

Danish cannabis policy revisited: Multiple framings of cannabis use in policy discourse

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Abstract

Aim: This article traces recent developments in Danish cannabis policy, by exploring how “cannabis use” is problematised and governed within different co-existing policy areas. **Background:** Recently, many countries have changed their cannabis policy by introducing medical cannabis and/or by moving toward legalisation or decriminalisation. Researchers have thus argued that traditional notions of cannabis as a singular and coherent object, are being replaced by perspectives that highlight the multiple ontological character of cannabis. At the same time, there is growing recognition that drug policy is not a unitary phenomenon, but rather composed by multiple “policy areas”, each defined by particular notions of what constitutes the relevant policy “problem”. **Design:** We draw on existing research, government reports, policy papers and media accounts of policy and policing developments. **Results:** We demonstrate how Danish cannabis policy is composed of different co-existing framings of cannabis use; as respectively a social problem, a problem of deviance, an organised crime problem, a health- and risk problem and as a medical problem. **Conclusion:** While the international trend seems to be that law-and-order approaches are increasingly being replaced by more liberal approaches, Denmark, on an overall

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level, seems to be moving in the opposite direction: Away from a lenient decriminalisation policy and towards more repressive approaches. We conclude that the prominence of discursive framings of cannabis use as a “problem of deviance” and as “a driver of organised crime”, has been key to this process.

Keywords

cannabis, Denmark, discourse analysis, drug policy, framing

Since the early 1960s, production, distribution, and purchase of cannabis has been prohibited in most parts of the world. Recently, however, changes in cannabis policy have occurred as more countries are introducing medical cannabis and/or are moving towards different forms of legalisation and/or decriminalisation of cannabis use (e.g., Decorte et al., 2020; Fischer et al., 2015; Grucza et al., 2018). In the Nordic countries, changes in cannabis policy has occurred in Denmark with the introduction of a trial with medical cannabis in 2018 (Nygaard-Christensen & Frank, 2019), and is likely to happen in Norway, where decriminalisation of possession and use of cannabis is under consideration (Marthinussen, 2018). Against this background, Duff (2016) has argued that traditional understandings of cannabis as a singular object with a universal essence, are gradually being replaced by perspectives that highlight the multiple ontological character of cannabis. Cannabis can, for instance, mean different things in different contexts (e.g., “medicine”, “illegal drug”, “recreational substance”, “unhealthy drug”). At the same time, there is today also growing recognition that drug policy is not a unitary and coherent phenomenon. Instead researchers suggest that the drug policy field is best understood as composed of multiple “policy areas”, including, for example, control policy, treatment policy, prevention policy, social policy and labour market policy (Ritter et al., 2016). Each of these are defined by particular, but also overlapping, policy measures, governmental rationalities and material-discursive constructions of what constitutes the

relevant policy “problem” (Benoit, 2003; Houborg & Bjerger, 2011). From this perspective, drug policies are not seen as straightforward responses to objective or pre-existing problems “out there”. Rather, different drug policy areas and measures are active in the *creation* of drug problems as particular types of problems (Houborg, Bjerger et al., 2020; Lancaster et al., 2017). For instance, while drug control policy is likely to address individuals as legal subjects and view the “problem” of drug use through a criminal justice lens, treatment, prevention and harm reduction addresses individuals as social, psychological and biological subjects (Houborg, 2010), and hence understand the “problem” of drug use in this light. Inspired by this line of thinking, this article explores recent developments in Danish cannabis policy, by providing insights into the multiple and co-existing discursive policy frames through which the issue of *cannabis use* is today problematised and governed in Denmark.

Theoretically, we draw on framing analysis, holding that policy positions rest on frames consisting of underlying structures of belief and perceptions. More specifically, we draw on the work of Rein and Schön (1993), who argue that policy actors construct and make sense of policy issues through a process of discursive “framing” which is defined as “a way of selecting, organising, interpreting, and making sense of a complex reality to provide guideposts for knowing, analysing, persuading, and acting” (p. 146). Within this framework, the complementary processes of naming and framing define what is problematic about an issue, and suggest

what cause of action would be appropriate to address the “problem” (Duke & Kolind, 2020). Importantly, framing analysis also holds that while different framings can co-exist, some framings might, over time, develop to become more dominant than others (Thom & MacGregor, 2020). In our analysis, we use this perspective to outline how the different areas that make up Danish cannabis policy are today composed of different co-existing framings of the cannabis use “problem”, as respectively a “social problem”, a “problem of deviance”, an “organised crime problem”, a “health and risk problem” and a “medical problem”. We also show how shifting framings of the cannabis use problem has been coupled by changes in understandings of cannabis users. Importantly, while the international trend seems to be that law-and-order framings are increasingly being subordinated to more social- and health-based framings of cannabis use, resulting in shifts from prohibition to more liberal cannabis policies, we show how Denmark, on an overall level, seems to be moving in the opposite direction: away from a lenient decriminalisation policy and towards more repressive approaches. We argue that control policy agendas, and particularly the growing prominence of two discursive framings, constructing cannabis use as respectively a “problem of deviance” and as “a driver of organised crime”, has been key to this process.

In the analysis, we draw on key findings from existing research on cannabis/drug use, policy, markets and prevention in Denmark, including our own prior studies on Danish cannabis and other drug policy discourses (Nygaard-Christensen & Frank, 2019; Søgaard & Nielsen, forthcoming). The analysis also draws on key government reports, policy papers and media accounts of policy and policing developments. The government reports and policy papers include reports from the Danish Health Authority (*da: Sundhedsstyrelsen*), the police, the Danish Medicines Agency (*da: Lægemiddelsstyrelsen*) and key government policy programmes such as *The Fight against Drugs* (Government, 2003a). These were

retrieved from open public and ministerial homepages. Parliamentary debates and law proposals have been retrieved from the Parliament’s homepage available to the public. Media searches have been made in the database Infomedia that contains all national and local newspapers. Searches have been made especially for medical cannabis policy, drug policy, law enforcement, youth and cannabis, organised crime, cannabis and health, and cannabis and prevention from 2000–2020. Media accounts and parliamentary debates have been subjected to content and thematic analyses (cf. Braun & Clarke, 2006). This included an initial phase of familiarising ourselves with the data, followed by a process of inductively identifying key patterns and themes, and how these combined to form overarching themes. Aside from identifying key themes, the content analysis also involved a process of examining and mapping underlying ideas, assumptions, and conceptualisations about cannabis/cannabis use, as these were articulated in media and parliamentary debates. The final stages of the analysis involved a process of moving back and forward between the research literature and the data set (government reports, policy papers, media accounts and parliamentary debates), to produce an outline of the key, and sometimes competing, discursive framings underpinning Danish cannabis policy debates and governmental initiatives. In the following, we present our analysis of the different co-existing framings of cannabis use, starting out with cannabis as a “social problem”. While these framings co-exist, they did not emerge at the same time. The analysis is both organised in relation to how cannabis is framed as a problem, but also chronologically in relation to when a framing emerged.

Drug use as a social problem

Danish drug policy, and cannabis policy in particular, has over the last four decades changed from a liberal to a more repressive policy (Frank, 2008). Even though production,

distribution, purchase and possession of cannabis have been prohibited by law since 1955, Denmark has been seen as having a liberal drug policy from 1969 and until the beginning of 2000s, due to an attorney general decree (Laurssen & Jepsen, 2002). During this period, cannabis use was largely framed as a social problem associated with bohemian lifestyles, an alternative youth (and hippie) culture that rebelled against established institutions, and with socially disadvantaged living conditions for certain segments of the population (Houborg et al., 2008; Houborg & Vammen, 2012). This period became the foundation of a drug policy that took drug use to be on par with other social problems. Therefore, this problem could best be addressed through social policies and social expertise, including drug prevention and treatment (Houborg, 2010). The framing of cannabis and other drug use as a social problem also came to influence Danish criminal justice policy on drugs. In 1968, the Danish government proposed to increase the legal sentencing for professional drug trafficking and drug dealing. While supporters argued that increased legal punishment was needed to avoid Denmark becoming a “magnet” for international drug traders, critics argued that increased criminalisation of professional drug traders was likely to have a “rub off” effect on the sentencing of minor drug offences, which would lead to increased criminalisation of young people experimenting with cannabis (Houborg et al., 2008; Storgaard, 2000). In 1969, the parliament reached a compromise. While deciding to amend the Penal Code (§191), thereby increasing the penalty for professional drug dealing and trafficking, a majority of the parliament made it a condition of the passing of the Bill that the Attorney General instructed the police and prosecutors not to charge drug users for possession of illegal drugs for personal use. Such cases should be settled with an administrative or court caution (Frank, 2008). For other drugs than cannabis, this involved first-time offences, while for cannabis it also involved repeat offences. The instruction thus created a

de facto decriminalisation of possession of all illicit drugs for personal use. In this way, a dual track policy was enacted that not only distinguished between cannabis (a “soft” drug) and other (“harder”) drugs, but also between drug suppliers and users (Storgaard, 2000). While the former were framed as criminals to be met with law enforcement, the latter were framed as social clients, who were best managed and re-integrated into society through welfare means such as treatment, education, social services and prevention (Houborg et al., 2008). Hence, until the end of the 1990s, Danish drug policy was dominated by an understanding of cannabis use as relatively harmless and law enforcement remained lenient on cannabis users (cf. Storgaard, 2000).

Cannabis use as a criminal offence and deviant choice

During the late 1990s and early 2000s, Danish drug policy debates were characterised by intensive discussions about youth culture and drugs (Houborg, 2010). These debates were spurred by international research describing how the status of cannabis use was changing from a limited subcultural phenomenon to becoming a more prevalent and “normalised” part of mainstream youth cultures (Parker et al., 1995). During the late 1990s, the “normalisation thesis” gained momentum in Danish political discourses (Houborg, 2010), as comparative survey studies showed that young Danes’ use of cannabis had increased, and that they had a higher cannabis use rate than young people in most other European countries (Hibell et al., 2000; Hibell et al., 1997). Contributing to the impression that use of cannabis and other drugs was becoming more normalised in Denmark, was the publication of a report by the Danish Health Authority (2000), which concluded that young Danes had developed a more liberal attitude towards illegal drugs. Aside from changes in the prevalence rate, and in young people’s acclaimed attitudes towards cannabis, research on the short- and long-term

negative cognitive effects of cannabis use also started to challenge prior understandings of cannabis use as harmless (Ashton, 2001). In Denmark, these developments led to a heightened public concern with young people's use of cannabis and other drugs, at times bordering a moral panic (Houborg, 2010).

In 2003, the Liberal-Conservative government (*da: Venstre & Konservative Folkeparti*) launched a new drug policy programme called *The Fight against Drugs* (Government, 2003a). The new programme was in part a policy response to the increases in youth drug use. However, as outlined by Houborg et al. (2020b) it also reflected a general shift towards more morally based neo-conservative "law and order" crime policies in Denmark (see Balvig, 2005). *The Fight against Drugs* initiated a change in Danish drug control policy (Frank, 2008; Houborg et al., 2008), and it addressed different areas directly relevant to cannabis policy, one of which was use and small-scale selling of cannabis. Rather than framing cannabis (and other drug) use as a symptom of social problems and societal changes, and cannabis and other drug users as subjects in need of help, the new policy programme framed youth drug use as a problem rooted in a new "youth culture", allegedly characterised by individualisation, a lack of moral restraint, a lack of respect for the law, experimentation, consumerism and weekend intoxication in nightlife or other contexts defined by excessive alcohol use (Government, 2003a; see also Chiefs of Police, 2002; Danish Health Authority, 2000; Measham & Brain, 2005). Within this policy discourse, especially young, but also recreational drug users in general were framed as deviant but rational consumers, and use of drugs such as cannabis, ecstasy, cocaine and amphetamines was seen as the result of flawed consumer choices (Houborg, 2010; Houborg, Søgaard, & Mogensen, 2020b). *The Fight against Drugs* thus emphasised that in order to change young people's attitudes towards cannabis and other drugs, it was important to send a "clear signal" that this kind of behaviour was

unacceptable and would have legal consequences. Couched in the rhetoric of "zero-tolerance", "deterrence" and "respect for the law" (Frank, 2008), the new drug policy led to a legislative amendment in 2004 of the Law on Euphoria-Inducing Substances (LES) – the law used to sanction drug possession and small-scale sales – which re-introduced penalisation of all personal possession of illicit drugs. The amendments overruled the Attorney General's instruction from 1969 and meant that police should now issue fines as default for possession of cannabis instead of the former practice of issuing formal warnings as sanctions. In 2007, the fines for possession were increased. Aside from imposing a re-criminalisation of possession of cannabis and other drugs, the new policy also resulted in a remarkable quantitative increase in police enforcement intensity of the LES. From 2003 to 2005, there was a 35% increase in the enforcement of the LES (Moeller, 2020).

We thus see how cannabis use during this particular area of Danish cannabis policy was framed as a "criminal offence" and a "deviant choice". In the following, we illustrate how growing concerns with gangs and organised crime also came to inform the new "cannabis control paradigm" (Møller, 2008, p. 124), as well as the framing of cannabis use and the governance of cannabis users.

Cannabis use as an organised crime problem

While the former framing of cannabis use differentiated between users and dealers/organised crime, we have recently seen a framing particularly of young and recreational drug users as complicit in organised crime (Søgaard & Nielsen, forthcoming). The discursive framing of cannabis users as complicit in organised crime is part of longer process. Since the early 1960s, concerns about organised crime have figured centrally in Danish control policy (Houborg & Vammen, 2012). As aforementioned, in order to avoid Denmark becoming a "magnet" for

international drug traders, the parliament in 1969 amended the Penal Code (§191), thereby increasing the penalty for professional drug trafficking from two to six years of imprisonment. In 1975, the maximum penalty was raised to ten years (Storgaard, 2000). Later on, in 1982, the Copenhagen Police released a report describing how outlaw bikers were involved in the cannabis market at the Freetown Christiania, where the largest open cannabis market in Denmark was based (Copenhagen Police, 1982). The report claimed that the selling of cannabis was becoming more professionally organised, and that drug trading was the key economic basis of outlaw bikers. These ideas gained prominence in public debates during the 1990s, especially during and after the “Big Nordic Biker War”. From the mid-1990s, Danish cannabis policy gradually became integrated into a larger body of “organised crime policies” (Cornils & Greve, 2004, p. 853), resulting in a tightening of legislative controls. These included the passing of the so-called “Pusher Law” in 1996 and the “Hash Club Law” in 2001 (Laursen & Jepsen, 2002). While the former increased the penalty for small-scale drug selling, the latter enabled police to use administrative powers to close down premises where cannabis (or other drugs) were suspected of being sold, and to ban specific individuals from frequenting these premises.

The *Fight against Drugs* policy also highlighted criminalisation and intensified policing as the best ways to combat cannabis-related organised crime, and argued that close links existed between the cannabis trade at Christiania and organised crime (Government, 2003a). Aside from outlining how the police were to use supply reduction tactics, involving arrests of sellers and backers, the policy paper also outlined that police should start making more active use of demand reduction tactics as a means of combating the organised cannabis trade at Christiania. A later action plan (Government, 2003b), specified that the police should increase its targeting of “the recipients” of cannabis (i.e., the cannabis users) at

Christiania, as this would make it more difficult for drug traders to sell their commodities.

In the media, then Minister of Justice, Lene Espersen, explained that the police had been instructed to target the “buyers” frequenting Pusher Street at Christiania, because this would “result in a situation where the buyers will no longer find it attractive to go to Christiania to source hash” (*Berlingske Tidende*, 2003a). The Minister thus invoked a notion of the cannabis user as a rational actor who could be deterred into conformity. However, rather than describing the rational cannabis user as a *consumer*, as was the case in debates about the new youth culture of intoxication (previous section), cannabis users were now described as “recipients of cannabis”, “buyers”, “customers” and as the “customer-base” for criminals (*Berlingske Tidende*, 2003a; *Jyllands-Posten*, 2003). As argued by Søgaard and Nielsen (forthcoming), this change of vocabulary was indicative of the emergence of a new dominant discourse in which cannabis users were increasingly framed as “market actors”, whose “demand” for drugs constituted the economic basis for the criminal drug trade. While Danish drug policy had traditionally rested on a dual track policy that distinguished between drug suppliers and drug users (Storgaard, 2000), this new policy discourse not only dissolved this distinction, it also framed drug users, in their capacity as economic customers, as (indirectly) complicit in drug-related organised crime (Søgaard & Nielsen, forthcoming).

The new policy discourse resulted in an intensified police targeting of cannabis users at Christiania, at times referred to as a buyer-directed “stress strategy” (*Berlingske Tidende*, 2003b). During the following years, this tactic spread to the rest of the country where it led to intensified police targeting of (recreational) cannabis and other drug users. As an indication of this, research shows how police districts outside of Copenhagen came to drive the overall increase in the enforcement intensity of the Law on Euphoria-Inducing Substances from 2011 to 2017 (Moeller, 2020). In Copenhagen and

elsewhere, police have often drawn on a discourse that frames young and recreational drug users as the economic basis for organised drug trading, to publicly justify their intensified targeting of users (Søgaard & Nielsen, forthcoming). We thus see a framing of cannabis use as an “organised crime problem”, where cannabis users are framed as drivers of organised crime.

Alongside policy areas framing cannabis as a social problem, a deviant choice/criminal offence, and as an organised crime problem, recently, another framing to promote cannabis as a drug to be legalised has emerged.

Debating cannabis legalisation: Organised crime or health problem?

While the early 2000s were characterised by relative political consensus about cannabis policy, 2009 marked a turning point where a push for legalisation and/or alternative regulations of cannabis emerged (Houborg & Enghoff, 2018). During 2008 and 2009, gang-related violence in Copenhagen reached a peak, and the media regularly reported about how gang conflicts impacted on the lives of ordinary citizens. As gang conflicts were believed to be rooted in struggles over access to the lucrative cannabis market, in 2009 then-incumbent Lord Mayor of Copenhagen Frank Jensen from the Social Democratic Party (*da: Socialdemokratiet*), suggested the introduction of a three-year trial period where all cannabis users above 18 years of age should be able to purchase cannabis fully legally from state-run outlets in Copenhagen (*Politiken*, 2009). The then Liberal-Conservative government immediately rejected the proposal. Nevertheless, from 2009 onwards, references to organised crime and gang conflicts have been central in political debates about cannabis legalisation (Houborg & Enghoff, 2018). Representatives from the municipality in Copenhagen have played a key role in these debates. As outlined by Nygaard-Christensen and Frank (2019), in January 2017,

Copenhagen city council members from the Social Democratic Party argued for a legalisation trial by suggesting that legalisation would “remove some of the economy of the criminal gangs who today profit from cannabis being illegal” (p. 6), and in effect reduce gang-related violence. In recent years, this line of argument has also been picked up by national politicians. In 2016, the Danish Social-Liberal Party (*da: Radikale Venstre*) thus stated the following in their proposal for a trial legalisation of cannabis:

The illegal cannabis sale at Christiania and elsewhere is controlled by organised criminals and gangs (.). Therefore, it is necessary to rethink and explore the possibilities for a responsible and controlled way of legalising cannabis, so that cannabis sale does not continue to remain a lucrative business for organised criminals. (Cited in Nygaard-Christensen & Frank, 2019, p. 8)

Importantly, advocates arguing for the need for a cannabis policy reform have not challenged the discursive framing of cannabis users as “market customers” whose purchasing practices feed organised crime. Rather, their argument for cannabis legalisation seems to reinforce this discourse. The solution reformers point to is, however, very different from the punitive solution opted for by non-reformers (Søgaard & Nielsen, forthcoming).

While the cannabis reform movement has gained momentum, particularly at a municipal level, there is still a majority in the Danish parliament against legalisation (Nygaard-Christensen & Frank, 2019). That said, political positions towards cannabis regulation are not static. The abovementioned Danish Social-Liberal Party is an example of that. The party’s original opposition to legalisation of cannabis changed following a shooting episode at Christiania’s cannabis market in 2016, and the party now favours a trial period for state-controlled legalisation of cannabis. Aside from arguing that cannabis legalisation would reduce cannabis-related crime and violence, reformers

have also drawn on more economic arguments to promote the reform agenda. This includes arguments that the policing of cannabis is very costly, and that (police) resources could be better spent elsewhere, as well as suggestions that a legal regulation of cannabis provision would generate enormous tax-revenue for the state, instead of money flowing into the hands of criminals (*Information*, 2013). Lastly, reformers have argued that by implementing a state-controlled system for legalised cannabis, health professionals will be better able to identify and treat individuals with problematic use of cannabis.

In their rejection of reform proposals, opponents have drawn on a variety of arguments. Opponents have, for instance, argued that legalisation was likely to be counter-productive by incentivising criminals to shift to more serious income-generating types of crimes (Parliament, 2009). Most notably, opponents framed cannabis as a “health and risk problem”. With reference to a report conducted by the Danish Health Authority, then Minister of Justice Morten Bødskov, from the S-R-SF coalition government (*da: Social Demokratiet, Radikale Venstre, Socialistisk Folkeparti*), for instance argued that legalisation was problematic, because this would increase the availability of cannabis in society, which would potentially lead more young people to start using cannabis and have general negative health consequences for the population (Municipality of Copenhagen, 2012). Similar health-based arguments were forwarded by the then Health Minister Karen Ellemann, from the V-LA-K coalition government (*da: Venstre, Liberal Alliance, Det Konservative Folkeparti*), in her dismissal of a proposal for legalisation in 2017. Instead, she argued that prohibition was the best way to prevent young people from starting to use cannabis (Parliament, 2017a). We thus see a two-fold framing of cannabis when legalisation is debated in Denmark. One focus is on legalisation as a “solution” to organised crime and as an economic gain for the state, while cannabis users are framed as “customers”. The other

opposes legalisation and frames cannabis use as a “health and risk problem” while arguing that organised crime can best be combatted with zero-tolerance policies. Cannabis framed as a “health and risk problem” is also present in treatment and prevention policy areas, as we will show in the following.

Cannabis use as a health and risk problem

Due to increased drug use prevalence rates and a growth in drug-related deaths, Danish drug treatment saw a substantial addition of new resources in the 1990s and treatment became an area of intense political priority (Houborg et al., 2008). As an indication of this, an amendment to the Danish social legislation in 2003 obliged social authorities to initiate treatment within 14 days after a person has requested treatment. The result was that from 1996 to 2006 the number of persons in drug treatment almost tripled (Houborg, 2010). In 2011, the Danish Health Authority estimated that there were 33,000 drug “misusers” in Denmark, and due to renewed ways of estimating drug use based on “primary” drug used, 11,000 of these were estimated to be “cannabis misusers”. Changes in drug use in general and the renewed ways of monitoring drug use in Denmark, also affected treatment offers including the development and implementation of community-based “cannabis treatment” (Kronbæk, 2012). In 2010, 2,634 were enrolled in a treatment programme for cannabis misuse (Danish Health Authority, 2011), and recent reports show that, especially young people, who have cannabis as their primary substance of choice, constitute a growing proportion of the total treatment population in Denmark (Danish Health Authority, 2017).

Traditionally, young people’s use of cannabis has constituted a key issue in Danish treatment and preventive drug policy measures. This was also evident in *The Fight against Drugs* policy programme (Government, 2003a). While this very influential policy programme, as

mentioned above, gave voice to a new control policy which constituted cannabis as an illegal drug (i.e., criminal problem), and cannabis users as legal subjects (i.e., criminals), it also outlined the government's ambition to strengthen the treatment and prevention of drug "misuse" (Government, 2003a, p. 5). The policy paper thus also outlined a health-based framing depicting cannabis as a harmful and unhealthy substance. Within this framing, cannabis was emphasised as a substance that is particularly risky for young people to use; a substance that can result in severe health problems, in social problems and in learning disabilities, but also that cannabis was a risky "transitory substance", i.e., a stepping-stone, to use of "harder drugs" (Government, 2003a, p. 22). However, (young) cannabis users are not depicted as "sick", as is the case with heavy heroin users. Rather, use of cannabis is framed as a "risk factor" (that can potentially result in sickness and other problems), and young cannabis users are framed as subjects "at risk" (Kronbæk, 2012). Thus, based on a deficit model, cannabis use is framed as a failing of the individual, and "vulnerable" young people are identified as a group at "heightened risk" of initiating a cannabis career, and therefore in need of preventive support and help (Government, 2003a).

This notion of "at risk" young people has also become a key driver of school-based preventive measures aimed at educating the general youth population, and of early intervention activities aimed at "high-risk youth". As part of this latter effort, the Danish Health Authority (2018) has published much educational material aimed at enhancing frontline workers' (school teachers, youth workers, drug consultants, social workers etc.) abilities to spot early warning signals. Partly fuelled by the government's ambition that 95 per cent of all Danish young people should complete a secondary-level education, recent years have also seen a growing concern with how use of cannabis can be a risk factor that increases young people's risk of school dropout (Andrade & Demant,

2018). Within the field of education, young cannabis users are, however, not only framed as "subjects-at-risk" but also as "subjects-of-risk". Most notably this has been reflected in the growing dominance of a discursive framing depicting cannabis using/intoxicated pupils as a risk to the construction of productive learning environments, and as a risk to other pupils' educational development. In regard to the latter, cannabis use is framed as potentially contagious, in that it is assumed that some pupils' use of or intoxication by cannabis can inspire other pupils to start using cannabis, in turn enhancing the latter's risk of school dropout (Sørensen et al., 2012). Against this background, growing numbers of Danish secondary schools have adopted a control policy rhetoric of "zero-tolerance", and implemented tough-on-drugs policies that seek to prevent cannabis use and intoxication on school properties by use of exclusionary sanctions and deterrence (Sørensen et al., 2012). While the Danish Health Authority (2018) has warned that threats of expulsion can lead cannabis-using pupils to stay away from classes, and that permanent expulsion from a particular education setting can result in escalated cannabis use, tough-on-drugs approaches are popular among secondary school leaders as these can be viewed as a means of protecting the non-drug using majority. Media reports show that "zero-tolerance" approaches at secondary schools include use of police sniffer dogs to detect cannabis on school properties (*Nordjydske Stiftstidende*, 2019), and use of urine, sweat or saliva tests, if a pupil is suspected to be using/intoxicated by cannabis (*Fyens Stiftstidende*, 2019; *Politiken*, 2016). Sanctions typically range from permanent to temporary expulsion, the latter at times being conditional on a pupil enrolling in a treatment programme (Sørensen et al., 2012). The above is indicative both of the prevalence of a risk-based framing of particularly young people's use of cannabis, as well as of how framings and governmental approaches originally developed within the control policy space are today spreading to other policy spaces.

Focusing on treatment and prevention areas within Danish cannabis policy, we thus see a framing of cannabis use as a health and risk problem.

Cannabis use as a medical problem

The most recent development in Danish cannabis policy has been the emergence of a framing of cannabis and cannabis use as a medicine and a medical practice. Thus, as described by Kvamme et al., the “boundaries between cannabis as an illicit ‘drug’ and licit ‘medicine’” (2021, p. 2) have recently shifted in Denmark. While cannabis has been framed as a medicine for decades internationally (Fischer et al., 2015), this only occurred in Denmark when the Danish Parliament in December 2017 approved a four-year trial period that began in January 2018 (Nygaard-Christensen & Frank, 2019). Prior to the trial, the synthetic cannabis product, Sativex, had been approved by the Danish Medicines Agency in 2011, and could legally be prescribed to sclerosis patients. The medical cannabis pilot programme allowed for a broader group of patients to obtain medicinal cannabis legally, and for a broader variety of products.

The medical cannabis pilot programme was preceded by a spike in media reporting on use of cannabis for medical purposes (Houborg & Enghoff, 2018). Public and media attention has in large part been spurred by stakeholder organisations, but also by citizen accounts describing how ill persons used cannabis to relieve pains, and how they were frustrated that they had to buy cannabis products illegally (*Jyllands-Posten*, 2011). In 2013, the left-wing party Red-Green Alliance (*da: Enhedslisten*) made a proposal for the decriminalisation of medicinal cannabis. However, the proposal was rejected by the government on the grounds that cannabis for medical purposes might be used recreationally and thus had a “potential for misuse” (Parliament, 2014). Moreover, then Minister for Health and Prevention Nick

Hækkerup warned against the risk that cannabis products for medical use might “somehow end up at the illegal market” with the consequence that it could contribute to a “de-facto legalisation” of cannabis (Parliament, 2014). Nevertheless, there was a renewed interest in international experiences with medicinal cannabis regulation and a new proposal was made in 2015, although this was also rejected.

Outside of parliamentary debates, legalisation of medical cannabis was promoted by key public figures. These included influential politicians such as Manu Sareen, the former Minister of Children, Equality, Integration and Social Relations, and Ritt Bjerregaard, the former Lord Mayor of Copenhagen. Together with the actor Søs Egelind, Bjerregaard founded the organisation “Cannabis Denmark” in 2017, with the aim of supporting research into medicinal cannabis and promoting the idea of its legalisation. From 2015 onwards, several parties began preparing the groundwork for a pilot programme where selected patient groups would be able to receive medical cannabis prescribed by a doctor (Parliament, 2017b).

The 2018 trial period enabled the use of a broader range of products, which no longer have to be approved by the Danish Medicines Agency. The patient group eligible for medical cannabis included patients over the age of 18 years with sclerosis, spinal cord injuries, patients undergoing chemotherapy, and people with neuropathic pain. An additional requirement was that all existing treatment options with approved medicinal products should be exhausted before patients could receive prescriptions for medicinal cannabis. While the trial has been contested within medical communities, and particularly by doctors, by late 2019, some 4,300 patients had redeemed prescriptions for medicinal cannabis products (Danish Health Data Authority, 2019). In the second half of 2020, two organisations, the Medicinal Cannabis Industry and the trade organisation Medicinal Cannabis Manufacturers merged and called for an evaluation of the trial that would serve to clarify whether it could become permanent

(*Fyens Stiftstidende*, 2020). They also lobbied for increased political support in the hope that this would enable Danish medicinal cannabis producers to become competitive in the international market (*Finans*, 2020).

The pilot programme constitutes an exception to the overall tendency towards a zero-tolerance policy approach to cannabis in Denmark. Framing cannabis (use) as legal for medical purposes involves a redefinition of both the product and of the users. Based on research from Australia, Lancaster et al. (2017) have shown how the construction of cannabis as a medical product involves the demarcation of boundaries between recreational and medical cannabis. This “setting apart” of medical cannabis from cannabis as illicit drug is constantly made with reference to, as well as in opposition to, recreational cannabis (Lancaster et al., 2017). The constitution of “medicinal cannabis” thus relies on the “absent presence” of recreational cannabis to define and shape what it is (Lancaster et al., 2017, p. 117). In Denmark, the legislation of medical cannabis has involved a similar construction of users of medical cannabis as strictly and solely “patients” deserving of protection from the illegal market and from the risks associated with recreational use of illicit cannabis (Parliament, 2017b). In this way, users of medical cannabis are framed as patients who are to be protected from the risks associated with the use and purchase of recreational cannabis. Importantly, the construction of medical cannabis as a fundamentally distinct substance has also involved a conceptualisation of users where “patients” are clearly distinguished from “recreational users”. Moreover, constructing medical cannabis users as patients involves an active silencing of the pleasures that might be involved when using “medical” cannabis (Dahl & Frank, 2011). The Danish Medicines Agency, for instance, warns against pleasure and experiences of intoxication in their brief on medical cannabis:

As a rule, the Danish Medicines Agency does not think that it is a desirable effect of a medical product that the patient achieves intoxication. We normally perceive that to be an unintended side effect. (Danish Medicines Agency, 2015, p. 12)

The strict framing and demarcation of boundaries between “recreational cannabis users” and “patients”, and between cannabis as an illicit drug vs. cannabis as a medical product, can arguably be said to have been necessitated by the restrictive policy framework in which cannabis is generally governed in Denmark. However, as shown by Kvamme et al. (2021), such a clear demarcation is blurred in practice, where many people who use cannabis for medical purposes continue to rely on the illegal market, including for conditions outside of those targeted in the trial.

Conclusion

Drug policy is a complex field of research. A common approach often used to understand drug policy complexities is to distinguish between different *policy areas* that together make up a drug policy (Houborg, Bjerger, et al., 2020). Distinctions are, for instance, made between: drug control policy, treatment policy, prevention policy and harm reduction policy (Ritter et al., 2016). A focus on any one of these areas in isolation will throw light on partial aspects of a nation’s drug policy. However, as noted by Ritter et al. (2017), if we are to produce a more comprehensive understanding, it requires that we take all of the different policy areas into consideration as well as focus on the possible linkages between policy areas. Inspired by this line of thinking, the present article has outlined how Danish cannabis policy is composed by multiple co-existing policy areas, including social policy, control policy, treatment and prevention policy, and health policy. We have analysed how each of these policy areas is characterised by specific, yet different, discursive framings of cannabis use as a

relevant policy problem, and how the different framings give rise to different policy actions and solutions. In Danish cannabis policy, cannabis is thus not a singular and coherent object, but rather multiple in character, as are the solutions to the cannabis “problem”.

In the analysis, we described how Danish cannabis policy from the 1960s to the late 1990s was dominated by an understanding of cannabis as a relatively harmless substance, and by a discursive framing of cannabis use as primarily a social problem. This in turn gave rise to a lenient control policy on cannabis users, and to a distinction between “users” and “dealers”, and between cannabis (“soft”) and “hard” drugs. While the framing of cannabis as a social problem remains, in recent decades it has largely been overtaken by more control-oriented discourses that do not distinguish between users and dealers, and that depict cannabis users as either rational but flawed consumers, or as customers in an illicit market. Particularly the latter framing has been coupled by condemning discourses that attribute blame and responsibility for gang violence to cannabis (and other drug) users, as these are depicted as the economic market basis for organised crime. The shift towards a more repressive cannabis control policy has thus been fuelled by discursive framings of cannabis use as a “problem of deviance” and as a “driver of organised crime”. While the international trend seems to be that prohibitionist approaches in cannabis control policy are increasingly being replaced by more lenient approaches, including decriminalisation and legalisation of cannabis, in relation to control policy, Denmark is moving in the opposite direction.

However, as noted above, cannabis policies are complex and sometimes characterised by oppositional trends. As an illustration of this, we outlined how Danish cannabis policy is also shaped by discursive framings of cannabis use as a health and risk problem, and most recently as a medical problem. While these latter framings can be seen as alternatives to the dominant control policy framings, our analysis indicates

that the prevention, treatment, and medical cannabis policy areas are today also heavily influenced by lines of thinking and approaches originating in the control policy area. In the analysis, for instance, we described how some domains of the preventive policy area are increasingly influenced by discursive depictions of young cannabis users as risks-to-others, and by preventive approaches based on deterrence and punishment, such as exclusion from educational institutions. Furthermore, the recent introduction of the pilot programme for medical cannabis rests on a clear discursive distinction between, on the one hand, the sick and deserving “patient”, who uses cannabis strictly for pain relief, and, on the other, the “flawed recreational user”, who uses cannabis for pleasure. In Denmark, the introduction of a medical cannabis trial has thus not fundamentally altered the general position of cannabis in Danish policy (debates), as, for instance, illustrated by the parliament’s recent rejections of legalisation proposals. Due to the fact that most cannabis policy areas in Denmark are today coloured by repressive control thinking, discussions and initiatives aimed at harm reduction, which are currently prevalent in relation to, for example, heroin users (Houborg & Frank, 2014; Thylstrup et al., 2019), are also almost non-existent in relation to cannabis and cannabis users.

How Danish cannabis policy will develop in the future is difficult to predict. Internationally, trends towards decriminalisation or legalisation follow the longstanding differentiation between “soft” and “hard” drugs. Whether Danish cannabis policy will change back to differentiate between “soft” and “hard” drugs after almost two decades with a repressive control policy is difficult to say. Importantly, however, while we see changes in some countries towards decriminalisation or legalisation, most countries still have a rather repressive control policy towards cannabis, and other countries aside from Denmark go against liberalisation trends. The Netherlands, for example, have traditionally had the most lenient cannabis policy in

Europe, but in recent decades they have slowly tightened their cannabis policy. While Dutch cannabis policy is still “liberal” or “lenient”, it is today far from the liberal cannabis policy that was established in the 1970s (van de Bunt & Mueller, 2021). How national cannabis policies develop, and hence differ, does not only go one way from repressive to lenient, but must be understood in relation to the point of departure of how lenient or repressive the control policy has been in the past. This also goes for Denmark, which, in a Nordic comparative perspective, traditionally has had a very lenient cannabis policy (Laurson & Jepsen, 2002; Storgaard, 2000). While Danish cannabis control policy in recent decades has moved in a more repressive direction, this does not mean that Denmark has taken a lead position in terms of cannabis control intensity. Measured by the number of cannabis seizures relative to the population size, Sweden and Norway still display the highest enforcement intensity in the region. The shift towards a more control-oriented approach in Denmark is, however, indicative of a convergence in control intensity between the Nordic countries, with Denmark becoming more similar to Sweden and Norway (Moeller, 2019).

With the legalisation and decriminalisation tendencies elsewhere, including Norway in a Nordic context, and with the easy access to information about cannabis online, it might in the future be difficult for Danish authorities to uphold the current dominant risk, harm and organised crime perspective in Danish cannabis policy as the dominant legitimate perspective. Several opinion polls have for instance shown that a small majority of the Danish population is now in favour of a more lenient cannabis policy (*Berlingske Tidende*, 2016; *Dr.dk*, 2017). There thus seems to be a divide between national politicians and their constituents. In this perspective, discussions not only about alternative regulations of cannabis, but also about how to differentiate between problematic and unproblematic use of cannabis (e.g., in relation to mode of administration, frequency of use,

cannabis potency), as is today done with the use of alcohol (Danish Health Authority, 2021), seems important. These discussions could favourably be conducted in a harm reduction policy framing and would add to the present cannabis policy areas in Denmark.

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