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Recreational Drug Use and the Value of Community - Joseph T F Roberts

Abstract

The idea that the recreational use of psychoactive drugs harms communities is prevalent in popular discourse. However, concerns about the effects of recreational drug use (or liberalisation) on community are virtually absent from philosophical discussions about the prohibition of drugs. The goal of this paper is twofold. The first goal is to remedy this lacuna by considering how recreational drug use might undermine community. I argue community-based concerns only count against s*ome of the ways in which* drugs might be liberalised, but not necessarily all. The second goal is to consider what defenders of drug liberalisation can learn from these community-based concerns.

Keywords: Recreational Drugs, Community, Prohibition, Public Space, Nuisance, Fair Play

I.   Introduction

The idea that the use of, often illegal, psychoactive recreational drugs such as marijuana, methamphetamines, cocaine, and/or heroin ('recreational drugs' from here on out) harms communities is prevalent in popular discourse (Seddon 2010: 8; Hart 2021: 3; Musto 1999: 193; Pryce 2012: 98). It is especially popular among opponents of drug liberalisation (Rangel 1998; Sabet 2013: 156; Sabet 2021: 110-119; Lawn 1990; D'Angelo 1994: 4), who marshal the claim that recreational drugs harm communities in support of restricting access to them. To give a few examples:

Charles Rangel (former member of the US House of Representatives), states both that 'Drug legalisation threatens to undermine our society' (Rangel 1998: 2) and that "Legalisation of drugs would officially sanction the total annihilation of communities already at risk" (Rangel 1998: 2), without being clear precisely what he means by 'drug legalisation' (i.e. is it the legalisation of sale of drugs, or just their possession?), or providing much in the way of evidence to support the claims.

Vernon Coaker (a former Minister for of State for Policing, Crime and Security in the UK) wrote that recreational drug use 'destroys individuals, families and communities, and this is not in response to 'moral panic' but legitimate concerns about the effects of drug taking' (Coaker, 2007) in an article in *The Guardian*. Here, as before, there is little argument given and no detailed account of what these harms to individuals, communities and families amount to is provided.

Given its prominence in wider culture, one might expect to find discussions of the relationship between community, recreational use of psychoactive drugs, and the prohibition of these drugs in the political philosophy and ethics literature. However,

concerns about the effects of recreational drug use (or liberalisation) on community are virtually absent from philosophical discussions of the prohibition of recreational drugs. Somewhat surprisingly (given the centrality of the concept of community to communitarian philosophers and their association with conservatism), the works of prominent communitarians such as Charles Taylor, Michael Sandel, Amitai Etzioni, and Alasdair MacIntyre contain only passing references to recreational drug use, if any at all.[1]

This paper has two goals; one more theoretical, the other more practical. The theoretical goal is to fill this lacuna in the literature by developing and evaluating the popular claim that recreational drug use harms communities. The focus of the paper will be on questions such as: does recreational drug use threaten communal attachments? If so, how? To answer these sorts of questions, we need an account of: i) what we mean by community, ii) the value of community, and iii) what is required to uphold it. Providing said account is the task of the first half of the paper. The second, more practical, goal is seeing what defenders of drug liberalisation (amongst which I include myself) can learn from these community-based objections.

The argument of the paper is structured as follows. In section II, I start by clarifying two key terms: recreational drug use and community. With regard to the former, in this paper I will be focusing on the use of psychoactive, often illegal, recreational drug use. With regards to the latter, I distinguish between two types of community (political community and local community) providing an account of the value of each form of community and what upholding them requires. In section III, I use this account of community to develop four strands of argument for the view that recreational drug use harms community. First, recreational drug use might cause people to free-ride and fail to uphold their fair share of duties to the community. Second, intoxication (if severe enough) could make it harder for people to maintain the sorts of deep relationships that community requires. Third, recreational drug use could be seen as a threat to the shared moral culture of a community. Fourth, recreational drugs, when done in public spaces, is a nuisance.

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[1] Some communitarians have said more than others. Alasdair MacIntyre's major works in ethics *After Virtue* (1981), *Whose Justice? Which Rationality?* (1988), and *Dependent Rational Animals* (1999) do not contain even passing references to drug use. Neither does Charles Taylor mention drug use *Sources of the Self* (1989), *Philosophical Arguments* (1995), *The Ethics of Authenticity* (1991), or *A Secular Age* (2007). Some passing references can be found in the work of Michael Sandel and Amitai Etzioni.

Michael Sandel's *What Money Can't Buy: The Moral Limits of Markets* (2013) contains a passing reference to babies being born with addictions to drugs which suggests this is undesirable. In *The Case Against Perfection: Ethics in the Age of Genetic Engineering* (2007) Sandel argued against the use of performance enhancing drugs (2007, p. 28). In *The Tyranny of Merit: What has become of the Common Good?* (2020) Sandel laments the high rates of drug use and problem drinking among teens and college students (2020, p. 169), which he attributes to the relentless demands of meritocratic sorting (2020, p. 188).

This pattern of passing references can also be found in the work of Amitai Etzioni. In *Social Problems,* (1976) Amitai Etzioni takes it as a given that drug abuse is a social problem (1976, p. 1). Etzioni also mentions the connection between drug abuse and acquisitive crime in passing in his book *The Active Society* (1968, p. 378). In *The Third Way to a Good Society* (2000) Amitai Etzioni suggests that community can play a role in reducing drug abuse (2000, p. 26) without much elaboration.

I argue that, although some forms of recreational drug use might cause some harm to community, the purported harms to community that flow from recreational drug use are (with the exception of concerns centred around the degradation of public space) based on unwarranted generalisations from worst case scenarios.

What are clearer, I suggest in section IV, are the negative impacts current policies of criminalisation have on communities. This, I argue, should incline anyone who cares about the value of community to favour *some form* of policy change away from extensive criminalisation. Finally, in section V, I conclude by tentatively proposing some policy measures that could help mitigate the public nuisance caused by recreational drug use; thereby reducing the harms to community that arise from the degradation of public space. These include: that provision of drug consumption rooms and supervised injection facilities, the establishment of tolerance zones, and opioid maintenance treatment.

II. Key Terms: Recreational Drug Use and Community

Before we can embark on the main line argument, it is important to be clear about how two central terms will be used in the paper. These are: Recreational Drug Use and Community.

With regards to the former, in this paper I will be focusing on the recreational *use* of psychoactive drugs such as marijuana, methamphetamines, benzodiazepines, ketamine, cocaine, heroin, fentanyl. Although some of these chemical compounds have medicinal uses (e.g. benzodiazepines are used to treat anxiety, fentanyl is used to treat pain), this paper is not concerned with these medicinal uses of these drugs. In the paper I am also not going to focus on the recreational use of substances such as alcohol, caffeine, or nicotine. The focus is on drugs that are either generally illegal (such as heroin) or which are used in illegal ways (e.g. using Zanax without a prescription). The reason for focusing on this subset of recreational substances is that, barring some exceptions, there is no real debate about the prohibition of alcohol, nicotine, or caffeine or objections to their recreational use. Finally, the focus of the paper is on *psychoactive* drugs. The first reason for this is that it is psychoactive drugs that people take for recreational purposes. Non-psychoactive drugs (e.g. paracetamol) simply don't have much recreational potential as they don't alter one's experience of the world. The second reason for focusing on psychoactive drugs is that it is these drugs which opponents of drug liberalisation are concerned about. As is the case with alcohol, caffeine, and nicotine, there is no genuine widespread debate about the prohibition of non-psychoactive drugs. With these clarifications about how the term recreational drug use will be used in the paper out of the way, it is time to turn to clarifying the second central concept: community.

In the broadest sense of the term, a community is "a group of people who share a range of values, a way of life, identify with the group and its practices and recognise each other as members of that group" (Mason 2000: 4). Within this definition, however, there is scope for variation. Community, for example, exists at various levels. Some communities are local, others are national, still others supranational (Mason 2000: 11). Communities also come in different types. Some are based around joint membership in a political system, others are based around ethnicity or religion. Some are geographical

(e.g. national communities), and others are based around shared interests (e.g. train enthusiasts) or professional activities (e.g. doctors). Given these distinctions of scope and type of community, it is important to be clear what kinds of community the paper will focus on. In this paper the discussion will centre around two types of community: local communities, and political communities. The reason for focusing on these two forms of community is that these seem to be the communities opponents of drug liberalisation have in mind when they argue that drug use harms community. To give just two examples; when writing about what motivated his younger self's opposition to drug use, Carl Hart frames his concerns in terms of the degradation of his childhood neighbourhood (Hart 2021: 3), that is, a local community. Concerns about political community can be seen, for instance, in how Charles Rangel uses increased healthcare costs as part of his argument against legalisation of recreational drug use (Rangel 1998: 2).

By *local community* I mean a group of people who live in a small geographical area (e.g. a neighbourhood or town) who are connected to each other through a network of social relationships and bonds of affection (Etzioni 1993: 243). Not all of these bonds are equally deep, the affection in mind is not only the affection of intimates, but also includes the general well-wishing of civic relationships (Clor 1996: 52; Leland and Wietmarschen 2017: 160). Some members of the community will also be enmeshed in denser networks than others. As a consequence, not all members of the local community know each other or relate to each other.

The members form a community, however, because their networks of relationships overlap and crisscross each other. One sub-community (a school-community, a group of friends, an extended family) in a community is linked to other groups in society because different members of a given subgroup are also members of other subgroups (Frazer 1999: 70). These overlapping relationships build social capital (Putnam 2000: 22) between sub-groups in a community, extending the norms of reciprocity and trust existent within groups to the relationships between them, helping constitute diverse subgroups as a community.

Local community is sustained by face-to-face interactions between members, each of whom participates in a diverse set of sub-communities. As local community is sustained by these face-to-face interactions, local communities centre around the places people meet such as shopping areas, markets, sporting facilities, schools, churches, community centres, pubs, parks, allotments, streets (MacIntyre 2007: xv; Frazer 1999: 143; Slingerland 2021: 191) and other public spaces we share with strangers, i.e. "people who are not part of our proximate circle of family, friends, and acquaintances." (Zacka 2019: 145)

By *political community* I mean an association of citizens living under a political arrangement. Unlike local community, the group of people who make up a political community do not generally have face-to-face relations with most of their co-citizens. What binds people into a political community are not primarily bonds of affection between all co-citizens, but the fact they are subject to the same political institutions (Frazer 1999: 219), which define their legal obligations to (and rights against) each other and their political institutions. On this account of political community, all British citizens are part of the same political community. Members of a political community are co-

citizens and, in a democratic society, co-participants in the political process (Kymlicka 1989: 135). This participation can take many forms such as voting, petitioning, or standing for office (Frazer 1999: 242) as well as less formal forms of political engagement such as protesting, striking, pamphleting, or engaging in civil disobedience.

Now that we have an account of what types of community this paper will consider, we are in a position to begin to answer the question of why community is valuable. On my view, local communities and political communities are both instrumentally valuable in different ways.[2] Local community is instrumentally valuable because being part of a community supports social relationships, ends, and attachments that are important for (and give meaning to) people's lives (Frazer 1999: 207; Clor 1996: 52; Mason 1993: 227; Ladd 1998: 10).

Political community is also instrumentally valuable, but for different reasons. Political community is valuable not because it supports social relationships, but because it is necessary for a well-functioning political system, which, in turn, is necessary for justice (Nielsen and Albertsen 2022; Dworkin 2000: 233). Political community helps provide the social unity necessary for individuals to come to political decisions as a group, bringing "social order to what would otherwise be just a haphazardly associated agglomeration of individuals" (Ladd 1998: 10).

Community, and the value it creates, does not sustain itself. Upholding community requires both that people *do* certain things, and that they *abstain* from doing others. Sustaining local community requires that people take on social responsibilities in their communities (Etzioni 1993: 1; Frazer 1999: 35; Lichterman 1996: 2). The lifeblood of local community is activity. Upholding community, therefore, requires that members dedicate "some of their attention to, energy and resources to shared projects" (Etzioni 1993: 253). This could include, among other things, taking up positions of responsibility such as being a school governor or a parish council member, as well as being an active participant in neighbourhood associations (Frazer 1999: 37; Walzer 2021: 403; Macedo 2021: 461). Participating in these shared pursuits is valuable because they promote relationships between individuals in the community, reducing

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[2] Two concerns might arise at this point. First, some (although not all) communitarians hold that, in addition to being instrumentally valuable, community also has intrinsic value (Frazer 1999: 23; Mason 2000: 50). In this paper the focus is on the instrumental value of community, leaving it open whether (and under what conditions) local and political communities are also intrinsically valuable. The argument in this paper, therefore, is most troublesome for those communitarians who don't have an independent account of the intrinsic value of community. However, it also poses a challenge to those who believe in that community also has intrinsic value, as it weakens their supplementary instrumental case for the importance of upholding community, placing the burden solely on their case for the intrinsic value of community. Whether an argument for the intrinsic value of community can bear this weight is beyond the scope of this paper.

Second, and relatedly, if the value of communities is instrumentally valuable, it could be objected that objections based on the value of community can be translated (or collapse in to) arguments about other, more basic, values. The question then arises, why talk about these problems in terms of the notion of community? The answer to this is that concerns about recreational drug use are, in fact, often voiced in terms of the value of community. Given their prominence in wider public discourse, it is worth evaluating these arguments on their own terms, even if, ultimately, they could also be translated into other terms.

social isolation and strengthening the civic bonds between members (Frazer 1999: 205; Walzer 1990: 9; Putnam 2000) and building social trust in the process (Govier 1997: 31).

As is the case with local communities, sustaining political community also places requirements on us to do our fair share of social responsibilities. This will undoubtedly involve (at least) obeying the law and paying one's taxes to the political community. In a democratic society, upholding political community will also require being an active participant in in the governance of the community by voting in elections, devoting time and energy to activities such as writing to one's representatives, and engaging in political dialogue and activism. These activities are important because they promote civic bonds between citizens, strengthening political community in the process (Frazer 1999: 205; Schwarzenbach 1996: 99).

To sum up, sustaining both local and political communities requires people take on social responsibilities to their communities, devoting time and attention to communal endeavours. Participation in a joint endeavour, however, is not sufficient for sustaining community. Communities, both local and political, also need a shared moral culture, public morality, or way of life (Etzioni 1996: 5; Etzioni 2001: 359; Bounds 1994: 358; Mason 2000: 23; Taylor 1984: 167; Beiner 1992: 109; Sennet 2021: 31). This shared moral culture or public morality generally consists of a "body of norms inherent in the traditions and supportive of or presupposed by major institutions in society." (Clor 1996: 13). Upholding community, on this view, requires prohibiting transgressions against this shared moral culture (Devlin 1965: 14; Hart 1967: 8; Lovering 2015: 83; Clor 1996: 18; Etzioni 2000: 27; Arneson 2013: 436; Smith 2002: 239; MacIntyre 2007: 170; Sartorius 1972: 893; Nattras 1993: 96; Sennet 2021: 42). To illustrate: if the community's shared moral culture contains an opposition to intoxication (as some muslim, protestant, and mormon religious communities do), transgressions against this norm (e.g. public intoxication or the sale of intoxicants), will have to be prohibited if the moral culture of abstinence is to be upheld.

III. Recreational Drugs and Harms to Community:

Now that we have an account of (i) what is meant by community, (ii) the value of community, and (iii) what is required to uphold it, we are in a position to consider how liberalising access to recreational drugs might harm communities. Let us start with the effects recreational drug use has on local communities.

Recreational drug use could be seen to threaten local communities in four main ways. First, an often voiced criticism of recreational drug use is that it leads to a "withdrawal into self and self-centred projects" (Etzioni 1996: 5). If people are routinely intoxicated to a sufficient degree, it will be harder for people to form the kinds of strong social attachments that sustain local communities. How much harder this will be, will depend on how consistently a person is intoxicated, and how intoxicated they are. In some cases (e.g. mild marijuana intoxication), a person's ability to form social attachments may not be impeded to any significant degree. In others, such as taking heroin to the point of near unconsciousness (a state known as 'the nod'), one's abilities will be significantly impaired.

The important point is that, if recreational drug use leads to increased levels of social isolation or impedes the ability to form strong social attachments, this would harm

communities as the lifeblood of local communities are the criss-crossing relationships between members in which bonds of affection develop. Without these relationships, local communities and the communal activities they give rise to are harder to sustain. This fear underlies the plot of Aldous Huxley's dystopia *Brave New World,* where people's use of 'soma' leads to the disintegration of strong affective bonds (Hickman 2009: 144).

Routine recreational drug use that leads to people being intoxicated may also have an impact on people's ability to fulfil their social roles in the community. When people come together to pursue shared goals, they rely on each other to achieve the shared end (Mason 2000: 27). Competently performing one's role in a communal project such as a neighbourhood association will often be incompatible with being substantially intoxicated. If recreational drug use leads to people being unable to perform these tasks competently (or in extreme cases, not at all), communal projects will not be achieved and the civic bonds between individuals that sustain social trust in a community will not be created (Govier 1997: 144).

This concern about substantial levels intoxication is related to, but slightly distinct, to the harms to community caused by addiction. If severe enough, addiction may interfere with people's ability to sustain strong social attachments and participate in community activities. Sourcing a supply of the drug a person is addicted to (or the means to acquire it) can be time consuming and urgent for the person. If substantial numbers of people develop addictions to recreational drugs, the problems caused by intoxication would be exacerbated. However, the problem of intoxication would still exist even if substantial amounts of users were not technically addicted, but still intoxicated regularly enough and substantially enough for them to not be able to fulfil social roles in the community.

Third, there are concerns about the degradation of public space caused by recreational drug use and dealing in public places like streets, parks, and/or on public transport. At the most basic level the problem with these activities is that they make many people feel unsafe (Kelling and Wilson 1982; Cusick and Kimber 2007: 10; Hedrich 2004: 7). Public space is important for community because it is the space we share with strangers (Walzer 1986: 470). In order for local communities to thrive, people need to have somewhere to meet these strangers which is safe and pleasant enough to spend time in (Frazer 1999: 169). Maintaining these spaces is important because "to the extent that these spaces are unsafe or depleted, communities are diminished." (Etzioni 2000: 24). Consequently, if community is to thrive, we need "tools that will prevent dealers from dominating streets, parks, indeed, whole neighbourhoods." (Etzioni 1993: 264)

A good illustration of this problem is the current rise in 'Narcopisos' (i.e. drug dealing flats) in Barcelona. Criminal gangs are squatting empty flats and using them as drug dens (Benvenuty 2020). Neighbours are being intimidated inside their blocks of flats, disputes between dealers and users are leading to knife fights on the streets, users are being found unconscious in doorways, and needles are appearing in local squares and parks. In short, the presence of Narcopisos reduces the quality of the neighbourhood, harming the local community in the process.

Concerns about the degradation of public space can also arise when recreational drug use constitutes an offensive nuisance. Public nuisances occur when random assortments of community members, i.e. 'the public', are inconvenienced in the exercise of their rights (Feinberg 1985: 6). Offensive nuisances inconvenience us in our daily lives by making it harder to enjoy "one's work or leisure in a locality" (Feinberg 1985: 22; Simester and von Hirsch 2002: 272). Using drugs in the public space could be considered a public nuisance in this sense because it can lead to the creation of offensive odours (e.g. from smoking), it can be perceived as threatening (Pryce 2012: 98), and it tends to shock people's sensibilities (Harcourt 2004L 21; Feinberg 1985: 11; Ward 2011: 337). Public recreational drug use can also lead to further ongoing nuisances when it leads to drug related litter, some of which can be dangerous (e.g. abandoned needles) (Ward 2011: 335; Pryce 2012: 77). Even when not dangerous, litter decreases the quality of public space (Butler 1993: 19; Cusick and Kimber 2007: 10). If the public space is blighted by people engaging in offensive nuisances or antisocial behaviour, other (non-partaking) members of the community are less likely to spend time in them (Skogan 1990: 13, Skogan 2008: 402; Kelling and Wilson 1982; Zacka 2019: 147; Sennet and Sendra 2021: 74), reducing opportunities for the development of bonds between members.

Fourth, recreational drug use could be seen to threaten a community's shared values, way of life, or moral culture. Many communities have strong norms against recreational drug use. Transgressing against these norms, especially when done publicly, challenges the legitimacy of the norm and, consequently, could constitute a threat to the norms and shared values of the community (Devlin 1965: 14; Sartorius 1972: 893; Hart 1967: 8).[3] This is especially true if the rule breaking encourages others to do so too, as some opponents of recreational drug use fear it will (Sabet 2013: 223). Recreational drug use could also be seen to challenge a community's shared moral culture due to the fact the demand for an (often) illegal and (often) high value substance provides large financial incentives for criminal gangs to engage in the production and distribution of drugs. This is likely to have spill-over effects as successful criminal enterprises are able to generate large revenue streams which can be used to fund further criminal enterprises. The size of these revenue streams is also likely to attract competition from rival firms, which can take the form of violence in underground criminal markets.

Having briefly outlined the harms recreational drug use poses to local communities, let us now move on to examining how political community might be harmed by recreational drug use. The main way in which recreational drug use threatens to undermine political community is if it leads people to free-riding, thus violating their duties of fair-play to the community (Rawls 1971: 343). If people are regularly intoxicated, this might impede their ability to take on their fair-share of the burdens of upholding a mutually advantageous co-operative scheme (Lovering 2015: 68). One version of this worry is that recreational drug use leads people to be less productive at

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[3] For a critique of Devlin's arguments (and those of other legal moralists) see: Petersen, Thomas Sobirk. (2020) *Why Criminalise? New Perspectives on Normative Principles of Criminalisation*. Springer, Cham, Switzerland, pp. 57-93

work (Williams 2020: 269; de Marneffe 2003: 36), be less reliable (e.g. by missing days of work) or in the extreme cease working altogether (and thus fail to pay taxes). If recreational drug use does this, this would constitute a harm to political community. A second version of the worry is that recreational drug use might also increase the cost of the distributive scheme itself (Lovering 2015: 79); for example by leading to increased reliance on emergency services such as paramedics or police (McGreal 2018).

Like local community, political community can also be affected by the degradation of public space. Public spaces play an important role in democracy (Walzer 1986: 470). First, they serve as sites for political activities such as political discussion, protesting, consciousness raising, and the giving of speeches (Kohn 2004: 2; Mitchell 2003: 130), providing visibility to people and the causes they support. Second, and relatedly, public space and the mixing with strangers "contributes to broadening our awareness of the people with whom we share a polity" (Zacka 2019: 152). The accessibility of public space means that one can stumble upon a political protest or demonstration, making one aware of problems one didn't know about or new causes to support (Kohn 2004: 38). If public spaces are blighted by nuissance, political community is harmed because people will use public space less and, therefore, have less opportunities to develop the bonds of civic friendship that political community requires (Kohn 2004: 148; Simester and von Hirsch 2002: 275; Etzioni 2000: 24; Sennet and Sendra 2021: 100; Walzer 1986: 472).

Now that we have seen how recreational drug use might harm communities we need to consider how strong this case is. Let us start with the objections that recreational drug use undermines political community through free-riding and threatens local community by impeding the development of social bonds. It seems that these two purported harms occur in what we might call 'worst-case-scenarios' involving 'problem drug use' (Husak 2000: 45; Husak 1998: 354; Husak 2017: 351). In this sense, it isn't clear how representative these harms to community are of the majority of recreational drug use or whether they constitute a significant enough problem to warrant a response from the community.

Although, at the extremes, intoxication can lead to social withdrawal; not all intoxication has this effect. As we mentioned briefly above, lower levels of intoxication (e.g. mild marijuana use) may not substantially impair people's ability to form strong social attachments. The problem occurs mainly when people are significantly intoxicated. Most people who use drugs don't get so deeply and systematically intoxicated that they can't develop strong bonds with others. In fact, most recreational drug users use drugs moderately in social environments (i.e. parties) for the purposes of enhancing their enjoyment of other activities (Slingerland 2021: 240; Schlag 2020: 9; Hari 2019: 148; Lovering 2015: 34). Although measuring the proportion of recreational drug users who develop an addiction or problem drug use disorder is difficult, estimates suggest that most recreational drug users use drugs in episodic, transient and non-problematic way and do not become dependent (Schlag 2021: 1). Data from the European Monitoring Centre for Drugs and Drug Addiction shows that most life-time users of all drugs they collect the evidence for have not used in the last year (EMCDDA 2021: 13), suggesting most users don't develop long-term addictions. The rates vary by drug, with the highest levels of dependence occurring with heroin and tobacco (around

30%) (Schlag 2021: 4). Although the rate of addiction for heroin is high, the prevalence of heroin use itself is very low, with the EMCDDA estimating 0.35% of the EU population use heroin (EMCDDA 2021: 30).[4]

Together, these findings suggests that most people's recreational drug use doesn't render them unable to contribute their fair share to the cooperative scheme or undermine fair terms of social cooperation (Husak 2000: 55; de Marneffe 1996: 230), although it is more likely for drugs with higher rates of addiction such as heroin. Moreover, most recreational drug users don't commit crime to purchase drugs (Lovering 2015: 76). They pay their taxes and contribute to society. In the words of Professor Carl Hart, they are "grown-up drug users, by which he means 'individuals [who] meet their parental, occupational, and social responsibilities; their drug use is well planned in order to minimise any disruptions of life activities." (Hart 2021: 10).

At this point, an opponent of liberalisation might respond: 'Of course, this is the case now. However, under a regime of liberalised access, things might be different. Drug liberalisation would, by definition, involve removing some of the barriers to access that currently exist. This might lead to either more people using drugs or those who use drugs using them in ways which exacerbate the harms to community.'

Whether drug liberalisation would do either of these things is a difficult question to answer (Husak, 2000, p. 76). Opponents of liberalisation tend to hold that it would (Sabet 2013: 179; Rangel 1998: 2, de Marneffe 1996: 229; de Marneffe 2003: 34; Husak and de Marneffe 2005: 109). Some studies of marijuana legalisation in the USA have shown small increases in use in states where it has been legalised (Scheim et al 2020: 7; Zellers et al 2023: 114). Since decriminalising drugs, Portugal has seen both periods of increased use and decreased use, however rates have remained well below the European average (Slade 2021; Hart 2021: 56). Given the lack of empirical clarity in this regard, it is difficult to evaluate the strength of the community-based objection to liberalisation.

In some communities, recreational drug use might already be sufficiently prevalent to be a severe cause for concern. This might be the case in communities in the throes of severe opioid epidemics, as many communities in the 'rust-belt' of Ohio, Kentucky, and Virginia are (McGreal 2018; Keefe 2021: 222). Following Feinberg, they could be described as having approached a 'garrison threshold' (Feinberg 1986: 23), i.e. the point at which what might ordinarily considered to be self-regarding conduct becomes a cause for societal concern. In those cases, community-based objections to recreational drug use apply regardless of whether drug liberalisation would lead to increased levels of drug use or not. In other communities where drug use is less of a significant problem, the strength of the objection might crucially depend on liberalisation leading to either increased use or more problematic use. In either of these two cases, the case against liberalising access to drugs based on the value of community is at it's strongest if what I have been considering 'worst-case scenarios' are common-place.

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[4] I return to the issue of how to mitigate the effects of heroin dependence in section VI, where I suggest maintenance therapy is particularly important for opiate dependence.

The concerns about the degradation of public space and a threat to shared moral culture are different in this regard. Unlike the concerns about free-riding and loss of social bonds, they do not depend on worst-case scenarios. The concerns about public space, for example, needn't depend on people who are intoxicated in public being problem recreational drug users. So long as there is public intoxication, the concerns about the degradation of public space seem sound, although they might be exacerbated by more widespread use.

This brings us to the third set of concerns, threats to the existence of shared moral culture. In order to see why the objection that recreational drug use is a threat to shared moral culture fails, some clarifications are in order. If a given moral culture contains a strong norm against a particular recreational drug, it will undoubtedly be true that recreational use of the drug in question will challenge the existence of the particular norm prohibiting it. The question is: does this translate into a challenge to the existence of a shared moral culture and, therefore, a threat to community? There are two reasons to think it does not. First, although many existing communities have norms against the use of many drugs, they also allow the use of others (e.g. alcohol or cannabis). Edward Slingerland, in his recent book *Drunk* argues this is no mere accident. Intoxicants, he argues, help us solve distinctively human challenges, helping enhance creativity, alleviate stress, and build trust and cooperation among strangers (Slingerland 2021: 12). Second, prohibition of many psychoactive drugs has only been in force for a century or two, prior to that, many drugs such as cocaine, opium, opioids such as morphine and heroin, and cannabis were freely available (Musto 1999: 216; Slingerland 2021) without this causing a corresponding collapse of a shared moral culture or way of life. It seems therefore that tolerating recreational drug use is compatible with the existence of a moral culture and shared way of life.

This brings us to the second reason the argument fails. The fact that a shared moral culture is required for community does not mean that preserving community requires we uphold all of the elements of our community current set of values, way of life, or moral culture (Hart 1967: 3; Kymlicka 1989: 169; Arneson 2013: 437; Nattrass 1993: 98; Macedo 1990: 17; Petersen 2020: 68). This interpretation allows for the possibility that a community's way of life and shared values may change progressively over time as a response to intracommunity disputes and disagreements (MacIntyre 1999: 109; Sandel 1998: 179; Walzer 1990: 21; Etzioni 2001: 367; Bounds 1994: 358; Frazer 1999: 244; Hart 1967: 7). In much the same way that civil disobedience targeted at particular laws needn't threaten the rule of law itself (Lovering 2015: 84), challenging drug laws needn't be considered a challenge to the *existence* of a shared moral culture (Hart 1967: 9), it is simply a challenge to an aspect of our shared culture and way of life (Feinberg 1986: 45).

This, however, might be too fast. It could be objected that the argument that drug liberalisation threatens a society's shared moral culture can't be dispatched simply by suggesting that a society could have a *different* shared moral culture. The suggestion is that, properly interpreted, the threat to moral culture argument should be construed in the more stringent sense that it is the existence of *that particular moral culture* that matters.

What makes a particular moral culture that particular moral culture? One answer is all elements of a moral culture are equally important to making that moral culture the moral culture that it is. On this view, altering any element of a moral culture threatens the existence of that particular moral culture. Although this view escapes the objection that we could have a different shared moral culture, it is implausibly stringent in that it commits the proponent to a form of political and cultural immobilism. If that is what is required to uphold the existence of a particular shared moral culture, there are few (if any) shared moral cultures in existence.

A second, better, answer is that some elements of a particular moral culture are more central to it being that particular moral culture than others (Feinberg 1986: 41). On this view, only *some* changes will alter the character of the moral culture in such a way that it is no longer the particular moral culture it was. The question at this point becomes, are drug laws so central to a communities shared moral culture that altering them make it a different moral culture? The answer to this question will depend on both the community it is being asked about and the drug in question. If the avoidance of psychoactive substances in general (or a particular psychoactive substance in particular) is central to the shared culture of the community, relaxing drug laws might make the community a different community. In these cultures, the objection that permitting recreational drug use will harm community will hold. However, for many other communities the argument will fail for the reasons outlined above.

To illustrate, it will be helpful to consider an analogy. Consider a muslim community (or a strict methodist community) in which the prohibition on the consumption of alcohol forms a central part of the community's moral culture. In that community, liberalising access to alcohol could make that moral community a different community; in which case the objection would hold. However, in other communities where alcohol prohibition does not play this central role in a shared moral culture (e.g. some dry counties in the USA), liberalising access to alcohol needn't change the communities moral culture to the extent that it becomes a different moral culture.

So, where does this leave the community-based case for drug prohibition? The strength of the case is uncertain. Although recreational drug use could constitute a threat to fair play, and the development of social bonds, the purported harms to community seem to involve generalising from worst-case scenarios (Husak 2000: 45). Although some communities may already be in the throes of said worst case scenarios, in many other cases the communitarian objection to recreational drug use fails and would only count against liberalising access to drugs if this led to significant increases in use.

The argument that recreational drug use threatens the existence of a shared moral culture also seems uncertain in that, at best, it applies to communities in which the prohibition of recreational drugs is so central to the identity of a community that changing it would make the community a different community.

The community-based case against recreational drug use and liberalisation is strongest when the focus is on the degradation of public space. Concerns about the quality of public space seem generally sound as they do not crucially depend on liberalisation of drugs significantly increasing use, or us being in a worst case scenario. Public nuisance caused by public recreational drug use can occur in communities with

levels of use below those needed to cause the widespread erosion of social bonds or violations of fair play. The communitarian concerns about the degradation of public space, therefore, are on firm ground, or so I shall concede.

IV. Drug Criminalisation and Community

Given the lack of clarity surrounding the magnitude and severity of the harms that liberalising drugs might cause to community, it is unclear from the preceding discussion whether communitarians should be opposed to drug liberalisation. With little prospect of resolving the empirical questions, we need to take a different tack. The goal of this section is to argue that although the magnitude and severity of the harm recreational drug use *itself* causes to community is unclear, what is clearer is the harm to community caused by criminalising possession and use of recreational substances.

Once these harms to community are counted, I suggest, it is clear the value of community cannot be marshalled in support of the continued criminal prohibition of drug possession and use. Instead, I provisionally conclude, those who care about the value of community should at least support the forms of drug liberalisation I outline in section VI. Given how well rehearsed the harms of drug criminalisation are, I will only give a brief outline of some of the harms caused by the criminalisation of drugs, focusing on the harms to community caused by prohibition.

First, incarceration is bad for people who are incarcerated. Incarceration also weakens the social networks that help sustain local communities by removing people from them, sometimes for extended periods of time (Baker 1997: 103). Once people are released, the problem persists due to difficulties in integrating people back into the community. Insofar as a criminal record affects one's ability to be gainfully employed, criminalising recreational drug users makes it harder for them to take on a fair share of the costs of maintaining the cooperative scheme, thus undermining political community (Hari 2019: 96).

Second, prohibition makes recreational drug use riskier (de Marneffe 1996: 229). Under a prohibitionist regime, it is difficult to ensure doses of drugs are standardised. Moreover, due to what is known as the 'Iron Law of Prohibition', drugs are more potent under prohibition (Werle and Zedillo 2018: 331; Hari 2019: 230; Thornton 1991: 99). The reason is that, as enforcement becomes more stringent, producers and smugglers are incentivised to reduce the bulk of the product they are smuggling by increasing it's potency to reduce the amount they need to traffic (and hence how exposed they are to enforcement actions). Perhaps the best historical example of this is the transition from less alcoholic drinks such as beer and wine towards high alcohol per volume spirits during the USA's experiment with alcohol prohibition (Hari 2019: 230; Reznicek 2012: 154).

As a consequence of both of these factors people are at greater risk of overdose. Accidental deaths as a result of overdose can increase the cost of the cooperative scheme if emergency services have to respond to overdoses. This is already occurring in some communities in the throes of the opioid epidemic in the US, where fire service budgets are increasingly stretched by the cost of responding to increasing numbers of overdose calls (Roman 2017).

Third, prohibition increases the cost (in money, time, and effort) of acquiring drugs (Musto 1999: 107; Miron 2001; Miron 2003). As addicts have to spend more time and effort acquiring the means to satisfy their addiction, it is harder for them to live a normal life and contribute to the cooperative scheme. At the extreme, some addicts might resort to acquisitive crime to fund their addictions, further increasing the cost of the cooperative scheme.

Fourth, prohibition makes recreational drug users more secretive, leading to people hiding their recreational drug use out of fear of being prosecuted (Hart 2021: 13; Dovey et al 2001: 328). The purported social isolation caused by recreational drug use might plausibly be an effect of prohibition which could be mitigated under a liberalised regime. The fear of prosecution can also make people less reticent to access treatment for addictions or problem recreational drug use, compounding the problem. Decriminalisation models such as Portugal's recreational drug use dissuasion committees or Switzerland's use of heroin prescriptions, on the other hand, can make the transition into treatment easier for people should they desire treatment (Hari 2019: 221).

Considerations such as these, I suggest, should incline those who value community to oppose the criminalisation of recreational drug use and possession. If we care about community, current prohibitionist policies won't do.

V. The Need to Experiment: Some suggestions on which way to go.

So, where does this leave us? So far I have argued that although drugs can cause some harms to community, the fact that the war on drugs also causes significant harms to community, the case for prohibition based on the importance of community is far from straightforward.

In this final section I briefly suggest some policies which could help us reduce the harm to community caused by the current prohibition and use of recreational drugs. The goal is to illustrate how we can move towards drug liberalisation whilst still accommodating the valid concerns with recreational drug use stemming from the preceding discussion of the value of community. In section IV, I argued that recreational drug use is likely to be an offensive nuisance when it occurs in public spaces such as parks, streets, doorways, underpasses, or public transport. If public spaces are blighted by offensive nuisances, other (non-partaking) members of the community are less likely to spend time in them. This has knock-on effects for local community because, without a space to spend time in, members of the community have reduced opportunities for developing civic bonds between them.

Above I suggested that these concerns about the degradation of public space caused by offensive nuisances ought to be taken seriously by defenders of drug liberalisation. The task of the remainder of this section is showing that, contrary to the views of opponents of drug liberalisation, the fact public recreational drug use is a public nuisance is not a reason for continued criminal prohibition. Given the harms to community caused by the criminalisation of recreational drug, the value of community is best protected by adopting non-criminal strategies for managing nuisance behaviour arising from recreational drug use.

The first policy that could be adopted is a policy of zoning. On Feinberg's account of offensive nuisances, if the nuisance is reasonably avoidable, we have less of a reason to prohibit it (Feinberg 1985: 26; Petersen 2016: 359). That is the reason Feinberg's sets his examples of offensive behaviours on a bus the passenger cannot reasonably avoid being on (Feinberg 1985: 10). Establishing tolerance zones in which certain nuisance behaviours are permitted allows us to limit the extent to which unsuspecting passers-by will be inconvenienced by the behaviour (Ellickson 1996: 1221; Feinberg 1985: 26; Dworkin 1989: 482). Zoning thus makes the behaviour reasonably avoidable, reducing the extent to which it is an offensive nuisance and, therefore, weakening the case for outright prohibition of drugs on the basis of the fact it causes harm to communities.

The Netherlands makes extensive use of a zoning approach in managing recreational drug use by creating tolerance zones where the drug market is allowed to exist (Garretsen et al 1996; Leuw 1991: 255). Based on an acknowledgement that we can't fully eradicate drug markets, the goal of tolerance zones is to contain drug markets into limited geographical areas to reduce the nuisance they cause to unsuspecting passersby. The Netherlands also allows municipalities to decide whether to license establishments selling cannabis ('coffee shops') in their jurisdictions. Many towns opt not to allow these establishments, whereas others do. (Van Oopye-Houben and Kleemans 2015: 182). The result of this local licensing system is a de facto zoning policy.

The second policy that could be adopted to reduce the harms to community caused by the degradation of public space is the provision of supervised injection facilities or drug consumption rooms (Ward 2011: 336; Hedrich 2004: 61; Van der Poel et al 2003: 94; Zurhold et al 2003: 673, Werle and Zedillo 2018: 336). Many users consume drugs in public spaces because they have few alternative places to do so. Users are forced into a dilemma when choosing spaces to use in public: 'more exposed means safer in the event of an overdose yet more danger from police; more secluded means safer from police yet more danger from an overdose' (Dovey et al 2001: 328).

The provision of drug consumption rooms dissolves this dilemma, providing spaces in which individuals can consume their drugs in a supervised setting, safe from arrest and overdose. Moreover, by taking the recreational drug use off the streets, drug consumption rooms can help reduce nuisance and the degradation of public space. This effect has been observed in Diel, Geneva, Hamburg and Rotterdam, with many users reporting the drug consumption room is the main place they use drugs (Hedrich: 2004: 61; Van der Poel et al 2003: 97). Although public consumption was not entirely eliminated, the reasons for continued public use reported were lack of access to a convenient drug consumption room (Hedrich 2004), as opposed to dissatisfaction or opposition to drug consumption rooms per se; lending support to the idea that drug consumption rooms reduce public nuisance if the services are appropriate for the target users (Zurhold et al 2003: 675).

The third policy that could reduce the harms to community caused by recreational drug use is wider use of heroin or methadone maintenance therapy for addicts. Above I argued that in some cases addiction can lead to harms to community by both making it impossible for people to contribute their fair share to the cooperative scheme and by increasing the cost of cooperative scheme over all. Given the high rates of addiction to heroin (up to 30% of users) (EMDCC 2021: 30), this is especially true of

heroin, making adequate maintenance therapy crucial if we want to mitigate the effects of heroin use on community.

The goal of providing heroin or methadone maintenance is to help people stabilise their addictions, reduce nuisance behaviour and acquisitive crime, and help people into work or other productive endeavours. In other words, the goal is to reduce the extra costs to the cooperative scheme caused by uncontrolled addiction and increase people's ability to contribute to the cooperative scheme by supporting people into work or other productive endeavours.

The evidence seems to suggest that opiate maintenance treatment does in fact succeed at reducing the harm to community caused by addiction. Many users of methadone maintenance clinics have jobs (Musto 1999: 158; Werle and Zedillo 2018; Hari 2019: 37) and evidence from centres trialing heroin maintenance in the Netherlands, Switzerland, and Canada suggest the same is true of users of prescribed heroin (Werle and Zedillo 2018: 338; Hari 2019: 220; Pryce 2012: 76). Methadone and heroin maintenance treatment also seem to have a positive effect on crime and nuisance behaviour (Hari 2019: 38; Ferri et al 2011: 8), further reducing the harms to community caused by addiction.

VI. Conclusion

Despite the prevalence of the idea that recreational drug use harms communities in popular discourse, political philosophers and ethicists have been remarkably silent on the issue of how recreational drug use affects community. This paper has sought to fill in this lacuna by exploring the effects recreational drug use could have on both local and political community. I argued that, except for the concerns surrounding public space, these arguments fail, albeit for different reasons. The arguments that recreational drug use will make it hard for people to to sustain strong attachments or fulfil their social roles depend on unwarranted generalisations from worst case scenarios. Whilst there may be some communities where the worst-case scenario is (close to being) the case now, this is not true of most communities.

Whilst not depending on generalising from worst case scenarios, the argument that recreational drug use harms community by eroding moral culture also fails. This argument fails because it is far from clear that tolerating recreational drug use erodes the existence of a moral culture. Although it will undoubtedly be true that permitting recreational drug use challenges the existence of a particular cultural norm prohibiting them, there are two reasons why this is not the same as challenging the existence of a shared moral culture. First, many moral cultures have norms that permit some recreational drug use without that eroding the existence of a shared moral culture (consider the use of alcohol in the UK). Second, challenging one particular aspect of a moral culture is not the same as challenging the existence of a moral culture, in the same way that opposing a particular law through civil disobedience is not a challenge to the rule of law itself.

The case that recreational drug use harms community is at its strongest, I suggested, when it focuses on how public recreational drug use can be a nuisance for those who do not partake. Unlike the arguments about failing to fulfil one's obligations, failing to form social bonds or threats to shared moral culture, concerns about the

degradation of public space do not depend either on unwarranted generalisations from worst case scenarios or non-sequiturs. Concerns about the degradation of public space seem both valid and sound, and proponents of drug liberalisation would be well advised to accommodate them.

This, however, should not be taken as an argument for drug prohibition. When we consider the harms to community caused by drugs alongside the harms to community caused by drug prohibition, it seems clear that drug criminalisation cannot be justified by appealing to the value of community. Contrary to the popular view that upholding community requires drug prohibition, concerns about the value of community do not lend support to prohibitionist policies. This is especially the case, I argued in section VI, if drug liberalisation is accompanied by policies aimed at reducing nuisance behaviour and the degradation of public space such as zoning, the provision of consumption rooms, or the provision of maintenance treatment for people with addictions.

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