

Research Paper

Drug policy goals in a changing landscape: Perspectives of practitioners in Japan

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ABSTRACT

Background: In Japan, responses to people with drug dependency problems and who frequently re-enter the criminal justice system have undergone significant change in recent years, resulting in a heavier emphasis placed on non-criminal justice interventions and greater diversification of practitioners. To better understand how different practitioners are negotiating and adapting to their changing environments, this paper examines the goals of practitioners who work with individuals who are on probation, parole or have received a suspended sentence for an illegal drug offence.

Method: Q methodology was utilised, with participation of 89 practitioners from across the fields of criminal justice, health, social welfare, and local government. Participants ranked 64 goals in drug policy according to their perceived importance in a Q-sort activity, before reflecting on their decision-making during a post-sort questionnaire. Principal components analysis was conducted, along with an iterative and holistic approach that considered the Q-sort and questionnaire data as a whole, to extract and interpret groups of practitioners that shared similar perspectives.

Results: Three groups of practitioner perspectives were identified, termed as *recovery supporters*, *moral guardians*, and *crime bureaucrats*. Overall, there are a number of commonalities which revolve around facilitating 'autonomous drug-free lives', but groups are distinguished in important ways, not least in terms of goals relating to the nature and role of criminal justice and treatment services.

Conclusion: Although the notion of 'autonomous drug-free lives' binds together different perspectives, there are competing interpretations about why this matters and the preferred 'journey' to this social state. These findings show that the embracing of more welfare and health-based approaches in drug policy in Japan is also being largely reflected in practitioner perspectives, but the conflicts that exist have the potential to erode multi-agency co-operation and lead to variation in policy implementation.

Background and aims

Policy responses to illegal drugs are in a state of flux across the globe, with growing momentum towards alternatives to strict prohibitive models, from depenalisation to legal regulation (Stevens et al., 2019). Much research attention in this area has been given to those countries at the forefront of such policy reforms or is dominated by experiences of 'Western' Anglophone countries. However, if we are to understand the ways in which contemporary responses to illegal drugs manifest, evolve, and impact affected populations, understanding the movements and experiences of policy in more diverse settings is invaluable.

This paper examines manifestations of drug policy in Japan. Here, drug policy has traditionally favoured strict prohibitive approaches to control of substances designated under international control agreements and domestic legal statutes (Koto et al., 2020). However, in recent years, individuals considered to have drug dependency problems and who frequently re-enter the criminal justice system have emerged as a prominent policy concern (see Honjo, 2022; Ministry of Justice, 2021). In response, developments in legislation and policy in Japan at a tertiary level (i.e., responses concerned with those who have been formally identified as users of illegal drugs) suggest movement from an approach based predominantly on punishment, to one which in-

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cludes more welfare and treatment-oriented responses. This includes, *inter alia*: legal recognition of drug addiction as a form of disability; development of cognitive behavioural therapy programmes and drug testing for methamphetamine dependency; introduction of partially suspended prison sentences with extended periods of community-based probationary supervision; investment in recovery and rehabilitation service provision by non-governmental and peer-based organisations; and development of multi-agency partnerships (Kondo & Shirakawa, 2019; Maruyama, 2018; Matsumoto et al., 2018).

To date, much research on drug policy in the Japanese setting has focused on the efficacy and efficiency of treatment programs on individual outcomes, such as whether cognitive behavioural therapy programs and drug testing increases motivation to stop using drugs and the length of time in treatment services, as well as the impact such policy responses have on the rates of re-entry to the criminal justice system (e.g. Hazama & Katsuta, 2020; Iwano et al., 2013). However, often a key weakness of such research is that they do not take account of the practitioners who are involved in the administration of measures and delivery of services, and how, owing to their social agency, they are able to rework policy in accordance with their own beliefs, goals and working cultures (Cheliotis, 2006).

In the sphere of drug policy, such considerations are fundamental given the moral positions of policy actors in drug policy debates (Stevens & Zampini, 2018), particularly in respect of the oft-noted tensions between conceptualisations of drug use as either a criminal or health problem (Stevens, 2011). At the level of policy implementation, such distinctions are made more complicated, with differences observed between formal policy positions and practitioner values. For example, Beyer et al. (2002) have illuminated the differences between punitive responses of criminal justice organisations and practitioners therein who hold compassionate views towards people who use illegal drugs. In addition, Bacon and Seddon (2020) have also illustrated how practitioners working in drug treatment utilise various forms of power to pursue both care and control aims. Moreover, given that multiple organisations spanning from criminal justice to health and social welfare often co-exist and overlap in response measures, this has also blurred the lines between discrete organisational positions, leading to both areas of alignment and conflict across stakeholder perspectives (e.g. Lange & Bach-Mortensen, 2019; Unlu et al., 2022).

With regard to the Japanese case, these dynamics are especially pertinent given the considerable diversification of practitioners now involved in policy responses, particularly those based outside of statutory criminal justice agencies. Yet, as a key briefing by Koto et al. (2020) notes, whilst community health and welfare services for people who use illegal drugs are growing, the overall apparatus of drug policy in Japan continues to be driven through understandings of drug use as a crime issue. Consequently, it is suggested that treatment and support services tend to be driven by, and aligned with, a dominant criminal justice approach in which a goal of abstinence is prioritised.

However, this is not to suggest that there is a neat alignment between policy approaches and practitioner perspectives. For example, Morita et al. (2019) have illuminated the struggles of practitioners working in criminal justice organisations who aim to support the social reintegration of drug offenders, while Ichikawa (2019) has also noted the emerging conflicts in core philosophical ideas and objectives between statutory and private providers of drug treatment.

Yet while such accounts provide useful indications of contemporary practitioner perspectives in Japan, research to date has tended to employ either traditional qualitative methods or focused on a particular organisational setting, resulting in a fragmented picture of how different sorts of practitioners are negotiating and adapting to the changing environment of drug policy in Japan. Therefore, to provide systematic empirical evidence of practitioner perspectives in this setting, the current research examined the goals of practitioners who work with individuals who are on probation, parole or have received a suspended sentence for an illegal drug offence. Specifically, there were three core research questions: (1)

what goals are important to practitioners?; (2) what perspectives can be distinguished in drug policy?; and (3) to what extent is there alignment and conflict between different perspectives?

Methods

This research utilised Q-method to measure and compare the goals of practitioners. The technique is designed to be a systematic way of measuring the subjective perspectives of individuals about a given topic through an exercise involving the sorting of a common set of statements into a matrix. This allows identification of groups displaying similar positions through the use of correlational and dimension reducing statistical techniques (Cross, 2005; Harris et al., 2021; Ramlo, 2015; Watts & Stenner, 2012). The by-person, rather than item-based approach of Q-method (Watts and Stenner, 2005; Stephenson, 1953), attempts to retain the holistic nature of individuals' perspectives, with a focus on range and depth of viewpoints, rather than generalisable findings (Amin, 2000; Cross, 2005).

The procedure of this study followed a series of steps typical to Q research: (1) selection of a set of statements; (2) purposive sampling of participants; (3) sorting of statements by participants; (4) analysis and interpretation. Fieldwork took place March to November 2020. Ethical approval was granted by Ryukoku University's Human Research Ethics Committee.

Statements

Sixty-four statements representing a diverse range of goals concerning responses to illegal drug use in Japan were used in the sorting exercise, covering themes of 'morality, crime, and criminal justice', 'health and support', 'autonomy and community participation', and 'professional interests and services'. See Supplementary Materials, Table 1 for details.

Statements were identified through triangulation of several methods: preliminary interviews with policy stakeholders, practitioners, and researchers (n = 19); observations of facilities and 'problem' areas; participation in national, regional, and local drug policy-related symposia and workshops; and a review of domestic and international policy literature. This resulted in an initial 60 statements, which were drafted by the researchers and presented to the research steering committee – composed of local academics (n = 4), practitioners (n = 5), and a former illegal drug user (n = 1) – as well as international drug policy academics (n = 4) and a Q methodology expert (n = 1). Following consultation, which involved discussions about whether the overall list of statements sufficiently captured the breadth of possible practitioner goals, language and translation issues, as well as trial runs of the procedure with the proposed statements, the Q-set was revised further to the 64 used by participants.

Participants

Given the aim of capturing the breadth of perspectives of practitioners working in tertiary responses, participants were recruited from a purposive sample of practitioners who work with people who are on probation, parole, or have received a suspended sentence for an illegal drug offence. Participants were sampled from four organisational fields (criminal justice, health, social welfare, local government) and were drawn from two prefectural case sites within the same region of Japan, or worked for one of two regional organisations (Narcotics Control Department; Parole Board). In order to protect the identities of participants, case sites remain anonymous, but both prefectures are relatively large (over 1 million population) and are located in West Japan. A quota sample of a minimum of three practitioners per organisational type was sought, and overall, there were 89 participants in the study. Details of participants can be found below in Table 1.

Table 1
Participants by organisational field and location.

Organisational Field	Prefecture A	Prefecture B	Region	Total
Criminal Justice	26	24	-	54
Probation Office	7	7	-	14
Volunteer Probation Officers	9	11	-	20
Offender Rehabilitation Facility	10	6	-	16
Parole Board	-	-	4	4
Health	7	6	-	16
Health and Welfare Centre	1	2	-	3
Private Medical Practices	6	4	-	10
Narcotics Control Department	-	-	3	3
Social Welfare Organisations	11	4	-	15
Employment Support Services	2	0	-	2
Independence Support Services	4	1	-	5
Drug Addiction Rehabilitation Centre	5	3	-	8
Local Government	4	0	-	4
Prefectural Government	4	0	-	4
Total	48	34	7	89

Sorting

Participant engagement in the procedure consisted of three stages: (1) initial sorting activity; (2) main sorting activity; (3) post-sort questionnaire. These activities were undertaken on an individual basis. Before starting the activities, the principal researcher (aided by an interpreter) explained the research and what participation would entail, answered any questions, and gained written consent for participation.

The two sorting activities were conducted manually, using laminated cards containing the statements and large printouts of the sorting matrix (see Supplementary Materials, Fig. 1). For both activities, participants were asked to sort these statements in answer to the question, 'In the context of your work with people who use illegal drugs, what goals are important to you?'

In the first (initial) sorting activity participants sorted the statements into three broad categories: 'important', 'unsure about importance', 'unimportant'. This allowed participants to become familiar with and establish an initial position on each of the statements. Counts of each category were recorded.

In the second (main) sorting activity participants were asked to sort the statements relative to one another along a binary scale of 'most important' to 'least important', into the sorting matrix. This was done starting with statements sorted as 'important' in the initial sorting activity, then those sorted as 'unimportant', and finishing with those sorted as 'unsure about importance'. Once all statements had been placed on the matrix, participants were given time to make any adjustments to the ranking of statements as they felt necessary, in order for the final matrix to best reflect their perspective. These final sorted matrices (termed Q-sorts) were recorded for each participant.

The third activity was self-completion of a questionnaire which comprised two sections: (1) open-ended questions about the decision-making processes during the Q-sort, including why particular statements were ranked at either end of the matrix, which statements were representative of participants' perspective and why, and which statements were difficult to rank and why; (2) closed-ended questions about the participant such as their age, gender, education and work history, along with a final open-ended question about whether and how their views about responses to illegal drug use had changed over time.

Where possible participation was in-person, taking place at the participant's workplace or lead researcher's university. Due to pandemic restrictions, this was not possible for four participants and instead remote completion was undertaken.

Data analysis

Analysis of Q-sort data is similar to analysis of other quantitative questionnaire scales in some respects, with the basic principles of dimen-

sion reduction applying to both: the purpose of the analysis is to identify similar response patterns to determine similar and differing perspectives within and across individuals (Barry & Proops, 1999). However, unlike other techniques which identify patterns within response items, Q-sort analysis identifies patterns within individuals, using each respondents' whole response pattern in what has been termed 'inverted factor analysis' (Stephenson, 1935; Watts & Stenner, 2012).

For each participants' Q-sort, values were assigned to each statement based on where it was placed within the sorting matrix, as per values on said matrix (e.g., +7 assigned to most important, -7 to least important). Each Q-sort (i.e., the response pattern for each participant) was treated as a variable for analysis, rather than the statements themselves. These were correlated and principal components analysis (PCA) conducted on the resultant correlation matrix. The correlation matrix effectively represents the extent to which individual Q-sorts are associated, whilst the components produced through the PCA are variables which summarise groups of associated Q-sorts. Conceptually, these represent the average or typical perspective of each of the groups identified through the PCA.

In order to identify the optimal number of components to extract, several principles were applied: retaining groups with eigenvalues greater than 1.0 (see Kaiser, 1960); noting the 'elbow' of scree plots (Cattell, 1966); and significant loadings of 3 or more Q-sets (see Brown, 2015; Hair et al., 2010). These principles were applied and solutions considered in an iterative, holistic approach, whereby each solution was considered in turn to determine the appropriate number of components to extract. Following Watts and Stenner (2012), the initial number of components extracted was seven. At each iteration, the above principles were followed, resulting solution considered, and number of components reduced, until an optimal solution of three components was identified. Lastly, the solution was subject to varimax rotation to aid later interpretation (Kaiser, 1958).

For each component, interpretation was conducted by examining statement placement both within and between components. Within components, a score was assigned to each statement based upon its average score from those Q-sorts which significantly loaded onto it. In this way, an average sorting matrix ('group array') could be visualised for each component and the relative importance within the component ascribed. For between component comparisons, tests of difference in z-scores (for detail see Zabala, 2014) were conducted between a given statement placement across two groups at a time. Statements that were found to be placed significantly differently between components were considered 'distinguishing' and represent divergent opinions. On the other hand, those statements that were found to be non-significantly different were considered 'consensus' and represent shared opinion. Responses to the post-sort questionnaire were also used to help interpret the perspectives represented by the components. Analysis was conducted in R, using the *qmethod* package (Zabala, 2014). All statistical significance tests are at the $p < 0.05$ threshold.

Results and interpretation

Following analysis, and considering the Q-sort and questionnaire data as a whole, a 3-component (or 3-group) solution was deemed to be the most appropriate fit, accounting for over 56% of the total variation (Table 2). Eleven Q-sorts (i.e., the responses of 11 participants) were excluded from the main analysis as they did not correlate with any of the retained components. Given the conceptual interpretation of these components representing groups of Q-sorts and thus groups of individuals' perspectives of the matter in question, 'group' will be used in place of 'component' throughout discussion of the results.

The results presented in this paper focus on goals which were considered important to participants. However, what goals are considered as 'important' clearly depends on an individual's subjective interpretation. The interpretation of groups was based on overall assessment of the ranking of statements, an examination of statements indicating consensus and distinction between groups, along with consider-

Table 2
Q-sort analysis results.

	Ave. reliability coef.	n Q-sorts	Eigenvalues	% explained variance	Composite reliability	Standard error
Group 1	0.8	39	23.98	26.94	0.99	0.08
Group 2	0.8	24	13.97	15.70	0.99	0.10
Group 3	0.8	15	11.90	13.37	0.98	0.13

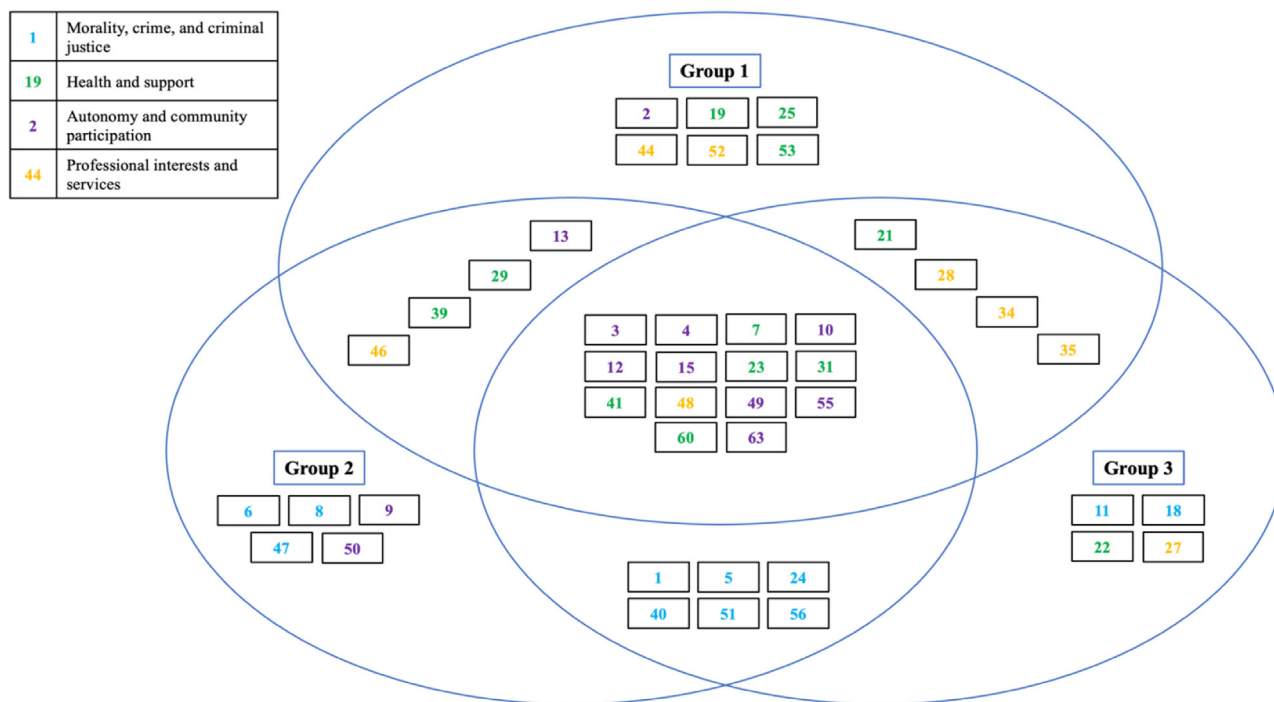


Fig. 1. Venn diagram of important goals, by group and thematic area.

ation of the qualitative data drawn from the post-sort questionnaire. To minimize the possibility of misattributing importance, the distribution of statements from the first sorting activity was used as guidance, with an average of 32 statements considered ‘important’ by participants (min = 11, max = 52). Based on this, those statements given an average score equal to or greater than +1 in the Q-matrix (n = 28) were considered important overall.

Summary results are displayed in Fig. 1 (for more detail of each statement and their assigned number, see Supplementary Materials, Table 1.). In the following discussion, results reported for individual statements display the number assigned to the statement along with group array scores. For example, “(S19: +2, -3, -1)” should be read as ([number of statement]: [group 1 score], [group 2 score], [group 3 score]). In addition, individual participants are denoted by a Unique Participant Number (UPN) followed by a code reflecting the group to which they belong. For example, “(1102, G1)” should be read as ([UPN], [group number]). The UPN corresponds to three pieces of information about the participant: the case site area; the type of organisation they primarily belong to; and a participation number (see Supplementary Materials, Table 2.).

Overall, a number of goals are considered important across all three groups, with eight goals relating to the theme of ‘autonomy and community participation’, five goals relating to ‘health and support’, and one goal relating to ‘professional interests and services’. Interestingly, no goals relating to the theme of ‘morality, crime, and criminal justice’ are considered important by all three groups.

Among these shared goals, four displayed statistical similarity in level of importance attributed across all three groups: “treating addiction as a medical illness” (Statement [S]7: +2, +2, +2), “increasing an individual’s motivation to stop using illegal drugs” (S12: +4, +6, +5),

“strengthening self-control by people who use illegal drugs” (S49: +3, +3, +4), and “ensuring that individuals maintain strong bonds with non-drug using family and friends” (S15: +3, +2, +2). On the whole, a central theme that binds together practitioner perspectives is the importance of promoting and facilitating ‘autonomous drug-free lives’.

Alongside these similarities, differences in focus and prioritisation are reflected in the statistically significant differences in importance attributed to some statements. To clearly understand the nuance of these perspectives, each group is considered in turn, focusing on three aspects: goals which are considered important across the three groups but distinguish one group through a higher ranking; goals which distinguish one group through being considered important to that group only; and goals which distinguish a group through a lack of importance to them whilst being considered important by the two other groups. With these distinctions in mind, each group was provided with a name – *recovery supporters*, *moral guardians*, and *crime bureaucrats* – which the researchers thought reflected the perspective shared by that group.

Recovery supporters

Group 1, described here as *recovery supporters*, is the largest of the three groups (n = 39) and also the most organisationally diverse, containing 31.4% of criminal justice practitioners (n = 14), 78.6% of social welfare practitioners (n = 11), and 93.3% of practitioners from health (n = 14), as well as those who have the most frequent contact with people who use illegal drugs (at least once a week) (75.0%). Demographically, this group has the highest proportion of female practitioners (59.5%) and those aged between 35-54 years old (55.6%).

Firstly, goals which have shared importance but were ranked significantly higher by *recovery supporters* include: “providing emotional

support to people who use illegal drugs" (S31: +5, +4, +2); "improving the mental health of people who use illegal drugs" (S41: +6, +3, +3); "equipping individuals with coping mechanisms to live a life without illegal drugs" (S63: +6, +5, +4); "being compassionate towards the challenges that people who use illegal drugs face" (S60: +7, +7, +3); and "ensuring that individuals continue to engage with services" (S48: +5, 0, +1).

It is important to emphasise that for most of these goals, which concern the provision of support to improve health, well-being, and autonomy, relatively high importance was attributed by all three groups. Nevertheless, the heightened emphasis by *recovery supporters* reflects a stronger commitment to social justice values. Regarding the latter goal relating to service engagement, for example, reasons given for such a strong ranking such a strong ranking were often connected to themes around the social vulnerabilities of people who use illegal drugs. Indicatively, a staff member of an Offender Rehabilitation Facility (1706, G1) argued that "isolation hinders recovery", and as such, "it is necessary for drug users to get connected with places that... offer long-term support and consultation". Moreover, the need to de-stigmatise support was also cited, with a mental health and social welfare officer (2702, G1) noting a desire to change "an idea commonly accepted in society that receiving support is an individual's 'weakness'". This adoption of a more neutral stance appears to contrast with those from other groups, highlighted by the example from a volunteer probation officer (1201, G2) assigned to *moral guardians*, who suggested that "a user might become too dependent with continually-provided support services".

Secondly, in terms of goals which are only considered important to *recovery supporters* but not the other two groups, distinguishing goals include "ensuring access to suitable housing" (S19: +2, -3, -1) and "ensuring access to financial support" (S25: +1, -3, -5). This is supported by qualitative data, with an offender rehabilitation facility staff member (1310, G1) suggesting that "financial independence is necessary for [drug users] to concentrate on treatment with peace of mind", while a mental health and social welfare officer (2704, F1) argued that treatment is important, but "...only possible when an individual can feel secure in their living". In addition, "changing the attitudes of practitioners towards people who use illegal drugs" (S52: +1, -2, -1) and "enhancing my organisation's resources" (S44: +1, -2, 0) are also considered important by *recovery supporters* only. Considering that the *recovery supporters* group contains a large proportion of practitioners who have been newly empowered in drug policy, the relative importance of these goals these goals may reflect an instrumental rationality to increase the legitimacy and resources of previously marginalised organisations. At the same time, this may also reflect deeper expressive beliefs about treatment philosophies. Thus, the concentration of practitioners from the third sector Drug Addiction Rehabilitation Centre (DARC), which runs peer-to-peer 12-step style services, in the *recovery supporters* group may account for why the goals of "encouraging spiritual recovery" (S2: +3, -1, -5) and "promoting peer-to-peer treatment services" (S53: +2, 0, -1) are also pronounced in this group. In contrast, however, the reasons why these goals are considered less important by *moral guardians* and *crime bureaucrats* provides initial indications of their respective moralistic and managerial tendencies. Indicatively, a director of a social welfare organisation (1901, F2) belonging to the *moral guardians* group suggested that "spiritual or religious philosophies do not solve the problems of the people with paralyzed or destroyed physical functions", while a deputy chief working in local government (1402, F3) belonging to the *crime bureaucrats* group argued that "it's not good to try to carry out plans that are unscientific".

Finally, *recovery supporters* are further distinguished by goals which are considered important only by *moral guardians* and *crime bureaucrats*. Tellingly, these goals exclusively concern the theme of 'morality, crime, and criminal justice', and include "eradicating illegal drug use" (S5: -5, +2, +3) and "ensuring that individuals obey the law" (S56: -4, +2, +1), both of which were given considerably lower rankings by *recovery*

supporters. In explaining these low rankings there were perceptions that these goals are impossible, unjust, and potentially damaging. For example, a counsellor working at a DARC facility (2802, F1) noted that "people use drugs regardless of law", whilst a probation officer (2102, G1) argued that eradication efforts "would lead to discrimination against users". This lies in stark contrast with the views of both *moral guardians* and *crime bureaucrats*, typified by the views of a local government officer (1401, G3), who noted that "the ultimate goal is to eradicate drug use", and a volunteer probation officer (2209, G2), who argued that it is necessary "for the rehabilitation of users".

In a similar way, goals of "reducing recidivism" (S1: -2, +3, +6), "reducing crimes caused by the effects of taking an illegal drug" (S40: -1, +1, +5), and "reducing crimes which economically support the buying and using of illegal drugs" (S51: -3, +1, +4) also distinguish *recovery supporters* through lower rankings. In respect of reducing recidivism, a prominent reason offered for why this was lower than other goals is due to the difficulties in achieving this aim and the need for individual, rather than group, interventions for drug use. For example, a Narcotics Control Department officer (31102, G1) conceded that while "reducing recidivism is important as an organisational goal... offering individual support to those who use illegal drugs" takes a more primary position. This contrasts particularly with *crime bureaucrats*, who consistently assigned rankings indicating a high degree of importance for these goals. Indicatively, a local government officer (1403, G3) from the *crime bureaucrats* group stated that reducing recidivism "...is the goal of the on-going policy and what I always keep in mind". The same participant also explained that the goal of reducing drug-related crime was important because "it is necessary to prevent [illegal drug use] from spreading to crimes in society as a whole".

A final goal which distinguishes *recovery supporters* through a significantly lower ranking is "instilling normative consciousness of the harms of illegal drug use" (S24: -4, +5, +1). For practitioners in this group, this is seen to be counter-productive to individual well-being. For example, a social worker (1705, G1) argued that "instilling normative consciousness from outside has no meaning but rather it could drive the person into an emotional breakdown". This perspective contrasts most with *moral guardians*, whose markedly higher ranking provides an indication of their underlying moral commitments which are discussed further below.

Moral guardians

Group 2, described here as *moral guardians*, is the second largest group ($n = 24$), containing the highest proportion of staff from criminal justice organisations (46.7%; $n = 21$) and a particularly high proportion of volunteer probation officers (76.5%; $n = 13$). Compared to the other two groups, there is a higher proportion of those who have less frequent (55.5%) contact with people who use illegal drugs. Demographically, most members are over 55 years old (75.0%) and male (66.7%).

Firstly, there was only one goal which is considered important across the groups but ranked higher by *moral guardians*, "empowering individuals to live independently" (S3: +4, +5, +2). In addition, while the goal of "ensuring access to education, training and/or employment" (S23: +2, +2, +1) showed no statistical difference between *recovery supporters* and *moral guardians*, both of which ranked this higher than *crime bureaucrats*, subtle differences in *why* this is important can be detected in the comments of practitioners. For *moral guardians*, employment is viewed as the basis for a 'pro-social' identity and contribution to society. For example, a volunteer probation officer (2207, G2) argued that "I think it is most important to be able to work", while a staff member of a social welfare organisation (1902, G2) noted that "helping users to be motivated to work and get a job... can lead to a regular lifestyle". Such comments appear to affirm the centrality of conceptions of moral character, independence, and social productivity. This differs in emphasis to *recovery supporters*, typified by a staff member of an Offender Rehabilitation Facility (2305, G1), who did not view education, training and

employment in terms of the virtue of employment or a 'regular lifestyle', but as a way to "prevent social exclusion".

Secondly, in terms of goals which are only considered important to *moral guardians* but not the other two groups, distinguishing goals include "ensuring individuals become productive members of society" (S9: -1, +1, -2) and "reducing discrimination against people who have a criminal record in the job market" (S50: 0, +1, -1). This further indicates that ideas of a desirable social identity are connected to the capacity to work. Relatedly, *moral guardians* are also distinguished through greater prioritisation of goals connected to ensuring proper moral conduct, such as "instilling a sense of responsibility toward others" (S6: -3, +1, -2), "instilling awareness of morally right and wrong behaviour" (S8: -3, +4, -2), and "providing moral instruction to people who use illegal drugs" (S47: -6, +2, -3). Indicatively, one volunteer probation officer (1204, G2) rationalised such goals on the basis that "probationers lack education in moral values and good intentions". Indeed, it is through such moralistic rationalities that such actors believe that other goals are best achieved. As one volunteer probation officer (1208, G2) noted, for example, "I engage in my work with users with the belief that raising normative consciousness will lead to prevention of recidivism". Given that crime-related goals are also prioritized by *crime bureaucrats*, but these intrinsically moralistic goals are not, this is an important point of contrast which indicates the differing underlying rationales across groups.

The ranking of the above goals by *moral guardians* can also be contrasted with *recovery supporters* who consistently attributed the lowest ranking to these amongst the three groups. A key theme to emerge in relation to this latter group is that of a sense of uneasiness about the imposing of moral values in a top-down manner and how effective or beneficial this is. For example, a medical worker (2602, G1) suggested that "[moral] guidance would put users and supporters in a hierarchical relationship", preferring instead an "equal relationship". Thus, such goals conflict with preferred ideas of recovery which are seen to be best produced through co-production and which revolve around broader aims of improving "users' own happiness" (31002, G1).

Finally, *moral guardians* can be further distinguished in terms of a set of goals in the themes of 'health and support' and 'professional interests and services' that are considered important by the other two groups only. In this regard, "providing access to medical treatment" (S21: +2, 0, +1), "professionalisation of practitioners who work with illegal drug users" (S35: +3, -1, +2), "improving professional cooperation between different organisations" (S28: +2, -1, +1), and "basing responses on research evidence which demonstrates effectiveness" (S34: +1, -2, +3) are all considered relatively less important by *moral guardians*. Importance attributed to these goals by *recovery supporters* and *crime bureaucrats* is aligned with the types of practitioners in these groups, dispositions they hold, and their positions in drug policy. In line with the earlier discussion, desires to advance evidence-based policy, professionalisation and improved access to medical services may reflect the interests of those *recovery supporters* who have been hitherto excluded from policy processes. For *crime bureaucrats*, however, these same goals may be indicative of a dominant logic based around improving policy effectiveness. Indicatively, a local government officer (1402, G3) suggested that "I don't think things go well unless we put our effort in the things based on evidence", while a probation officer (1105, G3) also lamented that "I don't think the current policy is based on research that shows its effectiveness". In contrast, the relative lack of importance attributed by *moral guardians* concerning the above goals evidences how this perspective places greater faith in ideas about the social reintegration of drug offenders that are premised on the bestowing of moral guidance and advice by authority figures, irrespective of whether these efforts are proven to be effective or not.

Crime bureaucrats

Group 3, described here as *crime bureaucrats*, is the smallest group ($n = 15$), containing 22.2% of practitioners from criminal justice

($n = 10$), 7.1% of social welfare practitioners ($n = 1$), and 100% of those based in local government ($n = 4$). Similar to Group 2 (*moral guardians*), there is a higher proportion of males (64.3%) and those who have less frequent contact with people who use illegal drugs (57.1%), but in contrast, this group also has the highest proportion of practitioners aged up to 34 years old (35.7%).

Firstly, goals which are considered important by all groups but were ranked highest by *crime bureaucrats* include "promoting abstinence-based recovery" (S4: +1, +6, +7) and "breaking personal connections between people who use illegal drugs and individuals/groups involved in the illegal drug market" (S55: +1, +4, +5). Building upon the earlier discussion, whilst the importance of these goals to *moral guardians* is arguably connected to their underlying moral commitments, *crime bureaucrats* appear to be driven more by administrative rationales concerning crime reduction. In turn, this is connected to 'rationalistic' ways of thinking that seek to 'manage' the drug market environment. Indicatively, one volunteer probation officer (2205, G3) of this group argued that "with no connections with criminal organisations or dealers, people can give up if they have no way to buy any drugs".

Secondly, regarding goals which are considered important to *crime bureaucrats* but not the other two groups, distinguishing goals include "creating a safe society" (S11: -2, 0, +6), "promoting general deterrence" (S18: -2, -1, +2), and "managing the risk of relapse" (S22: 0, 0, +1). As one volunteer probation officer (1207, G3) stated, "I think the most important thing is to prevent recidivism of the person in my care", while a probation officer (1107, G3) noted, "I believe the realisation of a society without crimes is my social mission". *Crime bureaucrats* are further distinguished by their higher prioritisation of goals related to following rules and procedures, as indicated by the goal of "complying with the rules and regulations of my work" (S27: 0, 0, +4) and which was reflected in the comments of one probation officer (2106, G3) who noted that, "as a civil servant, I have no choice but to obey the rules".

Finally, there were several goals spread across the themes of 'health and support', 'autonomy and community participation', and 'professional interests and services' which further distinguish *crime bureaucrats*, as they were only important to *recovery supporters* and *moral guardians*. In this regard, the goals of "creating tailored responses to meet the needs of people who use illegal drugs" (S46: +5, +4, 0), "encouraging participation in community activities" (S13: +1, +1, -2), "improving the physical health of people who use illegal drugs" (S39: +4, +3, 0), and "reducing the health harms associated with illegal drug use" (S29: +3, +1, 0) were all given mediocre rankings by *crime bureaucrats*.

Although there was a lack of data from the post-sort questionnaire to help explain the perspectives of *crime bureaucrats* regarding these goals, it is possible to clarify this through looking at why these goals are important to the other two groups. Indicatively, there were several comments from *recovery supporters* and *moral guardians* which affirmed the problems of generalized responses, such as "people have different backgrounds and reasons for using drugs" (1104, G2), and the danger, as one medical worker (1703, G1) noted, that "our relationship[s] with a drug user can be bad if we fail to understand their needs". In relation to participation in community activities, *recovery supporters* place an emphasis on the broader benefits of this for both individuals and society. This was typified in the comments of two staff members of a DARC facility who commented, "I think various types of activities (or encouraging to engage in them) is important for communities we live in" (1802, G1), and, "I think it is very important to have a society that accepts users" (1804, G1). This contrasts slightly with *moral guardians* who give more attention to the 'pro-social' preventative value of contribution. This was aptly captured by a volunteer probation officer at an Offender Rehabilitation Facility (1303, G2), who noted that "I think participating in the community and contributing to something will lead to prevention".

Moreover, the idea that *moral guardians* are supportive of harm reduction goals may appear rather contradictory in the context of how they view other goals. Yet, it is important to recognise that harm reduction – as understood in Western contexts – is still not widely known

in Japan. Given the commitments of *moral guardians* towards ‘proper’ social conduct, a goal of reducing health harms is aligned with other goals such as drug eradication and abstinence. In other words, the rationale is that by stopping people using drugs, this will be beneficial to their health. Conversely, *recovery supporters*, who do not prioritise drug eradication as a goal, and more strongly favour non-criminal justice interventions, may be more receptive to harm reduction as distinct from drug eradication.

Notwithstanding such differences, both *recovery supporters* and *moral guardians* have a shared tendency of being more centred on individuals. In contrast, the relative lack of importance attributed by *crime bureaucrats* in these areas is arguably connected to the detachment of this group from people who use illegal drugs and to their narrower focus on crime reduction.

Discussion and conclusions

Over the past two decades, practitioners involved in tertiary-level responses to people who use illegal drugs in Japan have become increasingly diverse. This study sought to understand this landscape through an examination of the perspectives of practitioners who work with people who are on probation, parole, or have received a suspended sentence for an illegal drug offence. Using Q methodology, 89 participants working in the fields of criminal justice, health, social welfare, and local government ranked the importance of a wide variety of drug policy goals. Through analysis and interpretation of this data, along with qualitative data provided in a post-sort questionnaire, three distinct groups of practitioners were identified: *recovery supporters*, *moral guardians*, and *crime bureaucrats*.

Although there are distinct perspectives, it is important to reiterate that there are a considerable number of goals which are considered important by all practitioners. Overall, the similarities that exist broadly revolve around facilitating ‘autonomous drug-free lives’. This entails a view of drug use dependency as a medical illness which is ultimately best relieved through a shift from a drug-using to a non-drug-using way of life; cutting off connections with people involved in the illegal drug market and maintaining strong bonds with family and friends who do not use drugs; being compassionate, and providing support, guidance, and treatment services in order to ‘treat’ the illness and social consequences of drug dependency; and, at the same time, responsabilising the individual through encouraging and heightening individual motivation, cognitive thinking, and relapse prevention skills.

The existence of these commonalities is itself an important finding which empirically confirms that a previously articulated shift towards the embracing of more welfare and health-based approaches in drug policy in Japan is also being largely reflected in practitioner perspectives (see [Kondo & Shirakawa, 2019](#); [Maruyama, 2018](#); [Matsumoto et al., 2018](#)). Nevertheless, as [Csete and Wolfe \(2017\)](#) have critically observed, approaches and perspectives which claim to advance ‘public health’ may only disguise a further tightening of control through the criminal justice system. In this regard, the overall malignment of harm reduction and continued commitment to the notion that punishment is necessary as part of the process of rehabilitation and reintegration indicates that there is still some way to go in truly realising Koto et al.’s (2020:10-11) recommendations of “promoting social understanding of drug use as a health issue” and considering “alternatives to punishment”.

In addition, while there may be areas of common agreement, the results also showed many points of difference which distinguish each group. *Recovery supporters* appear to be driven by goals promoting individual well-being, strongly prioritising welfare and health goals which aim to support individual recovery from drug dependency and remove barriers to social participation. They also tend to emphasize goals which are of benefit to individual practitioners, organisations, and the effectiveness of response measures. Moreover, and in contrast to the other groups, goals which entail moralizing and criminalizing responses are generally considered unimportant. *Moral guardians* are also driven by

addressing problems located at an individual level, but a goal of drug abstinence lies alongside goals of ensuring ‘proper’ law-abiding conduct, reducing crime, and enabling social productivity. They also place importance on the provision of moral guidance and responding to illegal acts through criminal justice mechanisms. *Crime bureaucrats* tend to adopt a morally neutral position, with a greater concern with strategic policy interests and managerial goals. These practitioners are more detached from individuals who use illegal drugs, tending to prioritize rule compliance within their organisation, and have a sense of mission to eliminate illegal drug offences through criminal justice measures, to protect the public, and, importantly, to reduce recidivism.

Arising from these findings, a key issue is whether the extent of differences observed between practitioner perspectives amounts to points of conflict. One core area of friction concerns how the route to an ‘autonomous drug-free life’ is conceptualized and why this is considered of importance. In this regard, there is an overarching tension between practitioners who strongly advocate drug eradication and immediate abstinence from illegal drug use, and those who see recovery from drug dependency as a longer-term process requiring pragmatic and flexible responses. In turn, this is connected to the issue of recidivism prevention, which has become a central policy agenda over the past two decades ([Honjo, 2022](#)). On the one hand, it is clear that relatively narrow concerns of reducing crime and re-entry into the criminal justice system are a driving force in the perspectives of some practitioners, particularly from criminal justice and local government who are heavily represented as *moral guardians* and *crime bureaucrats*. Yet on the other hand, it is also clear that for many practitioners from across a variety of different organisational fields, as represented in *recovery supporters*, this concern is secondary to improving and supporting the quality of individual lives. Furthermore, issues concerning criminal justice interventions are intertwined with treatment, and there are a series of differences concerning the purpose of drug treatment, the form this ought to take, and how success is evaluated. For example, whether the objective of treatment is primarily about reducing the numbers who commit re-offences, ensuring abidance with social and legal rules, or addressing and resolving underlying causes that lead to dependency on illegal drugs.

Thus, while the notion of ‘autonomous drug-free lives’ may be a core thread that binds together different perspectives, there are competing interpretations about why this matters and the ‘journey’ to this social state. A possible consequence of these tensions is the erosion of multi-agency co-operation and variation in policy implementation. For example, trying to get *recovery supporters* to implement drug tests that are linked to criminal sanctions, or *moral guardians* to engage in harm reduction practices, may be met with resistance. Yet, tension and conflict may also further stimulate the emergence of new ideas and provide opportunities for these to unite hitherto disparate organisations around a common set of goals. This certainly appears to be the case with respect to *recovery supporters*, with group membership in this study stretching over various organisational fields and types.

As the first empirical study to systematically examine a wide range of practitioners in drug policy in Japan, the identification of three distinct perspectives represents an important contribution for understanding the current state of drug policy in this context. In building upon this research into practitioner goals, there are four main areas which deserve further empirical attention.

Firstly, owing to the focus on practitioners working in tertiary-level responses in this study, there is a need to investigate a broader spectrum of practitioners in Japan, including education officials, police officers, prosecutors, judges, and prison officers. This would generate a more comprehensive picture of perspectives in contemporary drug policy across primary, secondary, and tertiary-level responses, potentially revealing more explicit areas of harmony and conflict. Secondly, owing to the nature of the methodology employed in this study – which is designed to capture the breadth of perspectives – it cannot make generalisable claims about the prevalence of these perspectives among the overall population of practitioners. Thus, while patterns were detected,

such as inter-field (e.g. health and social welfare vs. local government) and intra-field variation (e.g. criminal justice) in group membership, these remain interesting observations which require further investigation using methodological tools that are suited to assessing representativeness. Thirdly, given the focus of this study on the breadth of positions held on drug policy goals, there is a need for intra-national comparisons of policy stakeholders from the national- to the local-level. This would provide crucial evidence regarding how policy is performed, negotiated, resisted and reworked at different levels of governance, as well as the nature and extent of geographic divergence (Brewster, 2020). Finally, there is a need for cross-national comparative studies of policy stakeholder perspectives in order to empirically assess and theoretically explain the ‘constellations’ that emerge in drug policy across different global contexts (Stevens & Zampini, 2018).

In sum, as with many countries across the globe, drug policy in Japan appears to be at a critical juncture, where newer ways of thinking and forms of doing policy are both challenging as well as supplementing older, more established ways. As practitioners involved in responses to illegal drug use become more diverse in such changing environments, understanding the nature and extent of harmony and conflict in their perspectives is vital for enabling a critical discussion about what goals ought to be considered important and for ensuring that policy responses more effectively achieve their intended aims.

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Ethics approval

The authors declare that they have obtained ethics approval from an appropriately constituted ethics committee/institutional review board where the research entailed animal or human participation.

Ryukoku University Human Research Ethics Committee.

Declarations of Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Supplementary materials

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