

Key Concepts in Drugs and Society

What Is a Drug/Medicine?

A drug is any psychoactive substance that can alter the way the mind or body works, regardless of legal status or medical approval. It can be synthetic or produced from natural sources and can be used for a variety of reasons including medicinal, recreational and spiritual.

The perceived benefits of natural botanical substances have led almost all societies throughout history to extract the desired active ingredients from plants, minerals and fungi for their perceived curative, preventative, therapeutic or spiritual properties. Along with these drugs extracted from the natural world, drugs can also be synthesised in laboratories and produced within the human body. The effects of psychoactive substances vary greatly and can alter the way a person thinks, feels or behaves, along with changes in a person's perception of themselves and the world around them.

There are two main ways to define drugs. First, a distinction may be drawn between medicines, which are medically sanctioned psychoactive substances used for clinical purposes, and drugs, which are controlled substances whose use is not sanctioned either by law or by medical practitioners. Second, drugs can be classified according to their pharmacological make up and attributed psychoactive effects. However, the definition of what is a drug, and the distinctions between drugs, substances and medicines are disputed.

MEDICO-LEGAL DEFINITIONS OF DRUGS

First, in terms of the medico-legal definition, drugs can refer to psychoactive substances with a range of different legal statuses, including legal, illegal and quasi-legal drugs:

- 1 *Legal* drugs are those that can be legally sold, possessed and used, albeit often with certain restrictions. They include tobacco, alcohol, caffeine, volatile substances, and over-the-counter and prescription medicines.
- 2 *Illegal* or *controlled* drugs are those whose sale, possession or use constitutes an offence under the Misuse of Drugs Act 1971 in the UK, the Comprehensive Drug Abuse Prevention and Control Act 1970 in the USA and equivalent legislation in other countries. In the UK, illegal use of controlled drugs is defined as the 'non-medical usage of the drugs controlled under the Misuse of Drugs Act'. Furthermore, legal sanction of specific drugs can also relate to their

physical state, so that in the UK prior to 2005 possession of psychedelic or 'magic' mushrooms containing psilocin in their fresh state was legal, but if prepared for consumption in any way (such as dried or boiled), possession was illegal and the drug was classified in the most harmful category (Class A) under the Misuse of Drugs Act 1971, prior to the Drugs Act 2005 which extended control to psilocin in all forms.

- 3 *Illicit* or *quasi-legal* drugs is a less clearly defined term, which includes the 'grey area' between legal and illegal drugs such as those drugs that are not legally controlled but may face certain formal or informal restrictions on their preparation, sale or use. Three British examples are given here. First, in terms of *preparation*, in the UK before the Drugs Act 2005 brought all forms of psilocin under control, it was the preparation of psilocin or 'magic mushrooms' for consumption that made it illegal but it was not controlled in its freshly picked form. Second, the *sale* of solvents is restricted to over 16s and tobacco to over 18s in the UK. Third, it is illegal to possess GBL (gamma-butyrolactone) if intended for human consumption but not for *use* as an industrial cleaner. Certain drugs may be available on prescription but can also be purchased illicitly and without a prescription (for example, on the Internet), but are not socially sanctioned if used other than for their intended purpose, such as the 'misuse' of prescription medicines for 'recreational' purposes for example, the erectile dysfunction medication Viagra (sildenafil) (see 8 **typologies of drug use**). Most recently, some novel psychoactive substances (see **novel 18 psychoactive substances**) could be considered illicit in that they are not formally controlled by legislation, at least when they first appear, but their use is not legally or socially sanctioned and therefore it would be unacceptable to ingest 'legal highs' in many social situations.

Some countries have formalised this quasi-legal status. In New Zealand, for example, an amendment in 2005 to the Misuse of Drugs Act 1975 added Class D to the three pre-existing classifications (A-C), creating a category of drugs for which there were regulations surrounding minimum purchase age, manufacture, sale, supply and advertising. Benzylpiperazine (BZP or 'party pills') was the first drug to be (briefly) placed in this new category although subsequently banned.

In the UK, the Medicines Act 1968 covers the *medical* use of drugs, (prescription, pharmacy and general sales), whereas the Misuse of Drugs Act 1971 covers the *non-medical* use of drugs, criminalising the possession and trafficking (supply, intent to supply, import/export, production) of controlled drugs. These drugs are classified into classes A-C in accordance with perceived levels of harm, and schedules 1-5 in accordance with ease of access. Other jurisdictions have similar classification systems. Recently these classifications have been subject to dispute (Nutt et al., 2010), raising concerns about the relative arbitrariness of such supposedly 'objective' measures of harm which form the basis for legal classification of 'drugs'.

PHYSICAL/PSYCHOACTIVE DEFINITIONS OF DRUGS

Second, in terms of defining drugs by their attributed physical or psychoactive effects, there are four broad pharmacological categories of drugs:

- 1 *Stimulants* ('uppers') are drugs that speed up the central nervous system, make the user feel more alert and energetic, causing people to stay awake for long periods of time, decrease appetite and make the user feel euphoric. For example, cocaine, amphetamines, nicotine, caffeine.
- 2 *Depressants* ('downers') are drugs that slow down the functions of the central nervous system and make the user less aware of the events around them. For example, alcohol, opiates (painkillers, for example, opium, morphine, heroin, codeine, methadone, Demerol, Percodan), sedatives/hypnotics (for example, barbiturates, such as Seconal, sleeping medications, tranquilisers such as Valium, Librium and diazepam).
- 3 *Hallucinogens* (psychedelics) are drugs that distort the senses and one's awareness or perception of people and events, possibly resulting in hallucinations (seeing or hearing things that do not exist). For example, LSD, PCP (angel dust), mescaline (buttons), psilocin (contained in 'magic' mushrooms).
- 4 *Deliriant*s is a fourth category, sometimes submerged into depressants, which includes drugs that result in a dissociative effect between the mind and body, or 'out-of-body' experience. This has led some drugs in this category to be used as anaesthetics with humans and animals, for example, with children and on the battlefield, when traditional general anaesthetics may be considered to be either impractical or too risky for the patient. For example, solvents, ketamine.

It should be noted, however, that the above categories based on psychoactive effect can be modified by overlapping effects as some drugs fall into more than one category depending on the dosage, the individual user and other variables. So for example, cannabis, ketamine and alcohol are all perceived to have some stimulant properties at lower doses, but become predominantly sedative at higher doses. Furthermore, although the specific drug and strength of dosage is important, the existence and amount of other additives or adulterants, simultaneous use (see **6 polydrug use**), the physical and psychological characteristics of the individual user and the wider environment can also influence the psychoactive effects that a drug can have upon the user.

Other typologies of drugs include a distinction favoured in mainland European and Nordic countries between 'hard' drugs and 'soft' drugs (see **8 typologies of drug use**). 'Hard' drugs usually include those drugs which are seen as more likely to result in 'addiction' (see **4 addiction**), daily or problem use of drugs such as heroin and crack cocaine. A 'soft' drug primarily relates to cannabis but may also include other drugs such as those which are used occasionally and/or 'recreationally' and may also include hallucinogens and MDMA. In the Netherlands the distinction between 'hard' and 'soft' drugs is integral to their drug policy, with an

official tolerance of the sale and use of small amounts of cannabis by Dutch residents in designated ‘cannabis cafes’ or coffee shops in order that cannabis users may access their drugs without making contact with networks of ‘hard’ drug suppliers (see 19 the gateway hypothesis).

Drugs are not necessarily external substances. Within the body too, naturally occurring substances alter the way the mind and body works. Dopamine, serotonin and creatine, for example, are all naturally occurring substances that alter mood and performance, regulated by the body as well as potentially stimulated by psychoactive drugs. Given sugar and chocolate’s effects on the body, they too have been described as drugs, although this expansion of the term to include such substances has been contested leading to a questioning of the term itself.

CRITIQUES OF THE TERM ‘DRUG’

The debate between ‘drug’ and ‘medicine’

The term ‘drug’ is both socially contested and culturally context-specific. Some countries (for example, the UK) distinguish between substances that are medically and legally sanctioned known as ‘medicines’, and substances that are disapproved of in some way and known as ‘drugs’. By contrast countries such as the USA term all psychoactive substances regardless of legal status or medical sanction as ‘drugs’, as epitomised in the term ‘drug store’ rather than pharmacy. Other countries do not have a word for ‘drugs’ and do not make a distinction between socially sanctioned ‘medicines’ and socially disapproved or illicit ‘drugs’.

For many researchers and commentators, particularly in Western societies, the distinction between a drug and a medicine is the difference in its formal or informal acceptability. As Mary Douglas (1978) expressed it, ‘a drug is a chemical which is in the wrong place at the wrong time’. It has been argued that the distinction between ‘drugs’ and ‘medicines’ relates less to their relative physical or social harm and more to issues of regulation and social control (Ruggiero, 1999; Blackman, 2004). As Derrida famously noted, ‘there are no drugs in “nature” ... the concept of drugs is not a scientific concept, but is rather instituted on the basis of moral or political evaluations’ (1993, in Fraser and Moore, 2011: 10). Thus the concept of drugs, like the concept of addiction, can be considered to be socially constructed and based on historical and cultural context, value judgements and norms.

A distinction is sometimes drawn between legitimate drug ‘use’ and drug ‘misuse’ where the drug taking is judged to be inappropriate, dangerous and addictive (see 8 typologies of drug use). Indeed Fraser and Moore have suggested that ‘the category of drugs is an entirely political one ... it contains all substances society disapproves of at a given time, and which society says normal people should avoid, and want to avoid ... the terms “addiction” and “drugs” need therefore to be seen as social, cultural and political categories’ (2011: 11). Additionally, MacGregor has noted that some cultures do not have a word to describe the concept of addiction.

The debate between 'drug' and 'substance'

There is also a debate between the terms 'drug' and 'substance'. The 1992 World Health Organisation expert committee included both legal and illegal psychoactive substances within its definition of the word drug – including alcohol and tobacco. By contrast the 1997 World Drug Report made a distinction between substances (which includes alcohol and tobacco) and 'the unauthorised or non-medical use of drugs which, because of their potential for causing dependence, have been brought under international control' (UNDCP, 1997: 10).

Given the contested nature of the term 'drug', some researchers have argued for the use of a more neutral term such as 'substance use' rather than 'drug use'. In making the case, Ettore defines substance use as:

Any substance, chemical or otherwise, that alters mood, perception or consciousness and/or is seen to be misused to the apparent detriment of society and the individual. By replacing 'drug use' with 'substance use' we are explicitly including new discourses on bodily management and regulation ... from the viewpoint of women, 'substance use' is a more illuminating notion. (1992: 7)

SUMMARY

A 'drug' is usually understood as a psychoactive substance which alters the way that the mind or body works, and can be extracted from nature, synthesised in laboratories or produced within the human body. However, what counts as a 'drug' varies between historical and cultural contexts and the term can be seen as politically and morally value-laden in terms of which substances are legally and medically sanctioned or socially disapproved of, rather than related to the intrinsic qualities of the substance itself and its effects on the user.

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