networks so subtle that you will believe the truths came from you. Words reify and sustain so that entities reach the stature of rational, therefore morally noble. Counselling as how discourse creates categories through “groups of related statements that ‘cohere’ to produce meanings and effects in the real world” (Carabine in Wetherell et al., 2001: p. 227).

### **Governmentality**

Moral-panics raise the imperative, “*they* should do something do something about *it*”. The *it* is often a group or community at the centre of an emotional consensus and *they* are taken unproblematically as the state. The moral-panic concept however alerts the AoD worker to cast a cold eye on what is happening. Often indeed the *state* would follow with more oppressive legislation “for example in New Zealand the legal class of methamphetamines was raised from Class B to Class A”. In addition, property of gang members was seized, and various precursors including cough medicine were severely restricted.

It is the concept of the state that needs to be interrogated if the connection between Moral-panic and Moral-regulations to be analysed in any meaningful way

There is an inference that indeed the state is the final arbitrar of social control. However, under a neo-liberal agenda the state is a very different entity from what it was when structural functionalism was in vogue. This entity known as the state is profitably analysed by use of the Foucaultian concept known as governmentality

### **The Withering away of the State**

In western society for about the last few centuries, up until very recently there has been a left/right divide. In the UK, New Zealand and Australia and many European nations this easily translated itself into political party alignments. Very broadly speaking left wing Labour parties advocated an increase of state power, especially with regard to social welfare and education. Conservative or right wing parties advocated increasingly the lessening input of the state, apart from issues of security and police. Allied to this left wing agenda were various branches of the psy-sciences, which acted to in order to provide our morals and indeed to constitute our “subjectivities” (Corrigan and Sayer cited in Critcher, 2008: p. 18). It could be argued that these psy-sciences had unanticipated consequence in that they took on a life of their own. Having achieved the status of science and a veneer of objectivity they were potent in displacing older calls to morality by a insinuating a new rationality. Increasingly in the psy-sciences there are imperatives to work on the self, to instil practices which call on individuality, self responsibility and rationality, so much so that these projects take on the status of a new morality, referred to as spirituality. This is particularly evident in the AoD field, where increasing discourses around resilience oppose to older deficit discourses and models of disease. A common sense morality has arisen which, *the nanny state, big brother*, and reliance on the state is seen as sinful.

Ironically like many of the prophecies of Karl Marx (who would turn in his grave if he knew he was labelled a prophet) got it fundamentally right and wrong at the same time.

As in Marxist theory there seems to an increasing withering away of the state, but this is not alas post dictatorship of the proletariat, nor does it augur the onset of communist paradise, it is more associated with the onslaught of the neo-liberalism.

An exemplar of this manifested in the descriptor “nanny state”. This trope is often used as a term of opprobrium by the *right* describing public health campaigns such as anti-smoking or obesity campaigns. Paradoxically, these campaigns are exactly the opposite. They are geared at the retraction of the state, through a moralization of the individual into regimes of self care, to end dependency.

Bruce Jesson (1999) has described the situation that occurred in New Zealand, when the country went back to year zero (Jesson, p. 19). This occurred in the year 1984, when the country lurched to the right, ironically with the election of a Labour party under the leadership of the eloquent leftward leaning overweight David Lange. The rationality of the market insinuated itself into the lives of New Zealanders. As a piece of social engineering

the Labour government freed markets up, where they were controlled by the government, created markets where they did not exist before, i.e. in electricity and stimulated markets in areas where they cannot be constructed (ibid, p. 26). Drawing from a superficial reading of Adam Smith, the theoretical rationality of the market, was to dominate all reality. Any economic problems will be blamed, not on the market orthodoxy, but on what remains of government influence (ibid, p. 26). Although [Jesson \(1999\)](#) describes this as a situation where New Zealand was a freak, nevertheless it provided a blueprint of right wing ideology for the rest of the western world. Yet these policies were brought in by a government which had many progressive policies such as closing the door to US nuclear powered vessels.

### 3.4. Governmentality and Neo-Liberalism

[Larner \(2000\)](#) recommends the Foucaultian concept of governmentality as the best means of analysing neoliberalism. The concept is invaluable in analysing the various “neo-liberal strategies of rule, found in educational institutions and health and welfare agencies, [that] encourage people to see themselves as individualised and active subjects responsible for enhancing their own wellbeing” ([Larner, 2000: p. 11](#)).

Many of the newer practices used in the Alcohol and Drug field such as motivational interviewing, narrative and solution focussed emanate from strength based approaches. They eschew older disease, deficit models and act under a moral-regulation imperative for the client to act on themselves as resilient self-governing citizens.

Governmentality approaches interrogating neo-liberalism because address three key areas, subjectivity, retraction of the state and paradox.

#### 1) Subjectivity

In the AoD and counselling field’s clinician work traditionally under psychodynamic and its earlier confessional modus operandi. The assumption underlying these practices posits that an entity known as *subjectivity*, a mysterious hidden mechanism has been repressed. The afflicted person becomes diseased because of past hurts, feelings that remain unresolved. Foucault referred to this as the repression hypothesis Foucauldian theory however this. The apparatuses of confession act not so much as “truth setting a person free” in the biblical sense ([Campbell, 2001](#)) but as being inherently productive. Truth is constituted within certain networks of discourses. These discourses are increasing based on ideas around economy, self care, individualism and rationality. Subjectivity is also a modern secular version of the soul. However, it carried with it all the implication of older truths, involving morality and how we are called to regulate ourselves.

#### 2) Retraction of the state

Morality has always been an important issue in the Alcohol and Drug field, still reflected in words such as sober and clean. With the rise of the twelve-step movement and the influence of secularity the concept was softened to *spirituality*. Morality as an entity has been repressed in the counselling and AoD field but it tends to sneak back with a vengeance. Current aspects of moralisation refer to practices such as prudentially acting on the self, individualism and responsibility informed by the psy-scenes. These acts of self-care and individualism are based on a built in resilience as such there is no requirement for help from the state. Resilience is imagined as ineluctably *good* often foregrounded in the discourse of therapeutic language but what is rendered as unsayable is weakness/sickness that receives a default definition as *bad*, Addicts are constructed as intrinsically resilient. As such they are classed with other resilient groups such as the homeless.

#### 3) Contradictions and Paradox

Concepts of the left and the right seem obscured. Neo-liberalism, inevitably conflated with liberalism presents seductive veneers of social progress, cloaked in macabre robes of dehumanising monetarism. Ostensibly it challenges manifestations of racism, sexism, homophobia, bigotry yet never the sacred catechistic paradox of extreme surplus based on low wages and over consumption. In the AoD field there is attention to empowering the many individuals who suffer alcohol and drug problems but do not fit the criteria for substance dependency. On the other hand those categorised as problematic or even social users are now under the gaze of moral-regulators. AoD workers are often at the forefront of teaching about safe drinking limits. Often a criticism emerges that they are agents of the nanny state. If AoD workers could deploy a sociological imagination they could see that moral-regulation represents the *end* of the nanny state.

## 4. Conclusion

This essay considered the current relevance of Moral-panic theory, and its efficacy for the alcohol and drug

treatment field using as a case study in New Zealand with the use of methamphetamine. It advocates that the themes of disproportionality and volatility have clinical efficacy in the addiction field. It also considers moral-regulation theory and how it has sheds light on how strength practices have insinuated themselves into clinical practice. Moral Panic theory is a useful tool to illuminate the distortion of truth, moral regulation of the production of truth. Stanley Cohens quote compels sociologically aware clinicians to move beyond merely reflecting on the possible harm, they do what they do *bad practice* but the harm they do with *best practice*.

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