

Views Regarding National Policies about Illicit Drugs: A Pilot Study among People Living in Bogota

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The present study investigated the views regarding governmental policies for the control of drugs in people living in Bogota. It used the methodology of Functional Measurement. Participants were not instructed to judge the acceptability of components of drug policies (e.g., acceptability of needle exchange programs) but the acceptability of the policy itself (e.g., acceptability of a policy of complete prohibition). One hundred eighty-five participants (mean age = 35) who lived in different areas of the city were presented with a series of 12 vignettes. These vignettes were composed according to a two within-subject orthogonal factor design: (a) existence of information campaigns regarding the dangerousness of drugs, and (b) current state policy regarding soft and hard drugs (e.g., complete *laissez-faire*, complete prohibition, regulation policy for both soft and hard drugs). The question was “To what extent do you think that, in these circumstances, the position of the State is politically acceptable?” Through K-means analyses, an interpretable six-cluster solution was identified. These clusters were called *radical constructionists* (51%), *progressive prohibitionists* (22%), *free trade libertarians* (11%), *undecided* (10%), and *cultural conservatives* (6%). Public opinion in Bogota seems to be at variance with public policy regarding the management of the illicit drug issue.

About 3% of the world’s population uses drugs like cannabis, cocaine, or heroin on a regular basis, despite the fact that they are illegal in most countries. Governments have adopted more or less strict policies, which express the dominant philosophical, religious or ideological views among the politicians in the countries at the time the policies are implemented

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(Jelsma, 2011). As a result, these policies can be sensibly different from one part of the world to another, and they are more or less harshly/leniently applied.

Philosophical Views on Drug Policies

According to Goode (1998), “the more high-profile views on the drug legalization issue may be crystallized out as follows: cultural conservatives, free trade libertarians, radical constructionists, progressive legalizers, and progressive prohibitionists” (p. 19).

The cultural conservatives’ position. The cultural conservatives’ position is basically a moral, and to some extent, a religious one. Deviating from traditional norms is considered as bad in itself; it’s an indication of personal weakness. From the cultural conservatives’ viewpoint, all drugs that do not form part of the cultural background of the society must be prohibited. Being in possession or producing or trading any amount of traditional drugs (e.g., wine or tobacco) is not a crime. In contrast, being in possession of even a small amount of “exotic” drugs (e.g., cannabis, cocaine or heroin) is a crime. In addition, the prohibition of these exotic drugs must be extended worldwide, and especially in countries known to be the main producers of these “evil” substances.

Outside of moral considerations, the rationale of this position is that if non-traditional drugs were legalized, consumption of these drugs by nationals would dramatically increase and the public health consequences of this increase would be extremely damaging because the effects of these drugs are much more devastating than the ones of alcohol and tobacco. As the cultural conservatives’ position is fundamentally a moral/religious one, it is, logically, largely insensitive to scientific arguments coming from the medical field or from the social sciences. Also, as this position mainly aims at protecting the in-group’s cultural values, the members of the in-group’s health, and the in-group’s government reputation, this position is largely insensitive to what happens outside the group’s borders. The conservative prohibitionist view is the one that dominates the current politics regarding drug policy in most countries, namely the USA, and Latin American countries as Colombia (Gaviria & Mejía, 2011).

The free trade libertarians’ position. The free trade libertarians’ position is also, in a way, a moral position, as well as a general philosophical one. Free trade libertarians believe in the laws of the market. In their view, any attempt at artificially altering these laws is a mistake. For instance, any intervention from the government is considered as bad in and of itself because this intervention will destabilize the market and, as a result,

impede the attainment of the greatest good for the greatest number of persons (Friedman, 1991). For free-market libertarians, all drugs are equivalent, whether they form part of the cultural background of the society or not. Prohibiting the production and trading of any consumption good amounts to denying people's autonomy, and depriving them of some of their most basic rights (e.g., liberty).

The rationale of this position is that if consumption goods are of bad quality or if they are dangerous for health, consumers will soon reject them and the products will automatically disappear from the market. The reason why goods such as cannabis, alcohol or heroin are on the market (officially or non-officially) resides in the fact that they provide some level of personal satisfaction to the people who buy and consume them. As the free-market libertarians' position is also fundamentally an ideological one, it is, in the same way as the cultural conservatives' position, rather insensitive to scientific arguments. In particular, it probably minimizes people's ability at detecting long term health risks. It also probably minimizes the fact that some substances are highly addictive ones. The "laissez-faire" view is the one that has, in the past, dominated the drug policy in most countries. In the USA until 1914, for example, the drug market was not regulated, and a non-negligible segment of the population used opium and heroin (Courtwright, 1982 ; Gaviria & Mejía, 2011).

The progressive advocates of legalization's view. The progressive advocates of legalization's view is based on human rights considerations. Denying people the right to enjoy the pleasure resulting from the consumption of a reasonable level of certain substances, arresting people for the simple possession of substances declared illegal by arbitrary standards, imprisoning some people for the production and trade of dangerous substance of one variety and letting free other people who produce and trade dangerous substances of another variety, and encouraging the creation of a huge, international black market, which is a source of violence and corruption worldwide, are considered as severe infringements of basic human rights.

The progressive advocates of legalization support the adoption of a policy that "maximizes the difference between the benefits of reduced use and the various costs of achieving that reduction" (Boyum, p. 865). In their view, this optimal policy would be mid-way between total prohibition and total "laissez-faire". No drug would be considered as illegal but the production and the distribution of these drugs should be regulated by the state or by another authority. In addition, (a) campaigns of information might be launched targeting children and adolescents, (b) advertizing for

toxic products might be halted, (c) addicts might be invited to benefit from scientifically based programs, and (d) research aimed at finding pleasurable but less dangerous substances, and still even more effective therapies might be encouraged.

The rationale of this position is that, if the drug market was regulated by the state, the price of drugs would considerably decrease, and, as a result the market would be much less attractive for dealers and other criminals involved in drug trafficking (Bretteville-Jensen, 2006). Corruption and criminal activity that were associated with drug trafficking, inside and outside the borders would be considerably reduced. The frequency and severity of overdoses and poisoning would diminish. As this position is fundamentally a pragmatic one, it is, logically, sensitive to scientific arguments. Also, as this position is based on human rights considerations, it is sensitive to what may happen outside a particular country. The view of the progressive advocates of legalization is close to the one that governs the current drug policy in the Netherlands since 1976 (Jenner, 2011). In this country, soft drugs are sold and can be consumed in coffee shops all around the country. Hard drug are illegal but drug abusers are not as harshly prosecuted as they are in prohibitionist countries.

The progressive prohibitionists' view. The progressive prohibitionists' view is based on public health considerations. In other words, the progressive prohibitionists are more communitarian and less individualistic than the advocates of regulation. Letting people severely intoxicate themselves, letting people destroy the well-being of their family or community, letting people become drunk in front of children and adolescents, letting people harm others (e.g., through traffic accidents), or letting whole vulnerable minorities in the country (e.g., Native Americans) sink into alcoholism and substance dependency are considered as severe breaches of public health. The progressive prohibitionists suggest the adoption of a policy that is strictly based on the available evidence regarding the dangerousness of diverse substances: All drugs would be considered as illegal but the prosecution of the people who infringe the law must be moderated as a function of the real threat on public health that these infringements imply.

The rationale of the progressive prohibitionists' position is that if all available tools are implemented (e.g., carefully designed information campaigns, scientifically-grounded psychological therapies, maintenance programs), and if, in addition, the vulnerable minorities are protected, then a significant reduction in demand for drugs (and other intoxicants) should be observed. The progressive prohibitionists insist that these efforts must be

prolonged over a long period as educating people, changing unhealthy habits, and rehabilitating desperate people is a long-drawn-out job.

The progressive prohibitionists' view is close to the one that governs the current drug policy in Switzerland since 1991. In this country, soft drugs are still illegal but their consumption is *de facto* tolerated, and treatment-resistant heroin addicts are provided with controlled prescriptions of heroin or maintenance substances (Uchthagen, 2009). Mexico has adopted a similar policy in 2009 (Jenner, 2011), and interestingly, US President Carter's administration (unsuccessfully) pushed for decriminalizing the possession and transfer of small amounts of cannabis as early as 1978 (Houston, 2010).

The radical constructionists' view. The radical constructionists' view is basically a socio-political one. Radical constructionists consider that the drug problem is a socio-political construction that allows the government to target certain groups in society, namely the poor and the minorities who are disproportionately represented among drug users. There is a drug panic, created by the governments, which culminated at the end of the 80s, and which has been heavily relayed by the media. This panic serves to obscure more pressing problems, among them poverty, urban decay, unemployment, discrimination, and unjust distribution of society's resources (to which one could add solid waste, water pollution, air pollution, and acid rains, Sterling, 1991). From the radical constructionists' viewpoint, the main question related to drug use is fundamentally that of the reasons why a whole range of drugs (including tobacco and alcohol) is so widely in use among people living in affluent societies. In other words, radical constructionists are more concerned about the demand side of the problem than about the supply side: Why is cocaine much more frequently consumed in the US, which does not produce it, than in Colombia, its main producer (Jenner, 2011)? Why is cannabis more frequently consumed in the US, where it is illegal, than in the Netherland where it has been legalized (Yacoubian, 2007)?

Neither drug legalization or regulation nor drug prohibition is viewed as a solution to the problem of drug abuse because they do not solve the psychological and societal roots of it. Radical constructionists advocate instead the role of global prevention: "Prevention involves regulation, social policy, advertizing policy, family values, schools, economic policy, spiritual values and culture" (Sterling, 1991, p. 628).

Lay People's Views Regarding Drug Policies

Social scientists have been very active in this field. Blendon and Young (1998) reviewed findings from 47 national surveys conducted in the US and showed that most people consider that total prohibition (the current drug policy in their country) is a failure. A majority of persons tended to believe that drug related crimes would increase if drugs were legalized, and favored drug education in schools.

Since the publication of Blendon and Young's review, several additional studies, conducted in the US, in Canada, in Australia, and in France have been reported. Timberlake, Rasinski and Lock (2001) showed that 64% of their US sample supported increased spending on "dealing with drug addiction". Treloar and Fraser (2007) found that about one person out of two in their Australian sample supported programs to exchange needles and syringes, and that attitudes were more punitive regarding heroine than regarding cannabis. Millhorn, Monaghan, Montero, Reyes, Roman, Tollasken, and Walls (2009) showed that, in 2003, 64% of their North American sample was unfavorable to the legalization of marijuana, but that 52% considered that the possession of small amounts of marijuana should not be treated as a criminal offense. Costes, Le Nézet, Spilka, & Lafitteau (2010) showed that most people in their French sample favored information campaigns on drugs (72%) and the current policy of treatment by substitution (70%).

Finally, Camus, Munoz Sastre, Sorum and Mullet (2013), using the methodological framework of Information Integration theory (Anderson, 2008), showed that three of Goode's (1998) theoretical positions can be empirically found in a sample of French adults: (a) the *cultural conservative* position, which was endorsed by 26% of their sample, (b) the *progressive advocates of legalization* position (42% of the sample), and (c) the *radical constructionist* position (32% of the sample). In Colombia, public debate regarding drug policy was practically inexistent until 2010 (Zorro, 2011). The official position of the government was that of complete prohibition; the issue was largely taboo, and as a result, no empirical data on lay people's views were available.

The Present Study

The present study investigated the views regarding governmental policies for the control of drugs in people living in Bogota. It was designed after Camus et al.'s (2013) study; that is, participants were not instructed to judge the acceptability of components of drug policies (e.g., acceptability of needle exchange programs) as in most previous studies (e.g., Costes et al.,

2010) but the acceptability of the policy itself (e.g., acceptability of a policy of complete prohibition). In Camus et al.'s (2008) study, concrete scenarios were used, which depicted current drug policy in a country. Two of the factors used by Camus et al. to create their scenarios were retained in the present study: information campaigns and drug control.

Regarding drug control, six different national policies have been considered: (a) the *laissez-faire* policy for both soft and hard drugs, which, in Camus et al.'s study, expressed the *free-market libertarians'* preferred view, (b) the strict prohibition for both soft and hard drugs policy, which expressed the *cultural conservatives'* preferred view, (c) the regulation policy for both soft and hard drugs, which expressed the preferred views of the *progressive advocates of legalization*, (d) the regulation policy for soft drugs and strict prohibition of hard drugs, which can be considered to correspond to the *progressive prohibitionists'* preferred view, and (e) two additional combinations that were likely to reflect intermediate views. Regarding information campaigns, the factor in the scenarios opposed presence *vs.* absence of information campaigns.

Our hypothesis was that the three positions that have been empirically found in Camus et al.'s study would be found among Colombian participants. More precisely, we expected to find (a) a subsample of participants for whom the only fully acceptable policy would be strict prohibition of all drugs, associated with the presence of information campaigns (the *cultural conservative* position), (b) a subsample of participants for whom the most acceptable policy would be regulation by the State of the production and distribution of all drugs, provided that information campaigns are present (the *progressive advocates of legalization* position), and (c) a subsample of participants for whom there was no acceptable policy, irrespective of the presence of information campaigns (the *radical constructionist* position).

Our research question was: Will additional positions be empirically found among Colombian people? In particular, will *free-trade libertarian* and *progressive prohibitionist* positions be also found?

METHOD

Participants. The participants were unpaid volunteers recruited and tested by four research assistants well trained in the techniques used. The researchers contacted 300 people who lived in different areas of the city of Bogota, Colombia. Of these, 185 (62%) participated. The researchers tried to enroll adults of all ages. Ages ranged from 18 to 55 years ($M = 34.92$,

$SD = 10.96$). For all participants, the researchers explained the study, obtained verbal informed consent, and arranged for a quiet place to administer the experiment, either right away or at a later date.

Material. The material consisted of 12 vignettes containing a story of a few lines, a question, and a response scale. The vignettes were composed according to a two within-subject orthogonal factor design: (a) existence of information campaigns regarding the dangerousness of drugs (existent vs. absent), and (b) current state policy regarding soft and hard drugs (see Table 1). As Hopwood et al. (2010) have shown that people are not necessarily well informed about drug issues, which tends to negatively affect their responses, the scenarios provided concrete information. An example of a scenario is given in Appendix A.

Under each story were a question and a response scale. The question was "To what extent do you think that, in these circumstances, the position of the State is politically acceptable?" The response scale was a 10-point scale with a left-hand anchor of "Not at all acceptable" (1) and a right-hand anchor of "Completely acceptable" (10). The cards were arranged by chance and in a different order for each participant. All the participants answered additional questions about demographic characteristics.

Procedure. The site was either a vacant classroom at the local university or the participant's private home. Each person was tested individually. The session had two phases (Anderson, 1982). In the familiarization phase, the experimenter explained what was expected and presented each participant with six stories taken randomly from the complete set. The participant read each story out loud, was reminded by the experimenter of the items of information in the story, and then made an appropriateness rating by putting a mark on the response scale. After completing the six ratings, the participants gave ratings for the whole set of 12 stories, working at his or her own pace. The experimenter made certain that each subject, regardless of age or educational level, was able to grasp all the necessary information before making a rating.

The participants took 10-20 minutes to complete both phases. The experimental phase went quickly because they were already familiar with the task and the material. The participants knew in advance how long the experiment would last. They then completed the demographic characteristics questionnaire.

Table 1. The Six Levels of the Drug Policy Factor. The legend that is used in Figure 1 is shown in Column 1.

Figure 1	Soft Drugs	Hard Drugs
Fr. Mkt	The State has decided to completely ignore the problem. It has turned a blind eye to the drug market. Soft and hard drugs are freely sold. Their price is certainly high but not prohibitive. The quality of the products that can be found on the market is highly variable, and many accidents (accidental overdoses) are reported each year.	
Reg. HD	The State has decided to turn a blind eye to the production and sale of soft drugs. Soft drugs are freely sold. Their price is certainly high but not prohibitive. The quality of soft drugs that can be found on the market is highly variable, and accidents are reported each year.	The State has decided to regulate the sale of hard drugs and to ensure their production and distribution. As a result, hard drugs are sold correctly packed up, with exact dosages, in stores controlled by the State. Their price is certainly high but not prohibitive, so much so that the traffickers have had to give up this market.
Prob. HD	The State has decided to turn a blind eye to the production and sale of soft drugs. Soft drugs are freely sold. Their price is certainly high but not prohibitive. The quality of soft drugs that can be found on the market is highly variable, and accidents are reported each year.	The State has decided to prohibit completely the sale of hard drugs and to prosecute traffickers. Hard drugs are sold clandestinely. Their price is prohibitive and the associated profits generate a certain level of corruption at the very heart of the state and a level of homicides that remains fortunately moderate.
Regulation	The State has decided to regulate the sale of both soft and hard drugs and to ensure their production and distribution. As a result, soft and hard drugs are sold correctly packed up, with exact dosages, in stores controlled by the State. Their price is certainly high but not prohibitive, so much so that the traffickers have had to give up these markets. The quality of all drugs is guaranteed. Few accidents are reported each year.	
Reg. SD	The State has decided to regulate the sale of soft drugs and to ensure their production and distribution. As a result, soft drugs are sold correctly packed up, with exact dosages, in stores controlled by the State. Their price is certainly high but not prohibitive, so much so that the traffickers have had to give up this market.	The State has decided to prohibit completely the sale of hard drugs and to prosecute traffickers. Hard drugs are sold clandestinely. Their price is prohibitive and the associated profits generate a certain level of corruption at the very heart of the state and a level of homicides that remains fortunately moderate.
Prohibition	The State has decided to prohibit completely the sale of both soft and hard drugs and to prosecute traffickers. Drugs are sold clandestinely. Their price is prohibitive and the associated profits generate a certain level of corruption at the very heart of the state and a level of homicides that remains fortunately moderate. Many accidents (accidental overdoses) are reported each year.	

RESULTS

As in Camus et al. (2008), a K-means analysis was performed on the raw data according to the procedure advocated by Hofmans and Mullet (2013). A six-cluster solution was identified. The patterns of data that correspond to each cluster are shown in Figure 1. Separate ANOVAS were conducted on the data of each cluster, using an Information x Drug Policies, 2 x 6 design. The detailed results of these ANOVAs are shown in Table 2.

The first cluster (25% of the participants) can be linked to the views held by the *radical constructionists*. The overall mean acceptability was very low ($M = 1.90$) and no policy had an acceptability score that was higher than the middle of the response scale. The effect of the information factor, although significant, was weak.

The second cluster (26% of the participants) can also be linked to the views held by the *radical constructionists*. Five out of the six policies received similar ratings. The main difference with the previous cluster was that the effect of the information factor was very strong, which, according to Goode (1998) is consistent with this view. All policies that incorporated at least the regulation of hard drugs, and with the provision that nation-wide information campaigns had been launched, had an acceptability score that was higher than the middle of the response scale, ($M > 8.00$). The only policy to be judged unacceptable was free market for all drugs.

The third cluster (22% of the participants) can be linked to the views held by the *progressive prohibitionists*. The only one policy that had an acceptability score higher than the middle of the response scale was prohibition of hard drugs and regulation of soft drugs, with the provision that nation-wide information campaigns had been launched ($M = 5.78$). In addition, the more acceptable the policy, the stronger the effect of the information factor, which is consistent with this view.

The fourth cluster (11% of the participants) can be linked to the views held by the *free trade libertarians*. The only one policy that had an acceptability score higher than the middle of the response scale was free market, with the provision that nation-wide information campaigns had been launched ($M = 7.70$). It is however, noticeable, that, in the case of absence of information campaigns, the acceptability rating of this policy was more or less at the same level than the other ratings ($M = 2.65$).

The fifth cluster (10% of the participants) was called *undecided*. The overall mean acceptability was medium ($M = 5.75$) and the overall pattern of ratings was difficult to interpret. Both effects were relatively weak.

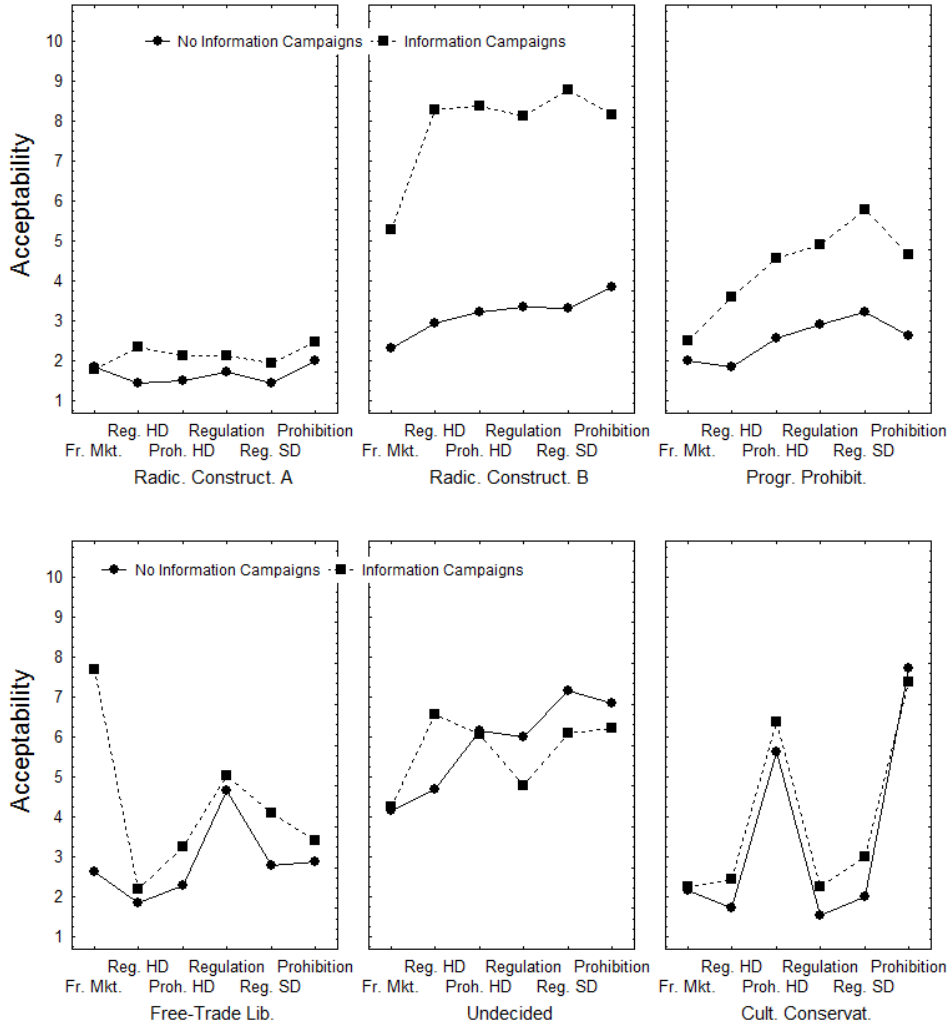


Figure 1. Acceptability as a function of type of drug policy and the presence-absence of information campaigns about the dangers of drugs in each of the six clusters. Fr. Mkt. = “laissez faire” policy for all drugs; Reg. HD = State regulation of hard drugs associated with “laissez-faire” policy for soft drugs; Proh. HD = Strict prohibition of hard drugs associated with “laissez-faire” policy for soft drugs; Regulation = State regulation of all drugs; Reg. SD = State regulation of soft drugs associated with strict prohibition of hard drugs, and Prohibition = Strict prohibition of all drugs.

Table 2. Results of the ANOVAs conducted at the Cluster Level.

Cluster	Factor	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>	<i>Eta_p²</i>
Radical Constructionists A	Information	1, 46	30.89	16.10	.001	.26
	Policy	5, 230	3.32	2.22	.06	.04
	Interaction	5, 230	2.30	1.69	.14	.04
Radical Constructionists B	Information	1, 47	3 136.00	669.96	.001	.93
	Policy	5, 235	68.43	21.14	.001	.31
	Interaction	5, 235	21.27	8.73	.001	.16
Progressive Prohibitionists	Information	1, 39	390.60	86.89	.001	.69
	Policy	5, 195	53.66	20.39	.001	.34
	Interaction	5, 195	9.54	4.55	.001	.10
Free Trade Libertarians	Information	1, 19	121.84	28.43	.001	.60
	Policy	5, 95	59.39	11.80	.001	.38
	Interaction	5, 95	32.89	6.35	.001	.25
Undecided	Information	1, 18	1.58	0.20	.66	.01
	Policy	5, 90	30.52	5.00	.001	.22
	Interaction	5, 90	12.19	3.86	.003	.18
Cultural Conservatives	Information	1, 10	7.76	1.95	.19	.16
	Policy	5, 50	129.72	53.36	.001	.84
	Interaction	5, 50	1.45	0.67	.67	.06

Finally, the sixth cluster (6% of the participants) can be linked to the views held by the *cultural conservatives*. The only two policies that had an acceptability score higher than the middle of the response scale were full prohibition of all drugs ($M = 7.55$), and prohibition of hard drugs and regulation of soft drugs ($M = 6.00$). The effect of the information factor was weak and non significant, which is consistent with this view.

DISCUSSION

The present study examined which of the five more high-profile views on the drug legalization issue suggested by Goode (1998) can be empirically found among adults living in Bogota, Colombia. The main hypothesis was that the three personal positions found by Camus et al. (2013) would be found. The data partly supported this hypothesis.

About half participants in the sample were classified as *radical constructionists*. There were, however, two important differences with the findings by Camus et al. (2013). Firstly, participants endorsing this position were proportionally less numerous in the French sample than in the Colombian sample. Past history of drug-related violence in Colombia may have led many people to be convinced that nothing can be done. Also, although Colombia is one of the main producers of drugs in the world, national consumption of hard drugs tend to be relatively low (Camacho, Gaviria, & Rodríguez, 2011). In other words, most people are also aware that the illicit drugs issue is not in reality a national problem. They are aware that the roots of the problem are elsewhere; that is, mainly in wealthy countries where a non-negligible fraction of the population is willing to pay high amounts of money in exchange of small amounts of powder (Nadelmann, 2006). As this position was never examined in previous empirical studies, future studies should be conducted in order to understand better the meaning to the participants of this apparently desperate view. Secondly, the *radical constructionist* view was found in two versions. In the first version, the presence of information campaigns does not alter participants' systematically low ratings. In the second version, when information campaigns were present, most policies were considered as acceptable. Even the free market policy received a relatively high rating.

As expected, the *cultural conservative* position was also found. Although it is currently the one that is represented by current laws in the country, it was the least endorsed position, which was consistent with Camus et al.'s findings. Public opinion in both countries -Colombia and France- seems to be at variance with public policy regarding the management of the illicit drug issue. As expected, cultural conservative did not attribute much importance to information campaigns.

Contrary to the hypothesis, the *progressive advocates of legalization's* position was not found but an important segment of the sample shared views that can be interpreted as close to *progressive prohibitionists'* ones. In this group, the preferred policy was Prohibition of hard drugs associated with state regulation of soft drugs but all ratings were relatively low and no other position was considered acceptable. In addition, they strongly valued

information campaigns. In Columbia as in most other countries, a model of regulation of soft drugs is already in place; that is production and distribution of alcohol and tobacco are regulated by the state. In at least some participants' views this model could readily be extended to illicit substances.

Finally, two minority positions were also found. About ten per cent of the sample was of the opinion that the drug market should be free, with the provision that the people are educated about the risk associated with drug consumption, which correspond to the *free market libertarian* position. This finding was consistent with some previous studies about people's perception of drug policies (e.g., Millhorn et al., 2009, Costes et al., 2010) showing that few people adopt this view. It is, however, noticeable that libertarians were strongly sensitive to the presence of information campaigns. Also, for a substantial minority of participants (nearly one out of ten), the position they held was more difficult to define. These participants responded to all scenarios using more or less the same area of the response scale. They were certainly not completely opposed to the idea that national policies about drug trade were needed but they seemed unsure about their views. They were possibly ambivalent about the topic, or they might have been afraid to respond honestly.

This last finding provides, however, an important methodological lesson. If the participants in this cluster had been asked to give only one response—to a generic question or to a single scenario—their responses would have been interpreted as medium support for the policy described in the question. Having them respond to multiple scenarios permitted us to distinguish absence of opinion from medium support, i.e., it showed, or at least suggested, that they did not actually make judgments but merely put marks more or less at the same spot for each scenario. Groups of participants without any definite views about important societal issues have recently been found in another study conducted in Colombia (López-López, Pineda-Marín, Murcia León, Perilla Garzón, & Mullet, 2013).

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APPENDIX A: EXAMPLE OF SCENARIO

South-Ixellsy is a small republic of 10 million inhabitants.

In this, as in the neighboring countries, there is a strong domestic demand for soft drugs and for hard drugs.

The country is also a producer of drugs. Many acres of fertile soil are in fact dedicated to the grown of illicit plants.

The State has, many times in the past, launched campaigns to warn people about the dangers associated with using drugs. The teaching of the risks associated with drug consumption has been made compulsory in all schools and public institutions.

On the one hand, the State has decided to regulate the sale of soft drugs and to ensure their production and distribution. On the other hand, the State has decided to prohibit completely the sale of hard drugs and to prosecute traffickers.

As a result, soft drugs are sold correctly packed up, with exact dosages, in stores controlled by the State. Their price is certainly high but not prohibitive, so much so that the traffickers have had to give up this market.

Hard drugs, in contrast, are sold clandestinely. Their price is prohibitive and the associated profits generate a certain level of corruption at the very heart of the state and a level of homicides that remains fortunately moderate.

The quality of soft drugs is guaranteed. The quality of hard drugs is highly variable, and many accidents (accidental overdoses) are reported each year.

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