

Drugs: What Are They?

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I begin with my own country, as an example which will let me suggest an orientation for our discussions. The United States, as is well known, has a very large “drug problem.” The problem is real, but it has been conceptualized improperly. The U.S. government defines the problem as one of “drug” or “narcotic” use, and goes on to conceptualizes this area of human behavior as a police problem: people are using substances that “appropriate experts have defined as things they should not be using, and thereby doing themselves and others harm. The solution to this problem is to enhance the police power so that these “narcotics” or “drug” users can be discovered and, through the use of the criminal sanction, prevented from continuing to use. Those who supply users with “narcotics” must similarly be prevented, by use of the criminal sanction, from continuing to give users the means to harm themselves.

The U.S. government has taken the wrong approach to the so-called drug problem. This is not and never has been a police problem except in the sense that the police are themselves the problem. It is, rather, a semantic problem, a problem of definitions, a problem of the fit between words and reality. We might better say that the solution to the American problem is for the American government to call these substances by some other name, a name which would allow a different and more realistic method of regulating their use.

I will suggest the following propositions:

1. “Drug” (as well as “narcotic,” and similar terms in French and other languages) does not denote a scientific or pharmacological category. It points, rather, to a category that reflects how a society has decided to treat a substance, and it implies a classification of substances in which the term “drug” has an ambiguous status.
2. The category to which a substance is assigned affects how people who ingest that substance are treated and that, in turn, affects what the substance in question does to and for them.
3. Therefore, the solution to the problem is to redefine the phenomena involved. But this simple solution is not available because the power to define is concentrated among people whose interest gives them no incentive to take that easy step.

Categories and Moral Judgment

The world is full of things, substances, objects, which we categorize in a variety of ways. One category, not in common use in ordinary life or even in most professional vocabularies, is that of

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things, substances and objects which are ingested, taken into the body in one way or another. Some we swallow. Some we inhale. Some we inject. This classifies objects by their common routes of administration.

We also categorize the objects we ingest by the uses we put them to, the results we expect to obtain from having ingested them. Some substances provide nourishment, and thus maintain the normal physiological functioning of our bodies. Some provide the pleasures of taste and smell that we associate with wine and what we think of as well-prepared food. Some substances work to restore normal physiological functioning when our bodies do not work properly. Some provide the pleasures of altered psychological states to which, in one form or another, every society finds a way to gain access.

Routes of ingestion do not map on to the uses to which substances are put in any simple way. We swallow things meant to nourish, things meant to please, things meant to cure and heal, and things meant to alter our psychological state. We inhale things to cure us (nasal sprays), things to please us (perfumes), and things to alter our psychic state. We inject things that cure (e.g., insulin) and things that are meant to get us high. So we can't say that the route of administration is firmly attached to any category of use; they overlap.

Further, we typically categorize substances according to who is ingesting them. Substances may be healthful for one group and neutral or even harmful for another, as alcohol may be thought to improve circulation in the elderly but harm the health of children. Pork is religiously forbidden to Jews but is a healthful food for others.

Added to these categories of use and routes of administration are the categories of moral judgment, according to which some acts of ingestion are morally correct and even required, others morally neutral and permitted but not required, and still others morally reprehensible and forbidden. It may, let us say, be morally required for adherents of the Catholic faith to take Communion and swallow the Communion wafers, while religiously observant Jews are forbidden to eat a variety of foods; most of the food we all eat, however, is morally neutral, and a matter of our taste and our finances. Similarly, injection is generally disapproved, although permitted when done by appropriate personnel and for the purpose of healing or avoiding illness, while swallowing is generally an approved method of ingesting things, unless the purpose is illicit.

These overlapping categories allow people to create a great variety of substance/route/social type combinations, which can be morally evaluated in any of the suggested ways. The words commonly used in this arena of discourse suggest some of the standard combinations and evaluations. The most common categories are those of everyday activity: "food" and "drink." The most common categories for our purposes here are those which designate substances ingested only in special circumstances. The most common such terms, which I want to focus on here, are "drug," "narcotic," and "medicines," which seem to be distinguished by whether ingesting them is evaluated positively, neutrally, or negatively, and whether negative evaluations are combined with a legal prohibition or regulation.

The names are important because they suggest and legitimize action. If something is “food” or “drink,” then we do not consider ingesting it an activity that the State should intervene in, other than to guarantee standards of accurate labeling of amounts and contents and healthful conditions of production and sale. If something is called a “drug,” however, there are two possibilities. It can be a “medicine,” in which case ingesting it is a good thing to do. The same substance, however, can be a “narcotic,” in which case it should not be ingested, and should not be available for ingestion; the State properly intervenes, if necessary by use of the criminal sanction, to see that these prohibitions are enforced.

How do we know whether a substance is one or another of these things? One thing is clear. These are not pharmacological categories. Substances are frequently reclassified. Medicines become drugs, and drugs become medicines (food and drink can also become medicines, though they less frequently become drugs). The question cannot be settled by looking at the formula that describes the substance chemically, though this is often attempted. Many years ago the distinguished theorist of deviance David Matza noted, in a paper that unfortunately was never published, that “weeds” (*mauvaises herbes*) did not constitute a botanical category but rather a moral category. The term “weed” was defined, in books on horticulture, as “a plant out of place,” as a plant which was where someone (a gardener) didn’t want it to be. Those of us who are fond of wild blackberries define them as food. But people who are trying to maintain a garden of flowers or vegetables know them as a vicious weed which will take over a plot of earth gardeners have dedicated to some other plants; the blackberries would be fine in their place but now they are in another plant’s place. This gives us a clue as to how to approach the question of drugs, narcotics, and medicines. We can think of words like “drugs” (when used pejoratively) and “narcotics” as the equivalent, in this arena of social life, of the term “weeds.” Drugs and narcotics are, we might say, pharmacological weeds.

Matza’s discovery that “weed” was not a botanical category, but rather a moral judgment about a plant not being in its proper place, suggests an analytic point of departure: a “narcotic” is a substance out of place. The place of a substance, its proper place, is that combination of substance, route, and person which are understood to be appropriate and proper: something which may appropriately be ingested under certain circumstances by a certain kind of person for a certain kind of use. When a substance is so ingested, it is a candidate for being defined as a medicine. The improper place of a substance, the place it doesn’t belong, is that combination of substance, route, and person which are understood to be inappropriate and improper. When a substance is ingested in what is understood to be an improper way by what is understood to be the wrong kind of person for what is understood to be an improper use, the substance is a candidate for being defined as a narcotic.

I say substances are candidates for being defined in one way or another because there are always two steps to the analysis of the categories to which substances are assigned. First, we want to know what combinations are in fact common enough to be socially defined at all, to have names which are widely recognized and moral reputations which are equally well known. And then, since these combinations alone will not distinguish substances unambiguously (some combinations similar to those which have been defined as “out of place” will not be so defined), we want to know the process through which the potential negative labeling is turned into actual labeling.

This crucial second step, which creates a large area of indeterminacy in the process of definition, is that someone has in fact to do the defining, have the right and take the initiative to say that a particular combination of route, person, and substance is inappropriate and out of place. And that may or may not happen, depending on local circumstances and especially on who is in a position to do the defining and who wants to argue with them about it. The problem of how substances are defined thus becomes a problem in the social organization in which that activity takes place.

Much of the definitional process is informal. But the crucial steps bring in the State and its power, because the State is the only actor powerful enough to exercise ultimate control over these definitions. Though some substances may come from folk tradition, and thus have acquired their names and definitions in that setting, the production and use of most of the substances we ingest are in one way or another regulated by the State and its various agencies. In the area of drugs, narcotics, and medicines, the State (through its agents) decides which category a substance will fall into, who may legitimately use it, how it may be manufactured and distributed, and so on. The State decides who can decide all these matters and, usually indirectly but nonetheless decisively, how they will decide them.

So whether a substance is a narcotic or a medicine is decided not by the substance's pharmacology, but by how the State decides to treat it. While the State can be, and often is, arbitrary, it more often tries to produce a believable rationale for its actions, and most often tries to do this through science or through a combination of science and morality. Certain scientifically ascertainable conditions must be satisfied if it to merit this or that label and the corresponding governmental treatment. Does the substance, for instance, really have the power to cure an illness or unpleasant condition? Has that been demonstrated in ways that meet the standards of the State and its regulatory bodies? If so, the substance can be a medicine, which means that it can be dispensed to and ingested by people the appropriate professionals have approved to take it. Has the medicine in fact been taken by the person approved by the State or its representatives in the medical profession? Or does the substance fail to have any recognized medicinal value, and thus qualify for membership in a class of forbidden narcotics?

These matters are decided in a combination of administrative and political considerations, most often understood to be a realm of "policy," official government policy. The differences between countries with respect to "drug policy" make clear how little any of these definitional processes have to do with the characteristics of the substances themselves. American drug policy has for decades been hostage to electoral politics. Every attempt to move away from the punitive policies established early in the last century has been stigmatized as "soft on crime" and a program of prohibition of all "narcotic" use has been maintained in spite of its obvious failure. The policy rests on an arbitrary classification of substances which sets their allowable uses. Many substances are not classified as medicines, even though their possible therapeutic uses are well-known and scientifically demonstrated. This has led to the somewhat bizarre situation in which voters have passed laws through the interesting American institution of the "initiative" to legalize, for example, the use of marijuana for therapeutic purposes (prevention of nausea in chemotherapy patients, glaucoma, etc.).

International comparisons make it clear that national policy is never dictated by the pharmacological properties of substances. The Dutch "experiments" with more lenient policies

stands as a perpetual rebuke to the American position. Henri Bergeron (1999) has described how “une singularité française” has expressed itself in a policy which runs counter to what is done in most other European countries.

Bergeron’s study shows how the process by which a substance is defined and categorized takes place not only in the arena of the state, its bureaucracy, and national politics, but also in the arenas of professional organizations and their mobility and development. The State almost always delegates the work in this area to professional groups, letting them deal with the details of matching substances to terms the State has authorized. So, in France, as Bergeron has shown us, definitions and programs came under the control of a psychoanalytically oriented organizational apparatus.

Caroline Acker (1995), in her careful study of the development of research and theory in the area of addictive drug use in the United States, shows how the discipline of pharmacology struggled to make a name for itself and a place in the American academic and scientific hierarchy in the 1920s. Part of that struggle consisted in an attempt to find a non-addictive analgesic that could be called a “medicine” rather than a “narcotic.” If these pharmacologists could find a substance that would produce analgesia without addiction, they would have solved what was coming to be defined as a major social problem by pharmacological means. And that, in turn, would demonstrate to the worlds of science, medicine, and the government that this new scientific discipline was indeed a worthy addition to the roster of established sciences and eligible for all the benefits that could bring to a group struggling for an established seat at the table. So the fate of a new substance like Desomorphine (desoxymorphine-D) depended on whether this experiment in professional mobility would succeed in giving it the “right” name and definition. If it could be called an analgesic, then people could take it without fear of arrest.

These are only examples of the way social organization and definitional processes work together to produce “drug problems,” which will be the focus of our deliberations for these two days.

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