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Commentary

Beyond deficit and harm reduction: Incorporating the spectrum of wellness as an interpretive framework for cannabis consumption

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ABSTRACT

The cannabis academic literature is informed by dominant deficit, public health and harm reduction frameworks. However, a large majority of cannabis consumption appears to place outside the scope of these models that prioritise the identification and limitation of negative impacts. As such there are apparent analytical blind spots pertaining to: non-problematic use of cannabis (as defined by Global Commission on Drug Policy); the intersection of medical and recreational intents of use; and pleasure. This paper explores the academic and grey literature relating to the spectrum of wellness to assess its suitability as a framework for cannabis scholars. For millennia cannabis use has been associated with wellness models, particularly at the nexus of mind, body, and spirit. Despite this seemingly obvious match, the academic literature that incorporates cannabis consumption patterns into wellness conceptions is thin. The spectrum of wellness has both advantages and disadvantages compared to existing models and may be useful as a complementary framework that allows for broader examination of cannabis consumer activity.

Background

It has been suggested that historically a large body of drug policy research has been informed by the hegemonic pathology, or 'deficit' model of drug use (Barratt, 2011; Karlsson, 2010; Moore, 2002; O'Malley & Mugford, 1991). This view "positions [illicit] drug use as inherently aberrant, as destructive to both health and happiness, and as reflecting some kind of deficit in personality or social position" (Southgate & Hopwood, 1999 p. 308). On the face of it, international cannabis controls and prohibition in the US and other countries appear to be informed by the deficit model. Extreme perspectives of the deficit model confer the judgement that all drug use is 'bad' (Zinberg, 1986). To illustrate the point, Caulkins and Reuter (1997) noted that according to this view, even if an adult consumed a psychotropic drug that had zero risk of harm to herself or others, that use is seen as unacceptable because it is morally wrong.

The deficit model has been critiqued on the grounds that it dehumanises people who use cannabis as derelict, or deviant, and as belonging to the margins of society (the so-called 'othering') (Becker, 1963/2008; Lunze, Lunze, Raj, & Samet, 2015). An example of 'othering' is the term 'user', which is perceived as being associated with characteristics such as 'lazy', 'worthless', 'irresponsible', and 'no future' (American Society of Addiction Medicine, 2018; Global Commission on Drug Policy, 2018; International Society of Addiction Journal, 2018).

In part as a response to these concerns a public health framework has evolved. The public health approach, as it pertains to cannabis consumption, moves away from the pathological deficit model of drug use described above, towards a more nuanced recognition that most cannabis related harm is concentrated within a minority of high risk consumer activity (Centre for Addiction & Mental Health, 2014). Public health problems identified in the academic literature associated with cannabis consumption include increased risk of cognitive impairment, added risk of traffic crashes and fatalities and other accidents, dependency, and a greater association with mental health problems among others (Fischer, Rehm, & Hall, 2009; Hall & Degenhardt, 2014; Hall, Renström, & Poznyak, 2016; Room, Fischer, Hall, Lenton, & Reuter, 2010). From the public health perspective the risk of these harms is amplified by heavy and frequent use of cannabis, long user careers, and initiation of consumption in adolescence, particularly those 15 years or younger (Crépault, Rehm, & Fischer, 2016; Fischer et al., 2009). According to Fischer et al. (2009) p.102 "once these high risk cannabis users are specified there are two ensuing challenges: (i) … identifying individuals indicating high risk behaviours; and (ii) offering them appropriate interventions". In other words, according to this view, a public health framework as it relates to cannabis consists of assessment and monitoring (surveillance), and expanding access to treatment and interventions where needed. In this sense, the public health approach appears to operate on the assumption that people who use

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cannabis lack capacity to make health choices themselves, which aligns with the paternalistic philosophy of drug policy (e.g. MacCoun & Reuter, 2001).

As noted by Fischer et al. (2009), the public health approach has a general focus on reducing harms as opposed to use *per se,* which is very much aligned with the concept of harm reduction. There has long been ambiguity around the term harm reduction as it relates to drug policy (Wodak & Saunders, 1995). The concept encompasses a pragmatic approach of "accepting the reality of substance use behaviour, while directing effort at minimising the harmful consequences" (Crofts, Costigan, & Reid, 2003; Erickson, 1995, p.283; Hall & Degenhardt, 2014). Rhodes and Hedrich (2010) p.19 "envisage harm reduction as a 'combination intervention', made up of a package of interventions tailored to local setting and need, which give primary emphasis to reducing the harms of drug use". The Drug Policy Alliance (DPA) among others expanded these definitions to include harms caused by ineffective drug policies including prohibition. An example of harm reduction in a commercial cannabis market might include regulating limits to tetrahydrocannabinol (THC) potency, placing restrictions on predatory marketing strategies, or encouraging the cultivation of products with higher cannabidiol (CBD):THC ratios (Hudak, 2016; Kamin, 2016; Subritzky, Lenton, & Pettigrew, 2016).

A major critique of public health and harm reduction frameworks is that much cannabis consumption appears to take place outside of these realms and that they lack capacity to fully consider: (i) non-problematic use; (ii) the therapeutic nexus of medical and recreational use; and (iii) pleasure.

Person with non-problematic cannabis use

The term 'person with non-problematic cannabis use' recommended by the Global Commission on Drug Policy (2018) report is notable. It appears to introduce a new (or at least under represented) category to the cannabis (academic) literature. Scholars have long pointed out that, while consuming cannabis is not without risk, when considered in the context of burden of disease, most cannabis consumption does not constitute a significant threat to public health at the population level (Caulkins, Kilmer, & Kleiman, 2016; Kleiman, 1992; Room et al., 2010). Attempts to quantify and compare the contribution to the total burden of disease relating to cannabis, other illicit drugs, alcohol, and tobacco provided estimates of 0.2%, 1.8%, 2.3%, and 7.8% respectively (Degenhardt, Ferrari, & Hall, 2017; Room et al., 2010). Indeed, statistics indicate that approximately 90% of people who use cannabis will not reach levels of clinically defined dependence (Caulkins, Hawken, Kilmer, & Kleiman, 2012; Kleiman, 2014). This vast block of people who consume in a manner that is not immediately perceived as harmful, appear to be underrepresented in the cannabis literature. While many studies do point out most cannabis consumption is in the non-harmful category (in terms of global burden of disease), this contextualisation is often a secondary footnote to central findings. Given that "user" is the term most commonly employed across the literature to describe cannabis consumers, on the face of it the GCDP report appears to insinuate that much of the existing cannabis literature has used stigmatising language when reporting findings that emphasise the harms.

Beyond the general absence of consideration for non-harmful cannabis use, the deficit, public health, and harm reduction frameworks seem to lack the capacity to examine consumption that may be considered beneficial. Indeed, Caulkins and Reuter (1997) p.5 stated that "most people would exclude the benefits of drug use …" when devising strategies to reduce harm. It remains unclear why this might be the case, although it would seem such views emerge as the result of the hegemonic influence of the deficit model, which is helpful for harm identification purposes. This view appears to illustrate a noteworthy gap in the literature as it pertains to drug consumption generally and cannabis specifically. It seems to discount at least two potential benefits of cannabis consumption, namely: (i) the intersection of cannabis consumption for recreational and medical purposes; and (ii) pleasure.

Overlapping intention of consumption

First, a large portion of cannabis consumption appears to take place in a realm where medical and recreational intent overlap (e.g. Hakkarainen et al., 2017). However, it is usually dealt with as two separate issues. In part this is due to, as Mead (2014) pointed out, international controls that dictate cannabis must be considered separately for medical and recreational use. Colorado is an example of states in the US where the recreational market is built on a separate medical market (Subritzky, Pettigrew, & Lenton, 2016). The similarities and difference between them are beyond the scope of this paper and have been comprehensively reviewed elsewhere (e.g. Kamin, 2013, 2016, 2017).

As an example of this overlap, in a study describing patterns of cannabis use, Pacula, Jacobson, and Maksabedian, (2015) found approximately 85% of medical consumers also reported using cannabis recreationally. Furthermore, as part of a global study on cannabis cultivation trends, Dahl and Frank (2016) noted the definitional challenges of medical and recreational consumption of cannabis, and found that cannabis consumers who defined themselves as medical, tended to emphasise the relieving effect over pleasurable outcomes. Chapkis and Webb (2008) identified a group of consumers who refuse to distinguish between recreational and medical consumption. Iversen (2007), moreover, pointed out that the window between an effective medical dose, and one that intoxicates, appears to be quite narrow. Indeed, it has been argued that "defining cannabis consumption as elective recreation ignores fundamental human biology, and history, and devalues the very real benefits the plant provides" DeAngelo (2015) p.67. Well known cannabis advocate Dennis Peron reportedly stated that all cannabis consumption is medical, with the obvious exception to the rule being misuse (DeAngelo, 2015; Rendon, 2012). This view is illustrative of what Caulkins and Reuter (1997) have called the extreme social utilitarian perspective.

Pleasure

Second, in contrast, several scholars have found that the overwhelming reason for consumption provided by people who use cannabis is pleasure (e.g. Duff, 2008; Webb, Ashton, Kelly, & Kamali, 1998). This is perhaps unsurprising given that an often used description of the effect of cannabis on mood is euphoria (Ashton, 2001). As may be deduced, euphoria is not generally defined as a harm *per se.* In this respect, the harm reduction model has been critiqued for not giving consideration to the concept of pleasure (Houborg, 2010). Moore (2008) pointed out that the term pleasure has become marginalised in discourses that seek to understand drug use. It would not seem unreasonable to conclude that many people who use cannabis may do so with an aim of enjoying it.

Thus, following the cogent logic of the above scholars and studies, these categories of cannabis use (i.e. not significantly harmful, juxtaposed recreational and medical intent, and pleasure) are likely to constitute most consumers in both legalised and illicit markets. It is here where limitations of the dominant frameworks noted above become most salient. For millennia cannabis use has been associated with wellness, particularly at the nexus of mind, body, and spirit. Despite this seemingly obvious match, the literature that incorporates cannabis consumption into wellness conceptions is thin. The following section explores the literature pertaining to the spectrum of wellness and its potential relevance for cannabis scholars.

The Dunn spectrum of wellness as an interpretive framework

The concept of wellness is said to have a history of over 5000 years (Global Wellness Institute, 2017b). In modern times, the spectrum of