



Recognising Psychoactive Drug Users

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Abstract

There has been growing discussion in Denmark regarding the decriminalisation of psychoactive drug use. In this context, we propose Axel Honneth's theory of recognition as a useful approach to both understand the causes of dependency on psychoactive drugs and to provide an ethical lens through which to discuss whether drug use should be decriminalised or not. We propose that psychoactive drugs create dependencies for persons who lack the necessary spheres of recognition, of which Honneth delineates three. The first is love, which is found among primary caregivers, close friends, and intimate partners. The second is the sphere of rights and derives from the possibility to act as respected persons in society, and which comes from equitable laws. The third is the sphere of solidarity, which is related to the normative nature of the community; mutual recognition, which occurs in this sphere, provides the grounds for gaining self-esteem. We propose that a lack of recognition in the love sphere has a causal influence in making persons become dependent and that a lack of recognition at more systemic levels, such as criminalisation and a generally negative view of drug users in society, further contributes to this dependency. Based on responses from the interviews carried out in Denmark and Portugal, we propose that the Decriminalisation Act, which has been introduced in Portugal, would likely decrease the use of psychoactive drugs in Denmark and greatly benefit the lives of those who are dependent on them.

Keywords

recognition, drugs, decriminalisation, Portugal, Denmark

Introduction

Between 2013 and 2017, Denmark saw an increase in the number of users of psychoactive drugs (Sundhedsstyrelsen, 2017),¹ which has especially been the case among teenagers and young adults in the country. According to the Danish Health Authority, in 2015, 42% of

1 We use the term 'psychoactive drugs' based on the WHO's (2021) terminology. The WHO defines it as the most neutral and descriptive term for licit or illicit drugs that can affect one's mental processes and includes opioids, cannabinoids, hallucinogens and cocaine (<https://www.emcdda.europa.eu/stats07/DRD/methods>). Although alcohol and nicotine are psychoactive substances, according to this terminology, they are not psychoactive drugs.

people between the ages of 16 and 24 had tried cannabis at least once in their lives, whereof 24% had consumed it within the last year. Of those, 20% had also tried other psychoactive drugs, such as amphetamine, cocaine, or ecstasy (Sundhedsstyrelsen, 2015, p. 3).

In Denmark, the possession of psychoactive drugs is a criminal offence. This means that the individual will likely be fined and possibly charged, resulting in a criminal record. In a Country Drug Report developed by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), it is noted that ‘Illegal possession for personal use usually results in a fine, the size of which varies depending on the type and quantity of drugs involved and prior offences. In some cases, the possession of dangerous drugs for personal use can also result in a penalty of short-term imprisonment’ (EMCDDA, 2019a). The Danish drug policy is based on the Promulgation on Psychoactive Drugs, which states that it is illegal to sell, buy, import, export, extradite, produce, process, and possess such substances (Promulgation on Psychoactive Drugs in Denmark, §1.1 & §1.4). The fines for possessing cannabinoids, opioids and cocaine vary. Since 2006, the fine for the possession of cannabinoids for personal use has ranged from 2,000 DKK for first-time offences to 6,000 DKK for third-time offences (Frank, 2008, pp. 28–29). Beyond the risk of potential fines, individuals in possession of psychoactive drugs can be sentenced to up to two years in prison (Promulgation on Psychoactive Drugs in Denmark, §3). It is important to note that dependent drug users who are on social benefits or pensions may escape these fines (Frank, 2008, p. 29).² Paradoxically, being under the influence of psychoactive drugs is not illegal — only the possession of such drugs is criminalised. This, of course, excludes situations where one is required to be sober, i.e., when driving, where a zero-limit tolerance in Denmark is required within the legal framework (Rådet for Sikker Trafik, 2021).

It is interesting to note the different approaches to psychoactive drugs taken in Portugal as well as the differing outcomes. Up until 2001, there were similar criminalisation laws to those currently found in Denmark. However, following a heroin epidemic in the country in the 1990s, the government decided to decriminalise the possession and use of psychoactive drugs. Rather than treating users of psychoactive drugs as criminals in the justice system, the laws were changed so that users were treated as patients in need of medical and emotional support. Possession and use are still prohibited, but they are now considered ‘administrative violations, to be processed in a noncriminal proceeding’ (Greenwald, 2009, p. 2). It became the medical system, rather than the judicial system, that would take the case of psychoactive drug users, and, with this, a range of new actions were introduced.

It is important to distinguish between decriminalisation and full legalisation because it is the former that we discuss in the current article. Decriminalisation refers to the act of removing criminal sanctions against the person in *possession* of psychoactive drugs, while legalisation means that the *production and sale* of psychoactive drugs is also allowed (Svrakic et al., 2012). The legal production and sale of psychoactive drugs — full legalisation — is still prohibited in both Denmark and Portugal. Our focus is solely on the users of psychoactive drugs and whether they should be viewed as criminals or patients. Psychoactive drug use per capita in Portugal today is much lower than that in Denmark, as can be seen in Figure 1.

² We use the term ‘dependency’ rather than ‘addiction’, again following the WHO’s (2020) terminology. The WHO defines dependency as a person who is caught in a state of mind where the acquiring of psychoactive drugs has an enormous amount of value to the user. It can be overpowering and make the person find themselves in a cluster of psychosocial defiance.

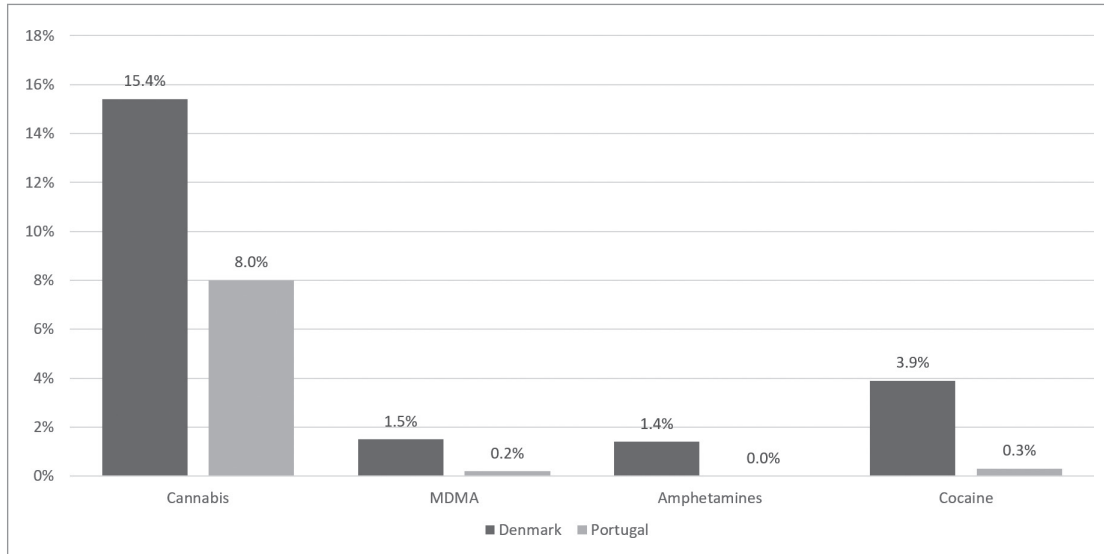


Figure 1. Psychoactive drug use per capita in Denmark and Portugal (ages 16–24).
Source: EMCDDA (2019a) and EMCDDA (2019b).

The number of deaths from psychoactive drugs is also much lower in Portugal than in Denmark, despite Portugal having almost twice as many inhabitants. Both countries use the same set of criteria from the EMCDDA for counting overdose deaths: ‘Criteria Selection B’, which is known as the General Mortality Register.

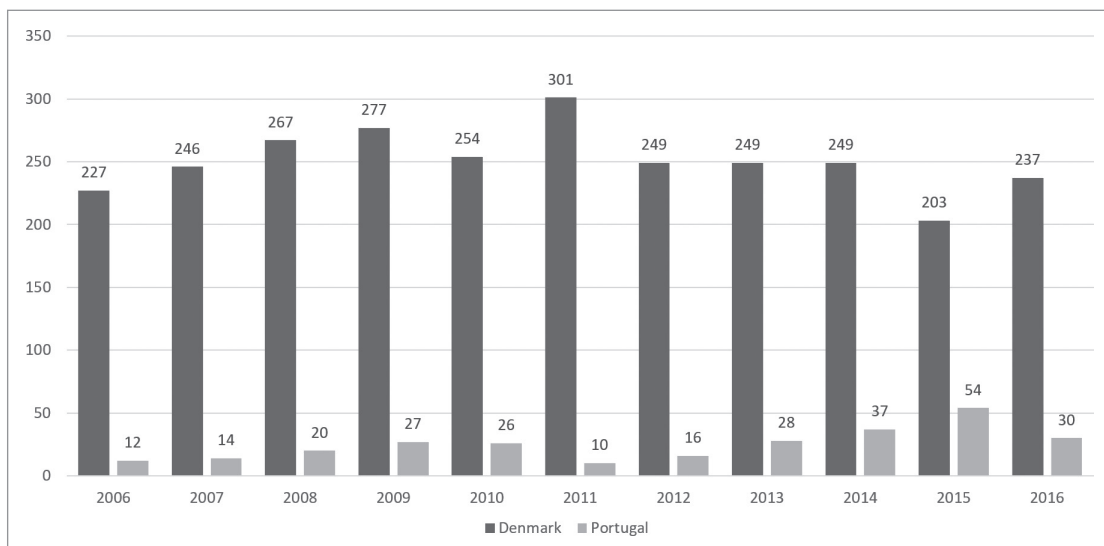


Figure 2. Psychoactive drug-induced deaths among adults (age 15–64).
Source: EMCDDA (2019a) and EMCDDA (2019b).

Though it seems clear from the above that Portugal has had much less psychoactive drug-induced deaths than Denmark between 2006 and 2016, it must be kept in mind that cross-cultural statistical analyses cannot be assumed to be comparable, even when

drawing on the same criteriology. The EMCDDA writes, ‘The reader should also be aware that monitoring patterns and trends in a hidden and stigmatised behaviour like drug use is both practically and methodologically challenging. For this reason, multiple sources of data are used for the purposes of analysis in this report. Therefore, caution is required in interpretation, in particular when countries are compared on any single measure’ (2019a). Because of this, data from the Portuguese authorities, which could provide a comparison of deaths in Portugal before and after the introduction of the decriminalisation policies, was sought. Figures 3 and 4 draw on the number of post-mortem toxicological examinations and the number of positive results for illicit drugs between 1998 and 2018 in Portugal, providing a different measure than the EMCDDA’s criteria for the General Mortality Register. The deaths represented in these figures include not only deaths from overdoses, but also deaths from any cause (such as illness, accidents, homicide, suicide), where post-mortem toxicological reports indicated the presence of opiates and any drug considered illicit (which includes cannabis and amphetamines). The figures show the number of toxicological reports performed and number of positive results for opiates between 1998 and 2007 as well as positive results for any illicit drug up until 2018.

The data in Figure 3 show a decrease in positive toxicological results for both opiates and any illicit drug between 1998 and 2002. The number then rises and is comparatively steady until 2018. The figure also shows the number of toxicological reports requested, growing relatively linearly between 1998 and 2018. Figure 4 uses these data to show that the ratio of performed post-mortem toxicological reports to the number of positive results drops between 1999 and 2002 and stays comparatively steady until 2018; that is, deaths relative to tests do *not* rise again. This suggests that the increase in the number of positive results, as seen in Figure 3, is a consequence of a greater number of toxicological reports being requested and performed rather than an actual increase in deaths related to illicit drugs.

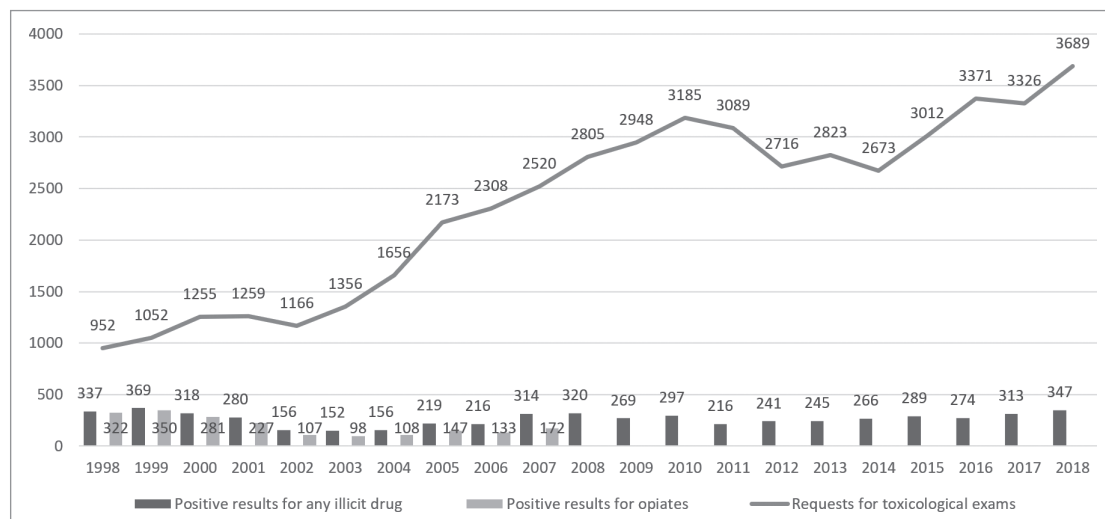


Figure 3. Toxicological exams performed and positive results for illicit drugs in Portugal.

Source: National Institute of Forensic Medicine and Forensic Sciences / General-Directorate for Intervention on Addictive Behaviours and Dependencies.

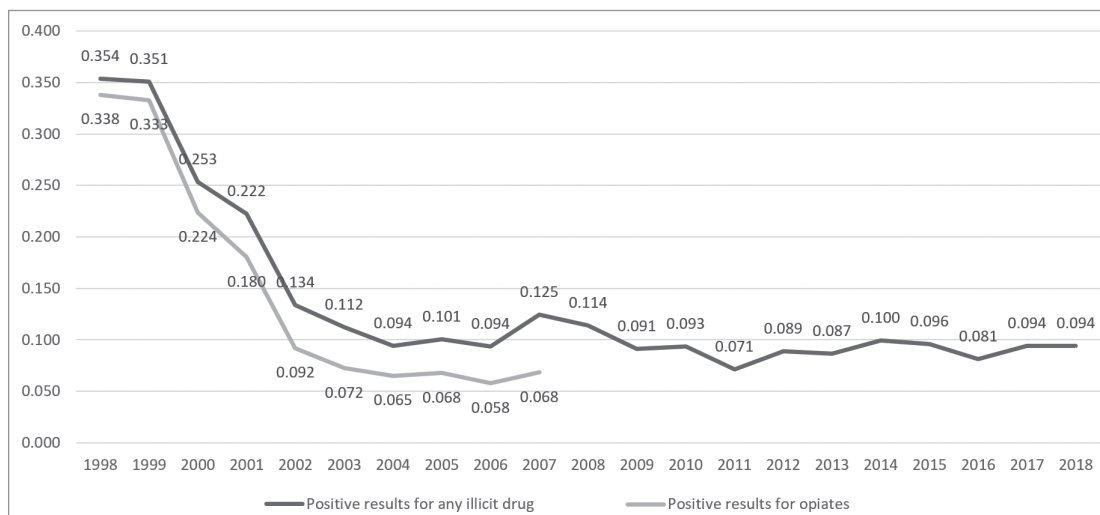


Figure 4. Number of positive results for illicit drugs per toxicological exam performed in Portugal.
 Source: National Institute of Forensic Medicine and Forensic Sciences / General-Directorate for Intervention on Addictive Behaviours and Dependencies

Figures 1 and 2 support the claim that there are fewer overdose deaths today from psychoactive drug use in Portugal than in Denmark, even without calculating Portugal’s population size relative to that of Denmark. The evident drop in positive results for illicit drugs between 1999 and 2003, as seen in Figure 4, suggests that the decriminalisation policies implemented in Portugal have indeed been a central contributing factor to this.

Portugal saw its GDP per capita more than double between 2000 and 2018 (World Bank, 2020a), and this could be conceived as a primary contributing factor to the decline in psychoactive drug use. However, in Denmark, GDP per capita has also more than doubled in the same period (World Bank, 2020b), alongside the average of the nation states in the European Union (World Bank, 2020c). Furthermore, Denmark, with its economic welfare society, still experiences a much greater amount of overdose deaths per capita compared with Portugal. Therefore, it seems unlikely that economic development alone has been the primary driver of a reduction in psychoactive drug use and mortality.

A basic premise of our proposed explanatory scheme is that the use of psychoactive drugs does not automatically create a dependency upon them; that is, we do not assume a biological determinism. Experimental use is, to a large extent, restricted to people in their teens in Denmark, and most people do not use psychoactive drugs after they turn 20 (Sundhedsstyrelsen, 2015, p. 3).

An important part of the Decriminalisation Act in Portugal is that psychoactive drug users are, in addition to not being legally punished, actively supported. They are assessed within the framework of the Commission for the Dissuasion of Drug Abuse (CDT) under the Portuguese Ministry of Health. This assessment is carried out by a psychiatrist, a social worker and the drug user’s lawyer (if needed, a lawyer is provided by the government), who together provide suggestions as to how to proceed (SICAD, 2000). The drug user may be offered different treatment options. For example, an individual dependent on heroin may be referred to the ‘Mobile Low-threshold Methadone Programme’ (commonly referred to as the methadone van), which provides sterile injection kits and methadone. Although the CDT may issue fines or non-pecuniary sanctions, it does not have the power to enforce

compulsory treatment or imprisonment (Laqueur, 2015, pp. 752–753). Thus, drug possession or use are administrative offences because they do not affect one's criminal record (Greenwald, 2009, p. 3).

The decriminalisation reforms made in Portugal differ from similar ones made in other European countries, such as Italy and Spain. According to Hughes and Stevens (2010), the harm-reduction efforts, i.e., active support, following the decriminalisation laws have made the primary difference. Furthermore, they argue that a wider implementation of harm-reducing institutions, such as the CDT, could have provided better results following the decriminalisation.

Research Methods and Modes of Inference

In the present article, we propose an explanation for the effectiveness of the Decriminalisation Act in Portugal by drawing on Axel Honneth's theory of recognition because it may be able to partially explain this phenomenon. The etiological perspective taken here is that of proposing causal mechanisms that cannot be directly observed but that, if they existed, could give rise to the observed phenomena and empirical regularities. This mode of inference is known as *retroduction* and is more appropriate for proposing causal mechanisms than either induction or deduction (Blaikie & Priest, 2017, p. 169).

It is important to mention here that we do not seek to make causal claims in an absolutist sense. We *propose* causal explanations because we argue that they can provide part of an explanation of the observed data. We do not suggest that Honneth's theory of recognition alone is sufficient for explaining the differences in drug use outcomes in Portugal and Denmark. There are certainly other mechanisms affecting the use of psychoactive drugs or lack thereof. People and contexts vary greatly, so we are discussing causal mechanisms with general tendencies, not constant conjunctions (p. 46). We are, for example, *not* claiming, 'if a person has not been recognised in the love sphere, they will *necessarily* become dependent on psychoactive drugs'. Nor are we claiming that 'the less recognised someone is, the more dependent they will become'. We also recognise that there may be persons with drug dependencies who got the recognition they required from home but perhaps did not receive it from peers, for example. We *are* suggesting that the theory of recognition (and the underlying view on human necessity) plays some role, and we seek to make a case for this.

We also wish to discuss the theory of recognition in its more traditional usage as a moral philosophy by considering how it may support the development of equitable laws for persons who are dependent on psychoactive drugs. Therefore, this is primarily a conceptual article, drawing on a critical realist perspective to propose causal mechanisms for observed differences in drug use and deaths in Denmark and Portugal, as well as suggesting an ethical direction for the Danish government and society.

The first three authors of the present article conducted interviews with individuals in Denmark and Portugal. We interviewed psychoactive drug users and others who worked closely with them, hence obtaining an understanding of the structural and political conditions. In Denmark, we interviewed 'Sune', 'Frey', and Henrik Rindom. Sune and Frey are both psychoactive drug users and were able to provide us with first-hand experience of drug use and the law in Denmark. In addition, Sune carries out voluntary work for drug users and is a member of *Brugernes Akademi* (Academy of Users [of Psychoactive Drugs]). This is an association that works socially and politically to build better conditions for the users of psychoactive drugs in Denmark. Henrik Rindom is a Danish psychiatrist who has specialised in treating individuals with psychoactive drug use and dependency for over

30 years. As such, he has knowledge of the neurobiological, social, and political aspects of psychoactive drug use and dependency.

In Portugal, we interviewed Nuno Capaz, Hugo Faria and Nuno Governo. Nuno Capaz is vice-president at the Lisbon Department of the Portuguese Ministry of Health's Dissuasion Commissions (CDT). In this capacity — and with his educational background as a sociologist — he has knowledge of the systemic functions of Portugal's handling of psychoactive drug users. Hugo Faria is a psychologist and works for Ares do Pinhal, a Lisbon-based NGO that is partially funded by Portuguese authorities. Nuno Governo is a social worker and colleague of Faria. Governo and Faria work directly with psychoactive drug users and, therefore, have knowledge of the users' everyday experiences and their circumstances. Because we were not able to gain access to psychoactive drug users in Portugal through our contacts, we did not interview Portuguese drug users. We were, however, able to observe the employees of Ares do Pinhal engage with them. Although we recognise the lack of direct interaction with psychoactive drug users in Portugal as a limitation to our study, we draw on the broader literature in such cases to support our claims.

The Three Spheres of Recognition in Relation to Psychoactive Drug Users

Axel Honneth is a central figure in the third generation of the critical theory of the Frankfurt School, largely because of his moral philosophy on the human necessity for recognition. Being part of the Frankfurt School, the theory of recognition attempts to identify the relationship between empirical social conditions and the social context from which they have historically developed and, thereafter, been reproduced (Alvesson & Sköldbberg, 2009, pp. 145–146). In his book, *The Struggle for Recognition*, Honneth (1995) lays the foundation for a new normative social theory in which the primary purpose is to provide a methodological strategy for the justification of ethical choices and just laws in a non-subjectivist manner. Drawing on the work of Hegel (Anderson, 1995, pp. xi–xii), Honneth recognises the sociocultural historicity of different values in differing societies. He argues that even throughout such sociocultural and historical differences, *all* persons have a fundamental need for recognition of their individual worth within *their* society. Within various societies in time and place (and within subgroups), there are different conceptions of what defines human worth and what needs to be recognised, but in all societies, there will be such needs. For Honneth, persons' need for recognition within society should be a fundamental consideration when it comes to individual ethical choices and in developing equitable legislation. Because of his sociocultural and historical approach, Honneth does not provide a clear picture of what societies should look like. Rather, he provides a *method* by which to recognise the worth of persons within their various societies and how to develop ideals about human worth in any society. The theory of recognition supports social scientists in grounding their critiques of societies' inequitable conditions. It is important to add that, for Honneth, *recognition* goes beyond cognitively or empathetically recognising — being aware of — the struggles of a person. Recognition also covers the actions, policies and procedures that help the person be recognised.

Each of the following three sections relates to a different sphere in Honneth's theory of recognition, starting from the more private aspects of recognition and moving towards the more general and systemic. Each of the spheres is introduced and exemplified through quotes from the interviews and broader literature. We suggest causal relations between the lack of recognition and dependence on psychoactive drugs, discussing how this may relate to the development of equitable legislation. In the following, we introduce the first sphere of recognition in Axel Honneth's theory: the love sphere.

The Love Sphere and Self-Confidence

When Honneth discusses the love sphere, his focus is on the loving relationship between an infant and its parent, as well as friendships. This facilitates the development and maintenance of the relation-to-self, or what Honneth calls *Selbstvertrauen* (self-confidence).

For Honneth, a person's first experiences in life are important for the way they will view themselves and others in the ensuing years. As a new-born, there is a need to continue the symbiosis from the womb because the infant cannot yet tell the difference between itself and its environment. The infant is in absolute need of support from others, particularly its parents. Following this initial phase, the child's parents have the mental and physical surplus, along with external demands, to expand their social field of attention to other things that do not directly involve the infant (e.g., work). In this phase, the infant will develop their intellectuality relative to their understanding of themselves and their surroundings, so they will begin to recognise their dependence on their parents. This is when the infant will begin to understand the requirements they need fulfilled, and self-assertion is developed (Honneth, 1995, pp. 100–101). In time, the child will start to understand that their parents have their own being with its own set of requirements. Honneth argues it is important that the child learns by experience that their parents will preserve their devotion to them, even though they will not always be able to provide their attention. According to Honneth, this ability to be alone is a precondition for subsequent relationships and friendships and, therefore, also for self-confidence. The emotional bonds between two individuals, where both parties can relate to each other in a relaxed way, reflect the same patterns of interaction that can be seen in a well-functioning relationship between an infant and its parents (Honneth, 1995, p. 104).

The above is relevant because it provides a lens through which it is possible to explain how the conditions at the beginning and early stages of a person's life may form the basis of psychoactive drug dependence. According to Honneth, self-confidence is about being able to express your requirements and desires without fear of being abandoned. Honneth argues that only physical abuse can cause the child to fear expressing themselves (Anderson, 1995, pp. xii–xiii). We argue this understanding limits the potential of the theory because in our interviews, we found that physical abuse was rarely mentioned when it came to the relationships of psychoactive drug users and their parents. One example of this can be seen in a comment shared by Sune. Through treatment for his psychoactive drug abuse, Sune found that his father had been a central factor in his initial consumption of psychoactive drugs.

My father was from a generation that said things like 'children need to be seen, not heard' and 'go to your room if you cannot behave properly' if I got angry or upset. I never really learned how to deal with those things. In the beginning, I used music as a tool. I listened to a lot of heavy [metal] and so on, but then, I became curious about drugs. I tried cannabis and alcohol more or less sub-consciously. ... It wasn't until I started treatment that I realised how things were related.

Honneth describes the violation of self-confidence as, '[t]he forms of practical maltreatment in which a person is forcibly deprived of any opportunity freely to dispose over his or her own body represent the most fundamental sort of personal degradation' and refers to torture and rape as examples of this (Honneth, 1995, p. 132). Although we agree with Honneth's overall claims, we argue this specific position could be broadened, for example, by reference to Sune's father's primary use of verbal force. His father made him do something against his will, and this is also an expression of practical maltreatment. With such a broadened perspective, practical maltreatment becomes a gradient condition in which

the violation of self-confidence can be performed to a greater or lesser extent. Even though Sune's situation was not extreme, we argue it was a violation of his self-confidence because it lasted for an extended period of his childhood.

Our interviewee Frey gave us another perspective. Whereas Sune has been a heavy user, Frey considers himself a recreational consumer of psychoactive drugs. Examining this through the lens of recognition, it could be argued that Frey's recreational use of psychoactive drugs may be indicative of a childhood that had not been subjected to the same environmental stresses as Sune, as exemplified when talking about his relationship with his mother.

I have a fairly open relationship with my mother. Sometimes, I consider whether my mother would unnecessarily worry about me. But, for example, when I tried acid in Florida, I thought, 'That's something I need to tell my mother about!'

As Spooner (1999) writes in her comprehensive review on the correlates of adolescent drug abuse, 'Factors about the quality and consistency of family management, family communication, family relationships and parental role-modelling have been consistently identified as predictive of drug misuse' (p. 456).

We propose that those who have less self-confidence because of a lack of recognition are more predisposed to becoming dependent on psychoactive drugs than others. There may be many reasons why people try psychoactive drugs. However, as can be seen from the statistics mentioned previously, most people in Denmark do not continue to use them. We argue that it is particularly people who have experienced a lack of recognition in the love sphere who are more likely to turn to psychoactive drugs on a regular basis and have a higher chance of becoming dependent on them.

Honneth (1995, pp. 132–133) focuses on how violation within the love sphere can have a profound effect on a person's future anxieties and lack of self-confidence, and this tallies with what we heard in the interviews. However, Honneth does not give much attention to exploring the possibilities for the establishing of new interaction partners and how they can help rebuild the self-confidence in a person. We wanted to know whether the Portuguese system could help those who are dependent on psychoactive drugs regain self-confidence through friendship, treatment, or both. While in Portugal, we learned that Ares do Pinhal worked with their patients with this goal in mind. In Lisbon, this NGO has a service called the 'methadone van'. In addition to distributing methadone and sterile injection kits, Hugo Faria explained that many of their patients use the methadone van for more socially orientated reasons.

With the support of the team, they can come and talk to us every day. For some of these patients, it's the only [social] moment of the day. It's the only moment where they can come and talk about football with Nuno [Governo], for example.

According to Honneth (1995, p. 105), every form of close personal relationship builds on a process of merging. This process always stems from the first primary interaction partner of the child (Honneth exemplifies this with the mother). The quote by Faria is an essential example of how the methadone van helps patients re-establish these relationships. The team make an active effort to help the people create new relations — with the other patients but also with the team members. These are relations that, according to Nuno Governo, patients have a deficit of in their lives.

Dude, if you're homeless and you are used to the streets, you're used to being lonely and you're used to being suspicious [towards other people]. So, the only moment where you're totally relaxed is when you're here with the people that work here.

Guverno explained that patients have the opportunity to relax when they visit the methadone van. This is made possible because members of the team also partially function as 'interaction partners' — or simply friends — of the patients. This relation to the patient is an important factor in the restoration of their individual self-confidence. According to Hughes and Stevens (2010), this more humane approach to the treatment of psychoactive drug users in the Portuguese Decriminalisation Act sought to reduce social stigmatisation by reintegrating drug users into society (pp. 1001–1002).

The Sphere of Rights and Self-Respect

Honneth's second sphere is concerned with the equal rights of all persons and is called the sphere of rights and self-respect. Here, Honneth draws on Kant's deontological position that all people should equally be considered as ends and not as means to an end. For Honneth, self-respect — or the lack thereof — is a consequence of the extent to which an individual experiences that they are justified in being treated the same as the rest of society. Legal rights are essential to the establishment of self-respect because self-respect results in a person's ability to generate and guard allegations in a way that will provide them with the capability of acting as a responsible actor in society (from *Zurechnungsfähigkeit* in German).³ When individuals are 'structurally excluded from the possession of certain rights within a society,' they are disrespected within the sphere of rights (Honneth, 1995, p. 133).

We consider how the criminalisation of psychoactive drug use in Denmark and the introduction of the Decriminalisation Act in Portugal influence the self-respect of users of psychoactive drugs. We also discuss how increased or decreased self-respect, in turn, may reproduce dependence on psychoactive drugs. The criminalisation of the use of psychoactive drugs in Denmark, coupled with the biophysical need for dopamine, creates barriers between the users and society at large. Users are likely to internalise the view that they are criminals in being aware that they are carrying out criminal acts and because others in society view them as such. In many cases, this will negatively impact their self-respect.

In Portugal, a person's current biophysical–psychological dependency on dopamine is accepted and, therefore, is not criminalised. Rather, dependents of psychoactive drugs are viewed as patients in need of help. This can be exemplified through the Portuguese approach, where the governmental body — the CDT — collaborates with Ares do Pinhal. The collaboration ensures that persons who need help to avoid heroin abuse will be given that help. Because of the division of power between the national, regional, and municipal levels in Denmark, investments in harm reduction mainly take place at the second and third levels, where the regions handle hospitals, and the municipalities handle social and health-related issues at the local level (Finansministeriet, 2021). At these levels, harm-reduction strategies do exist, such as the funding of local NGOs at the municipal level and the implementation of 'social nurses' in hospitals (Region Hovedstaden, 2021). However, compared with Portugal, it is relevant to note that because the legal criminalisation of psychoactive drugs is implemented at the national level, the expectation of providing treatment for and support to users of psychoactive drugs is much less institutionalised in Denmark.

³ *Zurechnungsfähigkeit* roughly translates to 'soundness of mind,' referring to the ability of an individual to understand themselves as a sensible being within the society they live in.

In addition, even in cases of de facto non-penalisation in Denmark, the use of psychoactive drugs is still a criminal act with the attendant stigma and potential legal ramifications (Greenwald, 2009, p. 2).

Henrik Rindom exemplified this with an anecdote from his work at Hvidovre Hospital in Denmark. Here, a nurse told him that ‘one of those *narkomaner* from Vesterbro’ had come into the department.⁴ The patient was frustrated because the hospital did not have the type of methadone mixture he usually received. Rindom told the patient that, at the time, they only had methadone in tablet form available, but later, he found out that the patient was diabetic and, hence, needed the mixture because it contained sugar. Hearing this, Rindom told the patient that he could check their blood sugar so that it would be possible to give them the correct amount of sugar along with the methadone.

What is interesting about this anecdote is that the initial approach by the nurse can be considered an expression of the existing discourse in Denmark regarding the consumers of psychoactive drugs. They are considered nuisances instead of persons dealing with a dependency struggle. If the wish is to develop self-confidence, it is necessary to create a more civil bond between the care provider (the doctor, nurse, or both) and the patient (the drug dependent).

Laqueur (2015) criticises the attention given to the Decriminalisation Act by the media and other academics, stating that many of the practices were already de facto in Portugal before 2001. We recognise this but argue, as Laqueur also acknowledges in her article, that the elimination of criminal sanctions on drug use had a role in institutionalising the expectation of providing treatment and social reintegration services for the users of psychoactive drugs. Furthermore, Hughes and Stevens (2010) argue that it is important to acknowledge the existence of other kinds of decriminalisation acts, such as the cases seen in Spain and Italy, but that additional harm-reduction initiatives have been pivotal in the success of the decriminalisation process in Portugal.

We propose that the criminalisation of psychoactive drugs in Denmark increases the tendency towards dependency among drug users, while the decriminalisation in Portugal is a likely cause of the lessening of this load, inviting a more supportive approach. We suggest that this provides part of the explanation for why the Portuguese model has been much more effective than the Danish one. We wish, however, to make a further argument – one not based on effectiveness but with a greater focus on ethics, following Honneth’s own motivations for developing his theory of recognition. Psychoactive drug users in Denmark are not legally recognised as persons with the physical and psychological need for drugs. Therefore, drug users in Denmark are more likely to feel less self-respect than many other people in the country because of the legal framework they find themselves in. According to the theory of recognition, this should be reason enough for the Danish government to, at the very least, re-evaluate their legislation on the criminalisation of psychoactive drugs.

In addition to a lack of self-respect, there is an added physical danger for psychoactive drug users when pursued as criminals. Sune explained that worrying about police when taking drugs can increase the danger of using them:

The police are quite a large stress factor, and stress is not to be preferred when sitting with a needle and a potentially deadly dose of some kind of drug. ... Can we at least stop pursuing them?

4 The word *narkoman* carries significant negative connotations in Danish. It is similar to ‘druggie’ or ‘junkie’ in English.

Though we argue that Denmark would do well to consider the rights and needs of this group more deeply, we do not conclude here that Denmark should *necessarily* change the laws. Although Honneth provides a moral philosophy for grounding discussions about moral choices and legislation in recognition, he does not provide a way to adjudicate between clashing and competing needs and rights in a society (Fraser, 2003). Enacting decriminalisation may impinge on the recognition of groups that have different views about psychoactive drugs. For example, the need for legal recognition among users of psychoactive drugs cannot — without further analysis and discussion — be used as an argument to overrun the need for legal recognition among groups who fear that decriminalisation may cause a spike or rise in psychoactive drug use.

The Sphere of Solidarity and Self-Esteem

Legislation is relevant not only in relation to how psychoactive drug users and dependents are viewed and treated by the government of a country, but the governmental precedent also affects the way in which society at large is likely to view this group.

When Honneth discusses self-esteem, he refers to that which gives a person the possibility to relate positively to their own concrete traits and abilities in society's normative perception (Honneth, 1995, p. 121). The way in which a person reaches these positive relations to themselves is through an intersubjective recognition and general perception in the community that the labour they carry out provides value to society. However, if the person is constrained in achieving this, it can lead to deprivation of the person's self-esteem and formation process.

When we interviewed Sune, it was clear that he experienced how society often negatively relates to the characteristics of psychoactive drug users. When discussing the voluntary work he carries out for the community of psychoactive drug dependents, he explained, 'It is all about spreading the good message and showing people that I am not a psychopath who kills people because I smoke weed.'

The stigma attached to users of psychoactive drugs is one of the reasons Sune does voluntary work as often as he can for this group. The users do not receive the necessary recognition from society in Denmark for their labour or qualities. They are, in many cases, viewed as having a negative value for society. This is likely to be internalised by many psychoactive drug users and dependents and can lead to a lack of self-esteem in their identity process. It is important to bear in mind here that society's perception of what is believed to be of value is not necessarily labour in the context of having a job: it can also be a person's general contribution to society.

Because of the comparative approach of the current research, it is important to look at the cultural circumstances that decide what is considered to be of value in a country. It is important to understand that what is considered valuable in Denmark and Portugal may differ to some extent. Again, this supports our position that even though we argue the Decriminalisation Act has worked well in Portugal and that we believe such acts would likely be helpful for psychoactive drug users and dependents in Denmark, we do not make the claim that Denmark should definitely introduce an identical model.

Nuno Capaz noted that even though the changes in the law do not remove all stigma — just as any patient (broken leg, asthma, cancer, etc.) may be viewed as 'weaker' by some people — progress has been made in reducing it in Portugal. Capaz explained to us how some of the stigma has been greatly reduced in relation to the labour market.

What happens when you decriminalise anything is that you will solve the criminal record part and the stigma that follows it. ... Sending people to jail does not solve it. ... You will get this [criminal]

record. If you do it often, it will physically disconnect you from society and put you in a prison cell. And that will at the same time break a lot of connections in the future because you will not be able to get a job.

Although many EU countries have de facto decriminalisation, including Denmark to a certain degree, psychoactive drug users in these countries are still criminals in legal terms (Greenwald, 2009, p. 19). The Portuguese Decriminalisation Act removed this part of the stigma. The criminalisation of psychoactive drugs, as it exists in Denmark, places a greater distance between users of psychoactive drugs and the rest of society than is the case in Portugal. This not only makes it more difficult to deal with social or health problems, but also decouples users from the labour market, further perpetuating the cycle of a lack of recognition and need for abreaction through psychoactive drugs.

In such discussions, it is important to recognise that many users and dependents of psychoactive drugs hold full-time jobs and seem, outwardly, to be an integral part of society. Sune explained that he represents a lot of users who are, what he termed, ‘in between,’ many of whom cannot come out in the open about their drug use.

But what about all those who lie in-between who I try to represent? Because there are really many of us. As soon as I started with this [voluntary work], there were a lot of my friends from the advertising business and other middle-class folk who came up to me and were like: ‘It’s so great that you do this, I also wanted to do it, but I have children, a boss and a career and cannot allow myself to do these kinds of things.’

Rindom provided a closely related statement.

A few years ago, a new category of drug users appeared: those with full-time jobs or students who had drug abuse mainly consisting of coke or ecstasy. ... So, I talked to the Minister of Social Affairs: ‘You have to do something here because we are drowning in all these socially well-functioning citizens.’

This group of persons cannot openly seek help because they would be making their criminal actions known. If these ‘in-betweeners’ become known, they may lose their jobs, possibly go to prison and be further removed from society at large, with consequences that may be continue to be felt years down the line. Rather than primarily being considered valuable contributors to society, they will be known for their criminal offence and seen as undermining society. We argue that the criminalisation of psychoactive drug use, therefore, likely creates a vicious cycle for these persons.

Discussion

Our interest in this topic came about as a consequence of noting the difference in approach between Denmark and Portugal regarding psychoactive drug legislation and the difference in statistics on overdose deaths in both countries. Through our interviews, we learned that the different approaches taken in the two countries affect psychoactive drug users in terms of their relationship to the job market, the health system, the judiciary system, and their experience with stigmatisation within society.

We argue that the Portuguese approach to patient care — rather than criminalisation — is more effective in combating psychoactive drug dependence. Psychoactive drug dependence is brought about, to a large extent, by lack of recognition in childhood and youth and

becomes reproduced in lack of recognition at more systemic levels through policy and society. The lack of recognition is a mechanism that is not sufficiently accounted for in criminalisation laws, and is actually further exacerbated by them. With decriminalisation comes a different view of psychoactive drug users. They are less stigmatised by society. They can be treated as patients rather than criminals. They can be helped to a greater extent. They can become and stay a part of the labour market, rather than be removed from it. We propose that the effectiveness of the Portuguese model has been brought about by both removing obstacles to recognition *and* actively supporting the recognition of the users of psychoactive drugs. Thus, juridical recognition can be argued to create grounds for re-enabling the users' self-confidence and furthermore increasing their possibilities to once again take part in society. Honneth's theory of recognition has been a useful lens through which to understand potential causal mechanisms of criminalisation of drug use at various levels.

We also suggest that decriminalising the use of psychoactive drugs in Denmark and, furthermore, viewing and treating psychoactive drug dependents as patients in need of help rather than as criminals at all levels would be a much more ethical approach. In other words, we do not consider supporting the recognition of psychoactive drug users as a purely instrumental measure to decrease drug use but also as an important ethical measure in and of itself that persons and societies should be seeking.

Limitations and Future Research

Although we see severe issues with current criminalisation laws in Denmark, in that they both seem to make treatment difficult and further exacerbate the need for psychoactive drugs because of a lack of recognition, we reiterate that our analysis does not *necessarily* imply specific legislation. This is because even though Honneth's theory takes into account the lack of recognition of persons or groups, it does not provide a way of judging when a person's or group's recognition may impede that of another. What Honneth provides is an ethical framework that can explain some of the reasons for drug dependency and that provides a basis from which to discuss ethical actions and legislation regarding human needs. Recognition, according to Honneth, is a basic human need and right, and the systematic way in which recognition is not granted to psychoactive drug users in Denmark is a sufficient reason to, at the very least, *re-evaluate* current policies and legislation. Should the Danish Parliament choose to initiate reforms similar to those in the Portuguese Decriminalisation Act of 2001, it is of the utmost importance that homogenous harm-reduction initiatives become properly integrated and expanded to achieve a successful outcome for Danish psychoactive drug users. A possibility for future research would be to use meta-ethical theories that focus on how to adjudicate between competing values. Jaeggi (2018), for example, builds on Honneth's (and earlier critical theorists') work on immanent critique to support such adjudication. We focused on Honneth's theory of recognition because we saw it as an important and useful *first step* in a discussion about decriminalisation laws in Denmark.

A further limitation of this study is the relatively small empirical sample, which is skewed towards understanding drug users within a Danish context. In a future study, it could be valuable to conduct more interviews with psychoactive drug users and to carry them out with users in both Denmark and Portugal.

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