

TALKING ABOUT DRUGS: TOWARDS A MORE REASONED DEBATE

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Abstract

This article aims to outline and discuss a number of issues that arise from the current popular conceptualisations of 'the drug problem'. It is argued that debates focus on 'taken-for-granted' understandings of key terms and concepts, and in doing so, fail to grasp the complexities of the ways in which the drug problem is currently understood. The article therefore discusses current popular discourse by exploring the ways in which key terms are employed, and how these serve to simplify the issues concerned, and, at the same time to establish false divisions; key amongst these is the division between legal and illegal drugs. This article argues that it is only in acknowledging these complexities and contradictions that the debate can move forward.

Introduction

This article emerges from the convergence of a number of issues that have come to the fore over recent years which both demonstrate the relationship that our society has with drugs, but which also serve to construct and shape our continuing discussions about drugs. These issues are identified as: 1) sporadic moral panics about illegal drugs and their use – often fuelled by single cases which receive a great deal of media attention (Murji, 1998); 2) the reconfiguring of drug use as a ‘crime problem’ over the last 20 years, rather than any other kind of ‘problem’ e.g. social, health or deprivation, arising from a reductionist notion that drug use causes crime (Hammersley and Dalgarno, 2012); 3) a persistent determination to ignore the fact that we are a drug-using society, especially when we include legal, and yet very harmful substances (Seddon, 2006); 4) undermining of attempts to assess relative harms associated with drug use (Nutt, 2009) and the ensuing media furore, which culminated in his removal from the Advisory Council on the Misuse of Drugs, the government advisory body, set up to monitor the classification of drugs under the Misuse of Drugs Act, 1971); and 5) the reclassification of cannabis, from Class B to Class C, then back again over the past 9 years.

These issues come together to demonstrate our confused and confusing relationship with legal and illegal substances, between which we have constructed false divisions. Over 40 years ago Young pointed out that this division was ‘unfortunate in its consequences and incorrect in its assumptions’ (Young, 1971: 10). We are bound up in a seemingly inescapable feedback loop where it is generally believed that certain drugs are illegal because they are harmful and that they must be harmful because they are illegal. This view simply ignores the social construction of both the law and perceptions of acceptable and unacceptable forms of behaviour, as well as the fact that legality does not make substances *harmless*. It is clear, however, that we are currently in a situation in which the law is ‘running to catch up’ (for example, with the introduction of temporarily outlawing ‘legal highs’) and a significant reality gap has emerged between what is deemed acceptable and unacceptable behaviour (illustrated by the significant numbers of people who take cannabis) and discussed within the ongoing debate about normalization of drug use (Parker et al., 1998; Parker, 2005). So, we are now in a situation that is structured around debates about competing ideas and approaches about the best way ahead to address what is seen as a significant social issue, and yet the fundamental underpinnings of the issue are contested. As Cohen (1971) stated ‘a ‘social problem’ consists not only of a fixed and given condition but the perception and definition by certain people that this condition poses a threat...and that something should be done about it’ (Cohen, 1971:14).

There is a prevalent and powerful popular discourse in British society that speaks entirely to simplistic notions of drugs and their use and it tends to do this in two key ways: firstly, we are constantly made aware, especially in certain sections of the media, of the evils of drugs, (often as a result of cases in which an ‘innocent’ young person has died, and even when the links between a drug and the tragic event are tenuous); and secondly, with the focus on those who are deemed to be rather less innocent, the discussion centres on the ‘fact’ that ‘drugs cause crime’ because people commit crime in order to fund their drug habit (Hammersley, 2008). It therefore follows, so the logic goes, that if we can stop people taking drugs, we can stop them committing crime. This may be a crude, short-hand expression of what we might otherwise refer to as ‘the drug problem’ but it is essentially a

view that is often expressed in the media, in political discussions and, perhaps most importantly it is the view that is implicit in government policy, both under the most recent Labour administration and under the current coalition government. Whilst such a view may be popular, in that it resonates with what society believes it knows about drugs, it resolutely fails to demonstrate that the issues at hand cannot be understood in this simplistic fashion. Our confusion about drugs is clear for all to see in debates about harm and the reclassification of cannabis, in which attempts at producing scientific evidence was seemingly easily undermined by the strength of political opinion (Nutt, 2012).

In terms of recent drug policy, the goals of the previous and current governments have been clearly stated: the 2008 Drug Strategy *Drugs: protecting families and communities* (Home Office, 2008) produced by the Labour government stated that '[o]ur ambition is clear. We want a society free of the problems caused by drugs (4)'; the current Drug Strategy *Reducing Demand, Restricting Supply, Building Recovery: Supporting people to live a drug free life* (Home Office, 2010) produced by the coalition government states its ambitions thus; 'to reduce demand, restrict supply and support and achieve recovery' (2). These goals mark a significant change in direction and focus of policy related to drugs, from one which was based upon harm-reduction (although not harm-elimination, as might be expected from the central aim of the strategy) to one that is based upon abstinence.

The view expressed above may be a view that is understandable, and indeed laudable, but it is also a view that speaks to simplistic notions and understandings of complex human behaviour. It is the author's contention that our understanding of drug-using behaviour is limited by the public discourse that starts with an aggregate notion of 'drugs', as though the substances all have a key element in common (which, in fact, they do not); as though there is something that makes them inherently different from other (for example, legal) substances, (when there is not); and fails to address a number of factors that underpin and contextualize any debate about 'the drug problem'. If we are to further our understanding of the problems caused by drugs in our society, (and, by extension, seek to manage them) we need to begin to think about what we actually mean when we discuss the drug problem, and how we have come to characterise the issues in this way.

This article, therefore, is concerned with attempting to set out some of the difficulties that arise in any discussion of 'drugs' and 'the drug problem.' The article will attempt to identify some of the issues that underpin our understanding of 'the drug problem', as it is popularly characterised, and in so doing, will necessarily call upon a range of related discussions. None of these debates is straightforward, but it is only in acknowledging the complexities that we can hope to gain an understanding of what is often portrayed in relatively simplistic terms. It is the author's contention that whilst we continue to try to 'solve' the drug problem without addressing some of the crucial underlying debates, it will not be possible for us to make any progress.

Preconceptions about drugs and drug users

'The United Kingdom has the highest level of dependent drug use and among the highest levels of recreational drug use in Europe' (UK Drug Policy Commission, 2007: 7) and it has

been said that ‘the ‘drug problem’ has come to be identified by politicians, the media and numerous social commentators as a serious social ill in need of almost constant attention’ (Barton, 2003: 24). The first issue we encounter when talking about drugs is that individuals come to any such discussion with their own set of pre-conceived ideas and attitudes depending upon their own experiences, values and beliefs, and herein lies a significant problem. Any discussion of drugs is permeated with such beliefs, to an extent that can often preclude a rational debate. It is also fed by media stereotypes of drug users such that ‘simplistic notions have developed at the expense of a much wider and more complex discussion to the detriment of a holistic drugs discourse’ (Taylor, 2008: 369). In layperson’s terms, drugs (by which they actually mean illegal drugs) are viewed as inherently ‘bad’ and harmful to society, which is reflected in the use of terminology such as addict, junky, druggie and so on. However, this view speaks to a popular notion based upon a set of misconceptions: 1) that the definition of what constitutes a ‘drug’ is obvious and clear; 2) that society can be divided into those who use drugs and those who do not; 3) that drugs are inherently ‘good’ or ‘bad’; 4) that those who use drugs are somehow different from the rest of ‘normal’ society; and 5) that we understand and are able to explain why people use drugs. It is to a discussion of these misconceptions that we will now turn.

Definitions of drugs

When individuals talk about drugs, we assume that it is obvious what they are referring to. The position that this discussion adopts is that the meaning of the term ‘drug’ depends upon the context in which it arises and therefore the assumptions that are made about what is being referred to. The term can be understood and applied in a variety of different ways, giving rise to a number of different meanings depending upon the context (Brown, 2001). It is often assumed, for example, and the term is often employed, as though it refers to illegal substances, but there is no reason why this should be the case and it leads to the first level of confusion we encounter in talking about drugs, which is that ‘drugs’ are not a self-evident or self-defining group of substances. So, in order to illustrate this, for example, we can employ the term ‘drug’ to refer to a chemical compound that we might otherwise call ‘medicine’, like aspirin: such usage of the terminology in this instance would have positive connotations and it would remove us from the incorrect, but often assumed notion, that drugs are a set of clearly defined illegal substances that all have something in common (the term ‘narcotics’ also tends to be employed in this way, especially in the USA). The fact that certain drugs are illegal has arisen over time and as a result of legislative choices, and not due to any inherent properties of the substances concerned that have necessitated that illegality. Alcohol, for example, remains a legal, as well as socially acceptable substance, despite the harms that can arise from its use, which may be conveniently downplayed within a set of discourses which emphasize the ‘fault’ of the user, rather than the substance concerned (Valverde, 1998). In relation to the discussion of drugs, we therefore encounter an issue that is often ignored, but is central to the debate regarding the drug problem. It has been said that ‘[t]he difficulty with trying to provide a definition of drugs is that drugs have no intrinsic property that sets them apart from other substances. Certainly, there is no intrinsic characteristic which can be used to set them apart from non-drugs’ (Gossop, 2007: 2). Therefore, ‘the word “drugs” can be

applied to almost any substance that can modify one or more of the functions of a living organism' (Bennett and Holloway: 2005: 2). Therefore, it can be said that '[t]ea, tobacco, alcohol, cocaine and heroin are all drugs in the sense that they all contain a chemical substance, whether of natural or synthetic origin, which can be used to alter perception, mood or other psychological states' (Gossop, 1996). The issue regarding a satisfactory definition is more than a semantic one, as it provides the context in which we understand drugs within our own society. In terms of defining drugs, therefore, '[t]he standard approach is to characterize a drug as *a chemical substance that, when taken into the body, alters the structure or functioning of the body in some way*' (Levinthal, 2002: 3: emphasis added). However, anything introduced into the body will have some effect on its functioning, for example sugar has significant effects on the functioning of the body and yet we do not characterise it as a drug; we are therefore forced to exclude food from our discussions, despite the fact that it may meet the criteria which could place it in the descriptive category of a drug. This leaves us in a situation in which certain substances are excluded from our debates about drugs on somewhat indefinable grounds. It is not possible to resort to a discussion based upon the legal status of substances in order to enlighten ourselves about the nature of 'drugs' given that we experience the everyday and profligate use of certain substances as a normal part of everyday life (for example, alcohol and nicotine) and, as has already been mentioned, the illegality of certain drugs has come about as a result of legislative choices made by law-makers, rather than due to any chemical property of the drugs concerned. These laws have changed (and will continue to change) over time as society continues to struggle with balancing the costs and benefits, as well as the deleterious effects of various substances.

Use and non-use of drugs

Individuals in our society have a contradictory relationship with drugs (perhaps, in part, due to the definitional problems outlined above) such that '[we] live in a society which tries to reconcile its disapproval of the use of drugs for non-medical purposes with the fact that vast amounts of psychoactive drugs are used in this way' (Gossop, 2007: 2). These contradictions are most evident in society's use (and implicit acceptance, or even promotion) of drugs which are legal, and yet harmful in a variety of ways; alcohol and tobacco are the most obvious examples here. This has led us to a situation in which there is a 'general reluctance to recognise that tea, coffee, alcohol and tobacco really are drugs' (Gossop, 2007: 3). However, given their capacity to alter functioning and perception (to say nothing of the possible harms arising from their use), it is clear that to maintain such distinctions (usually justified on the basis that these drugs are legal which, as we have already seen is an area subject to society's changing views about particular substances) is untenable and therefore any discussion of the drug problem must acknowledge the fact that, despite the legal status of some drugs, the vast majority of members of our society can be defined as 'drug users' of one kind or another.

'Good' and 'bad' drugs

The issue identified above has shown that individuals have a complex relationship with chemical compounds, especially when the use of some of these compounds is sanctioned

by law. This issue is exacerbated by the fact that 'scientific questions about the actual effects of a particular drug become entangled with issues of personal morality and subjective beliefs' (Gossop, 2007: 3). In other words, regardless of what public opinion would have us believe, drugs cannot be categorised as inherently safe or dangerous, and their use cannot be separated from the social and cultural context in which that use takes place. So, any drug can be taken in a more or less safe fashion, based upon the chemical effects that the particular compound has upon the brain, but we cannot ignore the fact that they also act as potent symbols (Edwards, 2004) of membership of a range of 'deviant' groups, so the effects on the brain are only one part of the story; the rest of the story is bound up with the social constructions of drugs and their use. It must therefore be acknowledged that '[d]rug effects are strongly influenced by the amount taken, how much has been taken before, what the user wants and expects to happen, the surroundings in which they are taken, and the reactions of other people' (Drugscope, 2008: 5). Furthermore, 'All these influences are themselves tied up with social and cultural attitudes to, and beliefs about, drugs, as well as more general social conditions' (Drugscope, 2008: 5).

The important point to note, for the purposes of the present discussion, is that our everyday conceptualization of drugs allows us to focus our attention on divisions between socially constructed and highly questionable simplistic categories of 'good' and 'bad' drugs and the assumptions about each that combine to construct this division, which in turn allows us to focus attention on the idea that drug users are somehow very different from 'normal people' (Gossop, 2001). This division is most apparent within the parameters of the criminal law.

'Normal' and 'abnormal' people

Becker (1963) identified that drug users were perceived as 'outsiders' five decades ago. Regardless of the significant rise in illegal drug use in the Western world since that time, society is still able to adhere to the notion that drug users are fundamentally different from 'normal' people. It has been said that '[t]he comfortable but quite mistaken orthodoxy insists that the 'normal' people who make up the majority of our society do not use drugs: set in sharp contrast to this sober normality are the 'abnormal' minority who do' (Gossop, 2007: 1). However, as we have seen, this view can only stand if we ignore the complexities of the issues at hand. If we acknowledge the fact that what constitutes a drug is debatable; that we choose not to define society as drug-using (when in reality there is widespread use of legal drugs) and that we maintain a false division between legal and illegal drugs (based on the tautological argument that certain drugs must be worse because they are illegal, and some must be better because they are legal), then we are forced to conclude that it is impossible to maintain any simplistic notions of understanding drug use and to accept the view that this clear division cannot be maintained, given that most members of society rely on one or more drugs to ease their passage through life. Of course, this is not to claim that there is no qualitative difference between drinking tea and injecting heroin, but it can be argued that the essence of the behaviour (ingestion of a substance for effect) is similar and that this should be recognised when discussing drugs and their use. Thus, one of our central problems is that '[a]ny concept of what is a 'drug'

and what constitutes 'drug-dependence' depends on socially constructed meanings that are culturally and historically defined as well as the pharmacological properties of the substance used' (Davidson et al, 1997: 1).

Problems of terminology

The first section of this article challenged some of the preconceptions we encounter when discussing drugs and their use and it has been pointed out that some of these preconceptions have focussed on issues of judgement about drugs and their use, rather than on an attempt to analyse the complexities of drug use within society. The notion of judgement becomes even more apparent in discussing issues of terminology relating to the behaviour of individual drug users, given that the terminology itself sets the context in which any debate takes place. The preferred term, for many, is to talk about 'drug use' regardless of which (usually illegal) drug is being discussed, and however casual or severe the levels of use. The reason for choosing this term is that it is free of moral judgement (Edwards, 2004). 'Misuse' may be employed as a term where an individual's drug use has become problematic, however, it carries with it the assumption that there is some identifiable point in time where 'use' has become 'misuse' and there would be little agreement amongst observers about when this took place. 'Abuse' is often avoided as a term, especially amongst social scientists and those who work with drug users, given that it is inherently pejorative. However, both 'misuse' and 'abuse' are highly subjective terms and depend entirely upon the perspective of the person making the judgement. Furthermore, if we take a broader approach to 'misuse', it could be said that *any use* of an illicit drug would constitute misuse on the basis of the illegality of the drug.

The problems with terminology continue when we address the use of terms such as drug addiction and drug dependence. These terms are sometimes employed interchangeably, or they can denote different/separate states. Sometimes a definition will emphasise the qualities of the drug itself (for example, heroin is often characterised as being 'highly addictive'), or the definition can focus upon what taking the drug achieves for the user (for example, it could be said that the user becomes dependent upon heroin because of the way the user feels after taking the drug). In terms of discussing drug use, this notion of emphasis is problematic because it contextualises and dictates the ways in which drug-using behaviour can and should be understood. For example, it has been said that '[a]ddictive drugs have in common the capacity to be *rewarding*. They lead to a release of chemicals which act on specific areas of the brain to induce pleasure. The repeated experience of the reward builds up the drug-seeking habit. It is not all-or-none, but may exist in various degrees of strength' (Edwards, 2004: xxiii). Such a definition focuses on the properties of the drug and its action on the brain. However, we can contrast this with an alternative view of addiction whereby '[a]ddiction implies that a drug dependency has developed to such an extent that it has serious detrimental effects on the user. They may be chronically intoxicated, have great difficulty stopping the drug use, and be determined to obtain the drug by almost any means' (Drugscope, 2008: 10). The focus of attention is therefore placed on the outcomes of the use and, in fact, is more concerned with the resulting behaviour, rather than the effect of the drug *per se*. These definitions become even less clear when we start to consider notions of freedom of choice over drug-using

behaviour, so that '[d]ependence, addiction, call it what you will, is a state of duress where the individual's freedom of choice over their drug has become impaired and the drug has begun to take control over their drug taking' (Edwards, 2004: xxv). However, this lack of freedom of choice can be characterised in various ways whereby '[d]ependence describes a compulsion to continue taking a drug in order to feel good or to avoid feeling bad. When this is done to avoid physical discomfort or withdrawal, it is known as physical dependence; when it has a psychological aspect (the need for stimulation or pleasure, or to escape reality) then it is known as psychological dependence' (Drugscope, 2008: 11). We can see, therefore, that this reduction in the capacity to choose is characterised either as a property of the drug itself, or as a result of the effects of withdrawing the drug. The problem we are left with, in attempting to utilise these definitions is that we remain unclear about the nature of addiction and dependence and we have a situation in which the terminology employed tells us more about the perspective from which the discussion arises than it does about the commonalities between definitions. It is this issue, perhaps, that encourages us to employ the loosest of definitions where agreement can take place, for example to state that drug dependence is '[a] condition in which an individual feels a compulsive need to continue taking a drug. In the process, the drug assumes an increasingly central role in the individual's life' (Levinthal, 2002: 3). Such a definition may well suit our purposes when attempting to describe behaviours (such as drug-seeking or committing acquisitive crime in order to fund a drug problem), but it still leaves us with the problem that description *of* behaviour does not allow us to *explain* behaviour. In other words, the compulsion can be described, but this tells us nothing about why such compulsion takes place. What is clear above all else is that the choice of terminology employed by the various perspectives relates closely to the ways in which the perspectives characterize and explain drug-using behaviour. In other words 'certain individuals use certain substances in certain ways, thought at certain times to be unacceptable by certain other individuals for reasons both certain and uncertain' (Burglass and Shaffer, 1984: 19).

The highly politicised and contentious nature of debates regarding drugs can be illustrated by briefly summarising the recent history of the classification of cannabis, which has been reclassified twice in the last 9 years and can serve as an example of some of the difficulties and issues that can arise around classification debates. Up until 2004, cannabis was a Class B drug which was then reclassified downwards to Class C following the recommendation of the Advisory Council on the Misuse of Drugs (a body set up by the government, under the auspices of the Misuse of Drugs Act, 1971 to monitor appropriate classification of drugs relative to their harms). At the same time, the maximum penalty for supply of cannabis was increased from 5 to 14 years imprisonment. The message intended was that cannabis was seen as a slightly less harmful drug to use, but that supply would attract a harsher penalty. The ACMD was then instructed to undertake a further review of the evidence relating to cannabis and, despite recommending that it remain as a Class C drug (given the low risk of harm relative to other drugs) and on the specific grounds that 'cannabis more closely equates with other Class C substances than with those currently classified as Class B' (Advisory Council on the Misuse of Drugs, 2008:2) the incumbent Home Secretary chose to move it back up to Class B (in early 2009). Since this time the Chairman of the ACMD has come into conflict with the government for questioning the basis upon which this decision was taken (Nutt, 2009) and he was, in fact, forced to resign as a scientific advisor. This episode highlights the highly political and sensitive nature of

debates about drugs and drug use, debates which are further complicated by a lack of consensus and polarized views.

Conclusion

This article has provided an introduction to an understanding of the drug problem by outlining a number of debates that are central in shaping the ways in which we view such a problem. The chapter began by looking at the notion of the preconceptions that we bring to any debate about the drug problem, and how such preconceptions serve to set the parameters of the debate. The bases for these preconceptions were challenged in order to try to move the debate forward. The piece then addressed the notion of the terminology used to describe drug-using behaviour and the ways in which these are problematic. Finally, the author addressed what may be seen as the key components, or issues of concern, in our characterization of the drug problem. It is hoped that this exploration of areas of debate can serve to highlight some of the problematic notions we encounter when discussing 'the drug problem'.

References

- Advisory Council on the Misuse of Drugs (2008) *Cannabis: Classification and Public Health*.
- Barton, A. (2003) *Illicit drugs: use and control* Oxon: Routledge.
- Becker, H. (1963) *Outsiders: Studies in the Sociology of Deviance*. New York: The Free Press.
- Bennett, T. and Holloway, K. (2005) *Understanding drugs, alcohol and crime* Berkshire: OU Press.
- Brown, M. E. (2001) 'A Sociological Perspective of Pharmacy: 1. What is a drug?' *The Pharmaceutical Journal* Vol 267 301-302.
- Burglass, M.E. and Shaffer, H. 'Diagnosis in the addictions I: Conceptual problems.' *Advances in Alcohol & Substance Abuse* 3.1-2 (1984): 19-34.
- Cohen, S. (1971) *Images of Deviance* Middlesex: Penguin Books.
- Davidson, N., Sturgeon-Adams, L. and Burrows, C. (1997) *Tackling Rural Drugs Problems: A Participatory Approach*. Police Research Group Crime Detection and Prevention Series, No. 81. London: Home Office.
- Drugscope (2008) *The Essential Student Reader on Drugs* London: Drugscope.
- Edwards, G. (2004) *Matters of Substance* London: Penguin.
- Gossop, M. (1996) (5th ed) *Living with Drugs* Aldershot: Ashgate Publishing Ltd.
- Gossop, M. (2007) (6th ed) *Living with Drugs* Aldershot: Ashgate Publishing Ltd.
- Hammersley, R. (2008) *Drugs and Crime* Cambridge: Polity Press.
- Hammersley, R. and Dalgarno, P. (2012) *Drugs: Policy and Practice in Health and Social Care 12* Edinburgh: Dunedin Academic Press Ltd.
- Home Office (2008) *Drugs: protecting families and communities* London: HM Government.
- Home Office (2010) *Reducing Demand, Restricting Supply, Building Recovery: Supporting people to live a drug free life* London: HM Government.
- Levinthal, C.F. (2002) (3rd ed) *Drugs, Behaviour and Modern Society* Boston: Allyn and Bacon.
- Murji, K. (1998) 'The Agony and the Ecstasy: Drugs, Media and Morality' in Coomber, R. (ed) *The Control of Drugs and Drug Users: Reason or Reaction?* London: Harwood.

- Nutt, D. (2009) *Estimating drug harms: a risky business?* Briefing 10 Centre for Crime and Justice Studies: King's College, London.
- Nutt, D. (2012) *Drugs without the hot air: Minimising the harms of legal and illegal drugs* Cambridge: UIT.
- Parker, H. (2005) 'Normalization as a barometer: Recreational drug use and the consumption of leisure by younger Britons' *Addiction Research and Theory*, 13(3), 205–215.
- Parker, H., Aldridge, J. and Measham, F. (1998) *Illegal Leisure: The Normalisation of Adolescent Drug Use*. London: Routledge.
- UK Drug Policy Commission (2007) *An Analysis of UK Drug Policy: A Monograph Prepared for the UK Drug Policy Commission* London: UK Drug Policy Commission.
- Seddon, T. (2006) 'Drugs, Crime and Social Exclusion: Social Context and Social Theory in British Drugs-Crime Research.' *British Journal of Criminology* 46(4): 680-703.
- Taylor, S. (2008) 'Outside the outsiders: Media representations of drug use' *Probation Journal* 55(4): 369-387.
- Valverde, M. (1998) *Diseases of the Will: Alcohol and the Dilemmas of Freedom* Cambridge: Cambridge University Press.
- Young, J. (1971) *The Drugtakers: the social meaning of drug use* London: Paladin.

