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Producing the vulnerable subject in English drug policy

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ABSTRACT

The concept of vulnerability is now deeply embedded in English drug policy, influential in governing practices such as prevention and treatment activity but yet to be subject to critical scrutiny. In this paper, we offer an appraisal of the vulnerability zeitgeist in contemporary drug policy, drawing upon insights from similar endeavours across a range of policy areas to consider the underlying assumptions and various effects of this conceptual logic. Using an approach to policy analysis which supports the questioning of deep-seated assumptions and implications of particular representations of 'problems' in social policies (often referred to as the 'What's the Problem?' [WPR] approach, Bacchi and Goodwin, 2016), we analyse the 2017 Drug Strategy to facilitate a close perspective on the texture of governance in relation to people who use drugs in England. We explore how vulnerability and drug use are in Bacchi's (2018; 6) terms 'problematized' and 'made 'real'' as a specific kind of phenomenon, drawing attention to the presuppositions and potential effects of being labelled (or not) as vulnerable. We argue that alongside bolstering targeted support, the current problematisation of vulnerability in English drug policy supports the operation of subtle disciplinary mechanisms to regulate the behaviour of those deemed vulnerable, underplaying the role of material inequalities and social divisions in the unevenness of drug-related harms. We then use the WPR approach to guide a discussion of the burgeoning multi-disciplinary literature on vulnerability, exploring orientations and effects of alternative representations of the 'vulnerable' drug users. Producing the 'vulnerable' subject in these alternative ways creates a different and deeper understanding of the 'problem' and consequently its 'solutions', allowing more space for human agency to be considered and directing attention beyond drug policy towards tackling the diverse multiple social marginalisations which make some people more likely than others to experience drug-related harms.

Key words: drug policy, England; problematisation; responsibilisation; risk; vulnerability

Producing the vulnerable subject in English drug policy

Introduction

Vulnerability is now important political currency, increasingly drawn upon in policy, research and in public debate to narrate and contest insecurity and social marginality. In the UK, there has been a 'creep' (Ecclestone, 2017: 443) of vulnerability across policy areas including housing, crime, disability and migration (Brown, 2014), mirroring developments in international social policy (Brown, 2017a) and extending into the field of drugs policy. In 2017 the UK[1] government published an updated drug strategy with four themes: reducing demand, restricting supply, building recovery and global action with the aim of tackling the 'far-reaching' harms caused by drug 'misuse' which 'affect our lives at every level' (HM Government, 2017). It outlined a programme of work to 'build a safer healthier society', emphasising the importance of co-ordinated efforts at a local, national and international level (p.2). Vulnerability is a conceptual cornerstone in the document, referenced over 20 times, and one of the stated aims is 'to protect the most vulnerable' (p. 2). In the Foreword, the Home Secretary (who has overall responsibility for English drug policy) acknowledges that changes in drug markets often impact on the most vulnerable in society (p.2).

This focus on vulnerability is not new. There are references to the concept in earlier English drug strategies (see especially HM Government, 2002; 2008) and the idea that certain groups are more vulnerable to drug use is firmly established in drugs research (see for example, Becker and Roe, 2005; EMCDDA, 2008; Goulden and Sondhi, 2001). Research has identified 'risk factors' for drug use which form an 'interactive 'web of causation'' (Lloyd, 1998: 217) and allow for the demarcation of high risk or vulnerable groups in needed of special governing practices. Some of these were included in the Home Office commissioned 'Vulnerable Groups

[1] The situation is complex as the legal framework relating to drugs covers the UK, but the devolved administrations have responsibility for many of the policy areas covered in the strategy and produce their own drug strategies.

Research Programme' undertaken in the early 2000s, which looked beyond prevention to address high levels of drug use and service access among young people involved in selling sex; young homeless people; care leavers and runaways; and young people in contact with drug services and or youth offending teams (see Foreword in Wincup et al, 2003). The 2017 Strategy is to some extent a re-engagement with the concept of vulnerability, but we argue here that this latest policy development represents the most deeply embedded use of the concept of vulnerability in English drug policy to date. With overtones of care and support, the renewed emphasis on vulnerability can seem a welcome development, but critical scholarship has drawn attention to the possibility of exclusionary and disciplinary effects of this representation (Van Loon, 2008; Munro and Scoular, 2012; Brown 2014, 2015 and 2017b), raising questions about who is included within vulnerability classifications, on what basis, and with what effects.

Guided by the post-structuralist 'What's the problem represented to be?" (WPR) approach to policy analysis (see Bacchi, 1999, 2009; Bacchi and Goodwin, 2016), this article critically appraises the production of the 'vulnerable' subject in English drug policy, illustrating the extension of the 'vulnerability zeitgeist' (Brown, 2015: 4) into a further policy area and reflecting on how alternative representations of vulnerability might lead in different directions for drug policy. The WPR approach displaces the conventional view that policies are reactions to 'problems' waiting to be solved and emphasises how social issues are problematised and created through modes of governing. We take the view that vulnerability is 'made real' through the material-discursive practices operating through policy and practice – but that vulnerability representation (and its effects) are not given or set, but subject to change – raising the possibilities of alternative policy 'solutions' if different conceptualisations of the 'problem' of vulnerability were in operation. The paper starts with a brief overview of vulnerability debates within the social science literature and their relevance for understanding and responding to drug use. We then outline our methodological strategy and how the WPR approach has guided

our analysis. In the main findings section on the paper, we offer a close reading of the 2017 Drug Strategy (referred to as the Strategy in the remainder of the paper), guided by principles and questions set out in the WPR approach, centring on the representation of 'vulnerable groups' and the exclusionary effects of the production of the vulnerable subject in the Strategy. We then use the WPR approach to guide a discussion of the burgeoning multi-disciplinary literature on vulnerability, exploring the orientations and effects that alternative representations of the 'vulnerable' drug user could offer in terms of policy 'solutions'. We argue that the current Strategy has significant limitations in terms of assisting those who are most deeply affected by drug use, but that constituting people who use drugs as 'vulnerable' is not necessarily problematic. Alternative representations of vulnerability offer deeper understandings of agency, difference and diversity within drug use, especially in terms of drawing attention to institutional responses over individual behaviours, in an era where the weight of momentum is building in the opposite direction.

The concept of vulnerability and its relevance for drug policy debates

Vulnerability has increasingly been used by policy-makers to delineate people who are seen as especially deserving of support or in need of assistance. Such developments can be found internationally (Brown, 2015; Brown, 2017) but one recent UK exemplar is the government's Serious Violence Strategy (HM Government, 2018). This notes an increase in 'vulnerable groups' susceptible to drug use and exploitation, linking this to the priorities of tackling 'county lines' (the use of 'vulnerable' children to move and sell drugs) and the 'misuse' of drugs through various initiatives focussed on vulnerable children and adults, as well as establishing a National Policing Vulnerability Knowledge and Practice Programme (VKPP) within the College of Policing (NPCC, 2019). This policy typifies how vulnerability is assumed to be a taken-for-granted matter, merging concerns about the well-being of certain groups with their apparent 'riskiness'. This mirrors practice in other policy domains where the concept of vulnerability is operationalised (see Brown, 2015). Whilst the meaning of vulnerability is often

taken as self-evident, many critiques of vulnerability comment on the slipperiness of the concept (see Cole, 2016), with some questioning whether it is so vague as to render it useless (Daniel, 2010). Others have argued its fluidity makes it well-suited to facilitating understandings of the diversity of depth of the human experience (Wallbank and Herring, 2014), allowing space for shared meaning-making to operate in contested areas of policy and practice (Hewer, 2018). Detailed explorations can be found elsewhere (see Brown, 2015; Brown et al, 2017), but debates centre on how the 'vulnerability zeitgeist' threatens or advances social justice. Some see reliance on vulnerability in social policy as advancing a 'politics of pity' (Walklate, 2011: 189), justifying enhanced 'support' interventions that disguise disciplinary forces through apparently therapeutic means. Others argue that when critically deployed, vulnerability can be operationalised to understand and mitigate structurally ingrained inequalities (Fineman, 2008).

The idea of vulnerability has been rooted in policy for centuries, but we find the specific term increasingly creeping into books and statutory instruments from the 1950s onwards (Brown, 2015), with Cole (2016: 262) noting that the concept is 'doing a lot of heavy lifting these days'. A brief genealogy of vulnerability would include the wide dissemination of psychoanalytic principles in the nineteenth and twentieth centuries, which promoted systems of thought centred on the human psyche's role in how people deal with stresses and strains. Alongside the spread of these ideas, the rise of developmental psychology illuminated how childhood experiences affect our later lives. Such developments propelled a cultural shift towards citizens being imagined as a 'innately more interesting and vulnerable' (see Hendrick, 2016; 53). The ambition of psychology was not only to understand human behaviour but to change it. The spread of the psy-disciplines in the twentieth century took place alongside the rise of positivist social science as a technique for tracing patterns within populations, which stimulated the development of interventions designed to address 'negative' patterns, whereby certain groups become objects of knowledge and targets for concern (Bevir, 2013). This pattern of researching 'problem' populations has been enormously influential, migrating into

policy to justify a range of enhanced interventions, with children and young people (seen as inherently vulnerable) and also 'special' groups of adults, increasingly cisgender women in particular. One recent example is the emphasis on trauma-informed practice which seeks to respond to the high proportion of people entering drug treatment who have experienced one or more 'Adverse Childhood Experiences' (or ACEs) such as emotional, physical sexual and abuse or parental imprisonment, substance use and mental ill-health (see ACMD, 2018).

Left-leaning political narratives tend to draw on vulnerability to argue for state intervention to help people who are subject to morally unacceptable harms due to social structures and inequalities (Brown, 2017b). Those closer to the political Right are more inclined to use the concept to highlight where people are sometimes 'unable' to act responsibly, facing personal misfortunes which require cure (Brown, 2017b). Its multifarious use across the political spectrum means it is frequently deployed inadvertently or strategically to configure responses to behavioural transgressions where groups are 'troublesome' and 'in need' simultaneously, with people who use drugs being one example of this 'vulnerability-transgression nexus' (see Brown, 2015: 110 and 179). Vulnerability also implies future as well as current risk (see Brown, 2015: 42), referring to wide ranging potential for harm. This means vulnerability discourses encompass a multitude of ideological and practical concerns, functioning as an 'amphitheatre for political struggle' (Hewer, 2018: 17).

Critiques of vulnerability discourses often focus on concerns with social control (Furedi, 2008; Ecclestone, 2016), processes of exclusion and responsibilisation (Brown, 2015; 2017b) and neoliberal governance (Van Loon, 2008; Munro and Scoular, 2012), stemming from the concept's deep association with 'lack' of agency and the complex ways in which this plays out when operationalised. Writing on drug mules, Urquiza-Haas (2017: 231) shows how the use of vulnerability in criminal law in has informed more proportionate sentencing for people who use drugs, but the concept in this context is prone to being interpreted as individual failure, furthering legal outcomes where 'dispossessed men and women bear the burden of managing

responsibly their self-care as well as the care of others' (p. 231). Ellis (2018: 161) highlights how for young women in secure care, contradictory signals about 'taking responsibility' for criminal actions operate alongside them being seen as 'too vulnerable' to manage everyday decisions. Indeed, those deemed vulnerable may be entitled to protection/support, but on condition of performing as 'appropriately' vulnerable citizens; reaffirming idealised notions of victimhood (Brown, 2017b).

Approach: what's the problem represented to be?

Our analysis is guided by Bacchi's (1999) 'What's the problem represented to be?' (WPR) approach to policy analysis, which has been refined over the past two decades (see Bacchi 2009, 2018; Bacchi and Goodwin, 2016). This shifts emphasis from 'problem solving' to 'problem questioning' through interrogating the ways in which policies represent problems rather than simply addressing them. This approach is now firmly established in drug policy analysis (see Bacchi, 2018 and also Duke (2019) for a recent example relating to English prison drug strategies). It focuses on discourse in action, designed not simply to identify representations but also to trace their development and evaluate them in terms of their effects, facilitating a closer perspective on the texture of governance. Central to the WPR approach are six questions and one 'step' (Bacchi, 2018: 5), which we used as a framework to analyse the production of the vulnerable subject in the Strategy and consider alternative representations of vulnerability.

1. What's the problem (in this case, drug use) represented to be in a specific policy or policies?
2. What deep-seated presuppositions or assumptions (conceptual logics) underlie this representation of the 'problem'? (problem representation)
3. How has this representation of the 'problem' come about?

4. What is left unproblematic in this problem representation? Where are the silences? Can the ‘problem’ be conceptualized differently?
5. What effects (discursive, subjectification, lived) are produced by this representation of the ‘problem’?
6. How and where has this representation of the ‘problem’ been produced, disseminated, and defended? How has it been and/or how can it be disrupted and replaced?
7. Step 7: Apply this list of questions to your own problem representations.

The WPR approach recognises that problem representations - the ways in which policies characterise and constitute ‘problems - are ‘enacted as part of the ‘real’ (Bacchi (2018: 6) emphasis in original). From this perspective, problems such as drug use are ‘ontologically constituted’ in the interventions designed to solve them (see Farrugia et al, 2018; 196). The implications of these problematisations, Bacchi and Goodwin (2016) argue, can be unpicked through consideration of three types of effects

- Discursive effects: the silencing of alternatives through the adoption of particular problem representations and the discourses which frame them. For example, presenting drug use as a crime ‘problem’ restricts possibilities for harm reduction measures.
- Subjectification effects: the impact of establishing particular social relationships within discourse, which often involves pitching groups in opposition to one another and attributing responsibility for the ‘problem’ to particular groups. For example, drug users are often placed in opposition to hard-working citizens and blamed for their worklessness (see Wincup and Monaghan, 2016).
- Lived effects: the material consequences of problem representation. For example, an emphasis on the drug-crime nexus resulted in substantial investment in drug services

to allow individuals to be directed to drug treatment at all stages of the criminal justice process (Hucklesby and Wincup, 2010).

We were drawn to the WPR approach because it offers a 'way of thinking*'* rather than simply a method of policy analysis (Bacchi, 2018: 6, emphasis in original). We began our analysis conscious of the fact that the Strategy drew on an established history of invoking vulnerability discourses to understand the drug 'problem' and offer 'solutions'. The WPR approach offers sufficient flexibility to conduct an analysis of how drug use was constituted as a 'problem' in 'vulnerable' populations which made connections with existing theorising on vulnerability, and which could also help expose the underlying conceptual logics of these alternative approaches.

Our first step was to explore where 'vulnerability' and the idea of the 'vulnerable' subject appeared in the Strategy, which directed us mainly to the Reducing Demand' and 'Building Recovery' themes. Following this, we more closely used the WPR approach to analyse the content of the document, directly asking questions 1-6 of the document (listed above). We brought the analysis together under the themes which emerged as most significant in the results, which centred around the conceptual logic of 'vulnerable groups' and the exclusionary effects of the production of the 'vulnerable drug user'. With the Strategy still in its infancy, we could not identify tangible effects with certainty, so in our analysis of the policy document we draw upon empirical work on drug use and vulnerability to surmise possible consequences, intended or otherwise. Finally, we used the WPR questions as a guide for an analysis of how alternative representations of vulnerability might offer the potential to disrupt or replace the current problematisation 'vulnerable' drug users (see WPR question 6), and lead to different material-discursive effects in the governance of drug use. We now turn to the results of this analysis, starting with a close reading of the Strategy's conceptual logics and their potential effects.

Producing the vulnerable subject through the 2017 Drug Strategy

The 2017 drug strategy – the first produced by a Conservative Government for over 20 years – was published after a lengthy gestation period. A refreshed rather than new strategy (see Easton, 2016), it adopted a similar structure to its 2010 predecessor, organising its content around three existing key themes (Reducing Demand, Restricting Supply and Building Recovery) and an additional theme (Global Impact). Much of the substance of the Strategy was familiar but the there was some recognition of the apparently changing nature of the drugs 'problem'. It acknowledged that rates of drug use in the general population have levelled off and a reduced number of individuals are now presenting for drug treatment. Against this backdrop drug use is presented as increasingly risky, not least due to the threat of new psychoactive substances and the rapidly growing number of drug-related deaths. Those deemed to be most at risk from the harms of drug use are repeatedly described as 'vulnerable', a recurring theme within drug policy noted earlier in the paper. In this section we consider the way in which the vulnerable subject is produced in the Strategy, drawing on the wider literature on drug use and vulnerability to consider the implications of this.

The conceptual logic of vulnerable groups

Within the Strategy, vulnerability is deployed as if its meaning was self-evident, but a close reading of the Strategy reveals the slipperiness of the concept and multiple meanings. The first strategic theme (Reducing Demand) has a strong emphasis on identifying those deemed vulnerable to drug 'misuse' (p. 10-14). Misuse is not defined but the implication is that this includes all forms of illicit drug use. Eight groups are described as vulnerable:

1. Vulnerable young people, then further (nebulous) sub-groups of young people (looked after children, those 'not in education, employment or training' [often referred to as 'NEETs'], sexually exploited children)

2. Offenders, particularly prisoners
3. Families, with focused discussion on children with substance-using parents
4. Victims (particularly women) of intimate partner violence/abuse
5. Sex workers (focused on women and those who are exploited/coerced)
6. Homeless people, particularly rough sleepers and single homeless people
7. Veterans
8. An older cohort with acute health problems due to long-term drug use

There is a substantial evidence-base to support the labelling of these groups as 'high-risk' (see for example the recent ACMD [2018] report described as a briefing on vulnerability and drug use). However, the Strategy does not detail why these groups rather than others were included and little is provided in the way of evidence to support their inclusion. The Strategy also identifies the 'most vulnerable' (p.29) with no further exploration of who might be included in this group. Such 'thin slicing' of vulnerability[2] is particularly apparent in relation to young people. Whilst all young people are seen as vulnerable, some sub-groups are believed to be especially so. There are also claims that some groups are more vulnerable to the most harmful forms of drug use. For example, heightened risk of Novel Psychoactive Substance (NPS) use among young people, homeless people and prison populations is noted (p.14), justifying a range of interventions spanning enforcement, treatment and prevention. For the latter group, this is a notable example of the vulnerability-transgression nexus in action: possessing new psychoactive substances in prison is a criminal offence and their use is presented as threat to the security, order and control in the prison estate (p.24).

The Strategy advocates a 'targeted approach' to prevention for these 'high priority' groups (p.10), reflecting recent calls by experts for selective prevention activity (ACMD, 2015; NICE, 2017). Proposals to introduce 'tailored treatment outcomes' (p.28) reflect expert advice that

[2] Thank you to Iolo Madoc-James who suggested this term at the Social Policy Association Annual Conference in July 2018.

that policy-makers, commissioners and drug services 'need to gain a better understanding of the recovery potential of different groups and target interventions more appropriately' (ACMD, 2018: 18). Although earlier strategies similarly focused on identifying groups most in need of intervention, either through the lens of social exclusion (President of the Council, 1998) or vulnerability (HM Government, 2002; 2008), in previous strategies, vulnerability is equated from the purported harms caused by drug use. Distinctive about the current Strategy is the application of the concept of vulnerability to a wider range of groups and to wider-ranging governing practices.

The designation of vulnerability applies to particular demographic groups and groups who share similar experiences. The groups are presented as readily identifiable, self-evident and uncontroversial as is common to the way problems are presented in 'evidence-based' policy (see Bacchi, 2018: 4). Fineman (2013: 16) distinguishes vulnerable group classifications as commonly referring to 'identity-based vulnerabilities' (such as gender and 'race/ethnicity) and also 'status-based vulnerabilities' (connected to life circumstances), a distinction helpful for exposing more of the conceptual logic which is at work in the Strategy. In terms of identity-based vulnerabilities, there is some appreciation within the Strategy of how structural factors such as gender are important in drug use, but this is done by referring to 'problem' populations who predominantly comprise of women rather than gender being tackled in an explicit way. Women make up the highest proportion of two of the 'vulnerable' groups (victims of intimate partner abuse and sex workers who are assumed to be female) identified in the Strategy. Age is also identified as significant. Being young (implied as aged under 25) is viewed as risk factor for drug use, unsurprisingly given the highest rates of drug use are among those aged 16-24 (see Home Office, 2018a). Long-term drug users (people aged 40+) are also flagged, a group increasingly recognised as vulnerable (Scottish Drug Forum, 2017). The Strategy is keen to emphasise the importance of a 'universal approach across the life-course' (p. 8) yet this is in tension with designating vulnerable age groups who need bespoke measures.

We can also observe a number of 'status-based vulnerabilities' (Fineman, 2013). First, there are those relating to relationships. The absence of family relationships (e.g. for looked after children) and problematic relationships (having drug-using parents or experiencing intimate partner violence/abuse) are viewed as sources of vulnerability and risk factors for drug use. Second, there are vulnerabilities relating to change of personal circumstances: becoming homeless, leaving the armed forces, becoming unwell (mentally) or being released from prison. Third, there are those related to behaviours judged as problematic such as offending and sex work, highlighting how the production of the vulnerable subject operates firmly within the established drugs-crime policy nexus. Overall, within the Strategy tacit normative hierarchies operate within more general designation of vulnerable groups to result in a tangled web of varied vulnerability statuses.

The designation of 'special groups' has already been subject to critical reflection by scholars in the drugs field. Martin and Aston (2014: 335) warn of the need for treating particular groups as a 'special population[s]' with 'unique treatment needs'. Based upon their analysis of dominant representation of women in drugs research, they suggest that a lack of conceptual understanding of gender and failure to engage with the contribution of feminist theorising results in a limited understanding of the harms associated with women's use of substances which, paradoxically, restricts the possibilities for developing appropriate treatment for women. One of the major silences (an important consideration within the WPR approach) in the Strategy is how material marginalisations and social divisions interact and inform one other at the same time in the lives of 'vulnerable' people. In practice, those using drugs will 'belong' to multiple vulnerable groups. Furthermore, the singling out of 'vulnerable' population groups obscures difference and diversity within groups, making assumptions about homogeneity. As one example, sex workers are a diverse population encompassing various work practices, demographic groups and vulnerabilities (Brown and Sanders, 2017). It is unclear if the Strategy is referring to (female cisgender) street sex workers (a minority of sex workers, but a majority of whom have experiences with drug dependency) or the drug use of those sex

workers whose vulnerability is less visible, such as escorts, indoor, male, trans and migrant sex workers. In terms of other silences within the Strategy, 'race' and ethnicity do not feature in demarcations of vulnerability, even implicitly, despite growing evidence of their relevance to understanding drug use (see UK Drug Policy Commission, 2010 for an overview). Socio-economic status is glossed over, with the exception of a fleeting reference to poverty which is presented as a consequence rather than cause of drug 'misuse' (p.17), potentially obscuring how drug-related harm falls disproportionately on those experiencing deprivation (Stevens, 2011). The conceptual logic underpinning the 'problem' of vulnerable groups falls short of intersectional understandings of how disadvantage operates in people's lives (see Bramley et al, 2015), raising questions about how well suited this is as a foundation for addressing at a strategic level the challenges of providing services for those with complex needs.

Identifying 'special' populations is a typical approach within strategic response to drug use which results in a tendency to design and organise policies and interventions for those identified as 'different' from 'mainstream' citizens. A focus on special populations can be seen as a positive development in that it designates need and appreciates some level of diversity amongst people who use drugs. However, despite good intentions, labelling vulnerability often becomes unintentionally pejorative with stigmatisation as a potential subjectification effect. For example, it can resulting in a 'repackaging of stereotypes', supporting the very pathologisation it is deployed to mitigate (Quesada et al, 2011: 250). In the disability literature, it has been argued powerfully that discourses of vulnerability disempower disabled citizens (Wishart, 2003) through failing to take adequate account of how people might ascribe meaning to their lives. For example, Dunn et al (2008) criticise dominant notions of disabled people's vulnerability as related to professional assessments of risk, rather than based on understandings of the subjective experience of being vulnerable. This literature alerts us to stigmatisation as a potential subjectification effect of the production of the vulnerable subject in the Strategy. A key consideration is how those identified as vulnerable respond to this labelling. Whilst research with 'vulnerable' groups has shown that young people tend to

dissociate from the term (Brown, 2015; Ellis, 2017), there are indications that others such as street sex workers respond to it positively as a reflection of their experiences (Brown and Sanders, 2017). Stigma surrounding drug use has significant negative repercussions (Lloyd, 2013), which could be a factor in how individuals receive the classification, and there are likely to be significant differences across drug-using populations in how they identify with being labelled as vulnerable.

Vulnerable to making the *'wrong'* choices: exclusionary effects

The way that the vulnerable subject is produced in the Strategy averts gaze from wider questions about the distribution of resources and (dis)advantage amongst people who use drugs. The renewed emphasis on vulnerability in the Strategy needs to be understood against the backdrop of how drug use is problematised and the deep-seated assumptions which underpin this. Within the Strategy the overriding presupposition is that drug use is problematic. It is portrayed as the cause of a range of social problems including crime, anti-social behaviour, poverty and family breakdown, with the assumption that it therefore needs to be rectified and eliminated (cf Bacchi, 2018). The identification of vulnerable groups is borne out of this, indicating a mixture of concern for how 'at-risk' certain groups are, but also how they represent a risk to society when they fail to make what the Strategy calls the 'right' decisions (HM Government, 2017: 14). Like previous drugs strategies, the emphasis in the document is on supporting people who use drugs to make the 'right' decisions (preferably to abstain from drug use) but without appreciation of the drivers of their drug use. The exception is recognition that certain vulnerable groups (sex workers and veterans) might use drugs as a mechanism to cope with trauma they have faced, with the assumption seeming to be that these groups 'lack' agency. Yet the understanding of 'limited choice' vulnerability and trauma-related drug use is inconsistent; for example, it is not noted for victims of intimate partner violence and abuse despite a growing literature drawing attention to it (Haeseler, 2013). Unsurprisingly, there is no recognition within the Strategy that drug use can be pleasurable, since pleasure is

typically absent from drug policy, related health interventions and public discourse (Dennis and Farrugia, 2017). Neither is there any recognition of the medicinal benefits of illicit drugs (see for example, Davies, 2018).

In order to encourage vulnerable individuals to make the 'right' decisions the Strategy adopts a responsibilising approach. The preventative strand of the Strategy promotes 'building resilience and confidence' (mainly of young people), through personal, social, health and economic education and sporting programmes (HM Government, 2017: 8-9). Resilience is a concept that often appears alongside vulnerability (Daniel, 2010), commonly inclining policy developments towards a prioritisation of emotional need or positive adaptation rather than tackling structural disadvantage (McLeod, 2012). As many critical scholars have noted, fostering individual resilience means stripping experiences of precariousness from their historical, political and economic constitution and re-orientating the official gaze away from such matters towards psychological and behavioural accounts of social problems (Ecclestone and Lewis, 2014). This approach is manifest in the Strategy. For example, system adaptations in mental health provision for young people are outlined as important, but without acknowledgement of how general provision is in need of investment and improvement (see Department of Health and Department for Education, 2017).

Later in the Strategy, the emphasis is on steering those who have made the 'wrong' decision towards the most appropriate course of action (i.e. accessing drug treatment) to support recovery. Individuals are expected to take advantage of support available in order to become healthy, law-abiding citizens who are engaged in paid work or other forms of meaningful activity and able to maintain stable accommodation, although this has been shown to be a strategy which excludes and marginalises those most in need (Wincup and Monaghan, 2013). At the same time as making claims to protect vulnerable groups, the Strategy supports disciplinary measures such as anti-social behaviour interventions which empirical evidence demonstrates leads to 'consequential alienation' of those subject to interventions from the

disciplinary state, intensifying vulnerability in many cases (Flint, 2019: 8). The emphasis is shifted away from sources of vulnerability towards risks vulnerable people pose to society. Circumstances such as becoming homeless appear as accident or individual happenstance rather than as deeply entrenched social and economic patterns of harm, with the solutions located in individual behaviour, with potential exclusionary effects for the most vulnerable who may not be willing, or able, to meet the demands of the required changes to their behaviour such as engaging in treatment.

Representing the drug 'problem' as the product of 'irresponsible' non-citizens is neither wholly new nor peculiar to England. For example, other research using the WPR approach has exposed how this presupposition can be found in a UK-based expert statement on recovery developed in 2008 (Lancaster et al, 2015); legislative prohibitions in New South Wales (Australia) on the distribution of injecting equipment (Lancaster et al, 2015) and in crime compensation laws in Victoria (Australia) (Seear and Fraser, 2014). In these different contexts, drug use is seen as incompatible with the responsibilities of citizenship and those who use drugs are viewed as irresponsible and irrational, requiring extended forms of governance to encourage enhance self-regulation, self-discipline, self-motivation and self-control (see Lancaster et al, 2015). In many respects, the Strategy represents continuity in placing responsibility on the individual rather than focussing on broader structural concerns, yet the vulnerable subject is also invoked as a 'victim' (see Seear and Fraser, 2014) of drug use, providing further moral legitimacy to enhanced forms of paternal power and control. The production of the vulnerable subject – as in other policy contexts – serves as a 'cloak of concern' (Van Loon, 2008: 59), shrouding potent moral judgement (Brown, 2015; 42). Cole (2016; 265) deems this 'biopolitical securitization' through negative depictions of vulnerability; an intensification of social control justified as essential protective measures.

Towards an alternative production of the 'vulnerable drug user'

We have drawn attention to some of the dangers attached to how the vulnerable subject is produced within contemporary English drug policy, and within the Strategy in particular, but this does not necessarily lead us to a position that the concept of vulnerability should be abandoned. A focus on special populations can be seen as a positive development in that it designates need and appreciates some level of diversity amongst people who use drugs. Here, we draw on social sciences, international development, moral philosophy and feminist socio-legal literatures on vulnerability to highlight how alternative problematisations might offer potential to disrupt or displace current (drug) policy logics of vulnerability, using the WPR principles and questions to guide us in an exploration of the implications of these alternative problematisations.

To invoke vulnerability is to question how far an individual's agency is shaped by their circumstances, personally, socially and/or structurally. In the natural sciences and environment studies, the concept of vulnerability is widely used to analyse geographical and institutional structures which engender varying levels of exposure to hazards and disasters and capacities to respond to these (Adger, 2006). Chambers' (1989) definition sets out vulnerability as having two sides, 'internal' (related to a person's ability to cope) and 'external' (related to exposure to contingencies, stress and difficulty). Watts and Bohle (1993; 45) develop this further, theorising vulnerability as (i) risk of exposure to stresses and shocks, (ii) risk of inadequate capacity to cope with these, and then (iii) severity of consequences arising from this combination. Social researchers have borrowed from this literature to develop social models of vulnerability which illuminate lived experiences of deprivation and disadvantage, bringing into view human agency, broader institutional factors and empowerment as key dimensions (Emmel and Hughes, 2014; Emmel, 2017). This problematisation of vulnerability takes account of the interplay between social structures and human agency in how vulnerability is lived and experienced. Such representations of vulnerability produce the vulnerable subject in ways that are less normatively charged, with evaluations of behaviour

falling further into the background and institutional arrangements assumed as central to 'solutions'.

A drug strategy embracing these theoretical insights would problematise vulnerability with an emphasis on how drug use varies in motivation and severity of consequences, with dimensions of 'coping' and 'severity' potentially bringing into focus that for many individuals, drug use is short-lived, occasional, and confined to a limited range of drugs (often cannabis) (Home Office, 2018a), viewed as a source of pleasure with seemingly little evidence of lasting harm (Aldridge et al, 2011; Williams, 2012). It would foster a policy approach that focused on supporting individuals to make informed decisions to use drugs safely if they chose to do or to resist pressures to engage in drug use if that is their preference. According to this alternative problematisation, drug use could be an investment and coping strategy to deal with the stresses and shocks of social marginality and psychological strain, noted as significant in the feminist literature on drug use in particular (Ettorre, 1992; 2007) and also arguably manifest in high rates of 'risky' drug use among populations noted in the Strategy such prisoners and rough sleepers (see also Home Office 2018b). This would allow space for attention to how drug use is likely to be frequent and associated with higher risk of harm, but alongside recognising the diversity of the drug-using population. It would lead in a direction where the social inequalities which underpin the most harmful forms of drug use would receive serious attention, without portraying people who use drugs as passive victims (see also Roy and Buchanan, 2016; Stevens, 2011).

Other vulnerability representations highlight the shared precariousness of the human condition, usefully disrupting deep-seated policy assumptions about vulnerable people being 'problematic'. This burgeoning literature mainly located in the feminist, socio-legal and ethics literatures (Butler, 2004; Fineman, 2008; Mackenzie et al, 2014) is sometimes referred to as 'vulnerability theory'. There are differences within vulnerability theory, but the work commonly uses the starting point that we are all vulnerable by virtue of our human embodiment or

corporality (we all have bodies which decay and die), and that the relationship between the state and the individual should be reconfigured accordingly (Fineman, 2014). According to a universal vulnerability approach, vulnerability is inherent within all of us, and rather than institutions trying to activate people away from vulnerability through special delineations and demarcations in policy, we should accept or embrace it as the essence of our human condition and the starting point for social policy. This, it is advocated, has the potential to resist and subvert traditional 'neo-liberal' narratives elevating the independent and 'active' (male) citizen (Fineman and Grear, 2013) which feature heavily in UK political, media and public discourse, which is also connected with scrounger narratives that portray people who use drugs as non-citizens (Wincup and Monaghan, 2016). It has been argued that vulnerability theory advocates have more to do in charting a clear path from theorising universal vulnerability to addressing concrete injustices (Cole, 2016), but utilisation of this theory in drug policy has potential to provide an alternative production of the vulnerable subject, disrupting negative associations which give rise to paternalistic governing practices in relation to drug use, such as enhanced conditionality for drug-using benefit claimants (Wincup, 2011). The universal vulnerability approach could bolster resistance to the 'othering' of people who use drugs, highlighting the experience of dependency as something central to human existence rather than exceptional to the state of drug use.

However, one of the deep-seated presuppositions of vulnerability theory is that the state offers the principal route for vulnerability to be mitigated or buffered. There is less consideration of the ways in which the state causes or perpetuates harms and oppressions (Cole, 2016; Butler, 2016); for example, through government policies and practices. The representation of vulnerability as a universal issue (not a 'problem') also potentially dilutes appreciation of inequality and muddles distinction of specific vulnerabilities (Cole, 2016; Ferrarese, 2018); disabled drug users have very different issues to users who live in poverty, for instance. Some theorists using the starting point of universal vulnerability have made efforts to deal with this dilemma. Mackenzie et al (2014) argue that vulnerability is inherent in the human condition,

but also situational – mediated by social context (personal, social, political, economic or environmental structures) – as well as 'pathogenic' (p. 9) (involving interpersonal or institutional abuse or oppression). For Butler (2004), vulnerability is common to all but unevenly distributed according to cultural norms and political and legal structures which make some lives more 'liveable' than others. Her conceptual logic positions recognition and patterns of visibility as central in the experience of vulnerability, alongside materially and historically institutionalised patterns of privilege and oppression. Using these theories in drug policy would bring race and gender to the fore in the production of the vulnerable subject, the significance of which was noted earlier in the paper. A central challenge in application of vulnerability theory lies in reconciling resistance to specific designations which support negative depictions of vulnerability with the practical need to target policy and practice interventions. Using the universally vulnerable subject as a starting point in the drugs field would likely result in the targeting of certain populations for interventions given the weight of evidence supporting well-established unevenness of harm, but potentially with a firmer and more nuanced rationale for these delineations.

Taking a 'vulnerability theory' approach to the production of the vulnerable subject would underline the importance of striving for a fuller view of the texture of institutionalised injustices and how these shape the lives and decisions of people who use drugs. It would also support capacity for a greater diversity of vulnerabilities to be recognised in the governance of drug use. Other subjectification effects would be that the most visible harms would not necessarily or always be the most important to address. In relation to the vulnerability of sex workers, for example, the drug use of indoor, trans and male sex workers (see Sanders et al, 2018) – groups often at risk due to their 'invisibility' and laws which act against working in groups for safety – would also come into view alongside the drug use of (female cisgender) street sex workers. This clearly demonstrates how the widening and shoring up of social control is a real risk in terms of lived effects (see Butler, 2016), in this case of people who use drugs beyond

the current closely defined groups, but a potential disruption of the traditional tropes would also seem to offer new ways of constituting the 'problem' of vulnerability in drugs policy.

Concluding comments

Vulnerability may well be a useful concept for drug policy in England and internationally, but only if it is handled more judiciously in research as well as in governing practices. There is clearly more work to do in terms of understanding the effects of governing practices informed by the current vulnerability zeitgeist. The production of the vulnerable subject in the 2017 Drug Strategy problematises drug use in ways that lead to policy 'solutions' which target interventions at specific groups with particular characteristics or experiences. The aim of the Strategy is to steer those groups towards making the 'right' choices: not embarking on a drug-using career, abstinence or engaging with drug treatment. At best, this represents piecemeal enhancements to support for those seen as the most 'at risk'/deserving. At worst, it pitches 'vulnerable' groups in a competition for scarce resources, along with enhancing exclusionary governance mechanisms and social control in the name of protection. Moves to appreciate difference and diversity amongst people who use drugs are to be welcomed, but the Strategy does not give sufficient attention to the deep structural disadvantages and social marginality fundamental to the lives and decisions of those at-risk of, or already engaged in, drug use, particularly in its most harmful forms. Instead it engages in the identification, and further 'thin-slicing', of vulnerability without clear rationale for its selective approach. The theoretical and empirical material we have explored in the paper illustrates the potential for this subjectification to lead to further exclusion of those designated as 'vulnerable'.

We take the view that vulnerability is a potentially useful concept in national and international drug policy, but that however vulnerability is produced, it identifies a 'problem' to be 'solved' (Harrison, 2008: 426) and therefore a locus of concern is implicit in any vulnerability

demarcation. In its everyday use this problem is tacit and ill-defined rather than explicit, further entrenching tropes of risk and deservingness. Bacchi's (2018: 4) WPR approach alerts us to how concepts do not function independently: they must be considered 'within the projects to which they are attached' and that they 'are never exogenous to (outside of) social and political practices'. Vulnerability has no fixed meaning, so new problematisations have the potential to disrupt and subvert how the problem appears and is tackled. More careful theorising of vulnerability needs to be taken forward in drugs research and policy to produce a very different representation of the drug 'problem', its underpinning assumptions and 'solutions'. Vulnerability's utility for framing inequalities, social divisions, difference and diversity seems an especially under-developed area in applied research. As particular problematisations of vulnerability are used most often by those in positions of power to describe marginalised groups, attention to how vulnerability is experiences and understood by those identified as 'vulnerable' would seem one especially important starting point for grounding the development of new conceptual logics (see Brown, 2019).

More needs to be done to unpick how different theories of vulnerability might offer alternative problematisations and 'solutions' in drug policy, but initial exploration guided by the WPR approach indicates that drawing various theories of vulnerability together would take us in a direction where the 'problem' of the vulnerable subject in drugs policy could be usefully be represented as connected to lived experiences of social insecurity or harm, carved out by biological and bodily frailties, social divisions and institutional forces which persist over time but which are also shaped by the choices, views and experiences of individuals who use drugs. Taking this alternative vulnerable subject as a starting point in drugs policy in may lead to different populations (or groups) being seen as 'vulnerable' to those who currently appear in the Strategy, or – most likely – may return us to some of the same populations who are the current targets of concern in drug policy. However, this approach would represent their situations as part of a structural matrix of social divisions and material inequalities rather than a set of behaviours or circumstances. The alternative starting point could also reduce stigma,

supporting moves towards strategies which address the most harmful forms of drug use as a product of social marginalisation and which advance sustained efforts to understand and address the harms which drug use is often a way of coping with.

Understanding the vulnerable subject as located in this wider structural context would take us beyond drug policy to other areas of social policy (for example social security, housing) in efforts to address it. It would create further space for responses to people who use drugs that privilege support over discipline; for example, enhanced drug education and harm reduction advice or drug treatment without penalties attached for non-compliance. Producing the vulnerable subject differently in drug policy potentially offers a means for disrupting traditional pathological accounts of drug use. In an era where the weight of momentum is building to control individual drug users, there is an urgent need to develop and amplify problematisations which draw attention to institutional dimensions of drug use, with alternative vulnerability theories therefore holding under-explored promise for policy, practice and research.

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