

THE BECKLEY FOUNDATION
DRUG POLICY PROGRAMME



DRUG USE: KNOWLEDGE, CULTURE AND CONTEXT

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The Beckley Foundation Drug Policy Programme (BFDPP) is an initiative dedicated to providing a rigorous independent review of the effectiveness of national and international drug policies. The aim of this programme of research and analysis is to assemble and disseminate material that supports the rational consideration of complex drug policy issues, and leads to more effective management of the widespread use of psychoactive substances in the future. The BFDPP is a member of the International Drug Policy Consortium (IDPC), a global network of NGOs and professional networks that specialise in issues related to illegal drug use and government responses to the related problems. The Consortium aims to promote objective debate on the effectiveness, direction and content of drug policies at national and international level.

INTRODUCTION: DRUG USE AND KNOWLEDGE

The topic of data and its strength, range and validity has acquired considerable prominence in recent debates taking place around the conduct of international drug policy. There has been a growing movement for “evidence-based policy” in health policy more broadly, and this has permeated drug policy as part of a gradual, but general, shift in the balance between health and law-enforcement in terms of avowed policy objectives. A focus on the quality of data was demonstrated at the 52nd Commission on Narcotic Drugs in March 2009, with a group of countries tabling a resolution dedicated to improving the tools for the collection, reporting and analysis of data relating to drug use. This resolution spoke directly to the need to enhance the present system in order to provide information on which to build ‘evidence-based policies.’¹

There is no doubt that such a development is welcome, since both national and international drug policy is notorious for the extent to which it has tended to remain *evidence-free*, being driven instead by a mixture of prejudice, political expediency and historical accident. As stated by Axel Klein in the context of a discussion of the ways in which religious proscriptions on diet were generalized to Mediterranean peoples: “It could be argued that the current injunction on opiates and coca, as

developed by North American and European officials, is equally a reflection of cultural predilection, assuming universality by dint of a spurious claim to ‘science.’”² In a similar vein, as Peter Andreas and Ethan Nadelmann point out, the processes through which the current international drug control regime has evolved must be understood as “a confluence of the perceptions, interests, and moral notions among dominant sectors of the more powerful states.”³ Against this background, the objective of relating policy to evidence is obviously one which is desirable. However, appeals to ‘the evidence’ constitute a starting point rather than an achieved reality, and raise some important questions: What counts as evidence, and what does not? Who is to decide? How is the evidence to be constructed? Who is to interpret the evidence, and according to what criteria? And so on.

The evidence assembled and interpreted by the United Nations drug control system forms an important part of the base which guides the formation and maintenance of drug policies. The annual *World Drug Report* is regarded as the flagship publication of the UN Office on Drugs and Crime, (UNODC). In line with General Assembly resolution 61/183 in March 2007, the *Report* aims to continue to provide “comprehensive and *balanced* information about the world drug problem.” (Emphasis added.)⁴ Thus, having synthesized data provided by member states each year it supplies the international policy community with a plethora of information concerning the so-called ‘world drug problem.’ In so doing, the UNODC

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presents its global estimates on the number of hectares under opium, poppy and cannabis cultivation, how many metric tons of each of these drugs, as well as Amphetamine Type Stimulants, are produced and the levels of seizures by law enforcement authorities. These figures are matched on the demand side by estimated data concerning global trends in drug consumption. In an admission of the problematic nature of data collection within an illicit market, the *World Drug Report 2009* moved away from previous point figures to introduce ranges of figures for both supply and demand data.⁵ As such, and clearly becoming increasingly sophisticated in its approach, the publication is among other things intended to provide evidence of the prevalence and distribution of various drugs and their users, together with a snapshot of the global drugs market and the impact of enforcement policies upon it. However—despite the swathes of quantitative information concerning the prevalence and distribution of drug use—research and analysis dealing with the cultural context of drug use, the meanings and intentions of those who engage in it, and the roles which drug consumption plays in the formation and performance of contemporary identities, are almost entirely absent from the UN account.

This situation results in a number of shortcomings in the evidential foundation in which policy is supposed to be grounded. Crucially, while policy-makers and those seeking to influence them are possessed of copious facts about the spread of drug use around the world, there is little or no attention paid to *why* these people are consuming drugs, what it is they achieve, obtain and communicate by their usage, no hint of the altered states of mind that occur in drug experiences and that fascinate, captivate or compel these millions of citizens to build the consumption of drugs into their social identities. This lack of qualitative understanding of drug use as a cultural practice formed within a social and historical setting does little to assist with the construction of realistic policies dealing with such a complex and multifaceted issue. Employing a predominantly theoretical approach, this briefing paper aims to stimulate discussion around the need for a qualitative corrective to complement the currently dominant quantitative approach. While leaving some areas of this emergent debate unexplored, we examine the major causes and effects of the relatively impoverished understanding of drug use, and go on to suggest ways in which the situation can begin to be addressed and alleviated.

QUANTITATIVE KNOWLEDGE AND THE CULTURE OF POSITIVISM

It is a striking feature of the UN discourse on drugs that its ‘evidence base’ is almost wholly quantitative in character. The pre-eminence of quantitative data reflects the research culture dominant within both the member states and the UN agencies. As noted above, extensive data is provided on the prevalence of use around the world, on estimations of metric tonnage of various substances produced, and so on. While this data has recently been subjected to important critique regarding its mode of representation, its blind spots, lacunae and other problems, these will not concern us here. We do not suggest that such data is unimportant or without utility. The point we are making is rather that, even if all the methodological questions are answered and the data perfected according to their own criteria of validity, they still say little about *why* all these drugs are being used. In contrast to the sophistication of its quantitative data sets, for example, the *World Drug Report* remains very largely silent on the human questions of meaning, culture, experience that the issue of drugs must raise—and at least try to answer. Let us examine further this imbalance in the type of information included in the UN’s analysis.

The use of quantitative methods to construct social data dates to the Enlightenment period of state building, when governments first became conscious of the population as an object of knowledge and intervention. The etymology of the term ‘statistics’ points back to these origins; etymologically, statistics is the *science of the state* or population. The use of statistical methods became identified with the 19th century movement of *positivism*, which sought to advance human societies by the application of the scientific method, the rationality of the natural scientific method acquiring a quasi-religious status within this belief system. The word positivism is now employed to denote the use of the methods and rationalities of natural science to the study of human beings. The research methodology of the UNODC is positivist in form and style. This is perhaps unsurprising bearing in mind that Member States, their representatives and functionaries all participate in and perpetuate the culture of positivism. Indeed, since the UN agencies are the representatives of their clients, the international community of nation states, it is with Member States that the ultimate responsibility for such an approach lies. This type of research is regarded by many in the field of politics and current affairs as being ‘scientific’, and those politicians and administrators to whom drug policy research is often addressed tend to believe that quantifiable information is more objective, reliable and valid than other knowledges. Quantitative data certainly has its strengths; if one wishes to know the numbers of users in a certain country, the number of reported arrests, of HIV cases and so on, this methodology is eminently suitable. There are a number of further practical

advantages in its adoption: statistical data may be readily translated across other domains of governance, such as the fiscal, making it possible to assign unit costs and budgets. The social and political nature of the policy-interface in which these research data function, consequently, tends to determine the kind of research that is carried out and deployed. As we will see, this applies not only to methodological and theoretical factors, but to the value judgments that underpin them.

There are a number of difficulties encountered in trying to research qualitative drug use experiences and to examine the ways in which drug related experience and conduct is structured by language and culture. Much of the resistance to such work is, in a broad sense of the term, political in nature, and derives from factors discussed above: the relations of quantitative data to the political and economic rationalities of government and its supposed superior scientificity. However, a number of alternative types of research are available to supplement quantitative data, and to provide a fuller and richer understanding of the phenomenon of illicit drug use. In this paper we examine the two most influential alternative or complementary approaches to research, in addition to the methodologies they employ and the theoretical, conceptual and philosophical frameworks that underpin them. The two approaches are the *ethnographic* and the *socio-linguistic*. Both have emerged from complex and sometimes highly specialized debates and projects, which we are unable to address in anything like their fullness here. However, it is possible to indicate the most important relevant contours of these forms of knowledge and the clear returns to be derived from applying them in the study of drug use. We will turn first to the ethnographic.

ETHNOGRAPY & THE PHENOMENOLOGICAL CRITIQUE OF POSTIVISM

The term *ethnography* is derived etymologically from the Greek word *ethnos*, and means *to describe the pattern of life of a given group of people*; that is to say their culture. The term was first used in the discipline of anthropology, and its methods of investigation involve the direct observation of cultures. The term *phenomenology* is often used to denote similar modes of study; this term stems from continental philosophy where it first appeared in the work of Kant and Hegel.⁶ It refers to the study of ‘the phenomena’—the *given facts of experience*, as opposed to those essences or structures that may be posited as underlying or causing the phenomena. In addition to these European antecedents, the work of American philosopher G.H. Mead⁷ (which gave birth to the school of *symbolic interactionism*) has been highly influential in the development of phenomenological social research.⁸ Phenomenologists argue that applying the

methods of natural science is neither appropriate nor desirable—and may indeed be argued as unscientific. This is because human beings are *agents* and causes of their own actions, who, unlike the objects of natural science, are perceiving *subjects* who respond experientially to being studied. Moreover, it is ethically and politically unacceptable to apply the methods of control and isolation of variables that characterize disciplines such as physics or chemistry to the objects of social science, who are, after all, other human beings. In the contemporary sense, phenomenology more precisely refers to *social phenomenology*, the study of the experiences, understandings and meanings applied to their lived lives by actors or agents within a social setting. In practice, the terms ethnography and phenomenology are often used more or less interchangeably to denote methods of studying human experience and behaviour in which the most important thing is to capture the ways in which meanings are composed by the subjects themselves, rather than by imposing some extraneous causal mechanism that supposedly underlies subjectivity and conduct.

The first systematic application of an approach that focused on subjects’ own cultural meanings in relation to drug use was that of US sociologist Alfred Lindesmith.⁹ Lindesmith was studying heroin addicts in 1930s Chicago, and was highly critical of the prevailing orthodoxy which, drawing on psychiatric ideas (particularly those of Lawrence Kolb), viewed addiction as stemming from the abnormal ‘psychopathic personality’ that addicts were supposed to possess. Lindesmith insisted that there was in fact a strong cultural component in the assumption of the addict identity, which turned on the relationships in which interactions with others in the addict subculture revealed to the novice that the sufferings of withdrawal could be instantly alleviated with another dose. Through these culturally mediated learning processes, many people without ‘psychopathic’ personalities could and did become addicted; similarly, those who had been administered opiates in hospital treatment often endured symptoms of withdrawal relatively easily, as a consequence of the very different set of meanings and symbolic codes in play within a clinical therapeutic setting. Lindesmith also argued powerfully that the psychiatric understanding of addiction was, in effect, merely a clinical re-statement of popularly held prejudices against addicts or ‘dope-fiends’. While his theoretical formulation of addiction can be seen in retrospect as being somewhat flawed, it broke important new ground in its acknowledgement of the crucial role of cultural meanings in both defining and constituting the social reality of drug addiction. The meaning of addiction, both to addicts and to the broader society—in particular those parts of it which could make their own meanings *count*—was shown to be integral to the lived experience of addiction, and to understanding it.¹⁰

One of the next major steps taken in this kind of understanding was in the pivotal work of Howard Becker in the 1950s. Becker turned the ethnographic approach toward the practices of cannabis smokers, making important advances which led to the development of the *labelling theory* school of sociology. These are discussed in box 1.

BOX 1 HOWARD BECKER & LABELLING THEORY

“Social groups create deviance by making the rules whose infraction constitutes deviance, and by applying those rules to particular people and labelling them as outsiders.”¹¹

This is Howard Becker’s famous formulation of ‘deviance’, a sociological term for criminality and certain other abnormal types of conduct. The important point to take from this is that the approach conceptualizes crime not as something which is essential, or wrong in itself, but as a *matter of definition*: societies form the category of the criminal through the setting up of laws that define it. Societies at different times and places have defined crimes quite differently. This a matter of historical evidence, and of particular relevance to drug policy. Simple in itself, such a conception nevertheless allows us to approach the problem of social deviance in a way that makes us more sensitive to the danger of generalizing from a particular case and reproducing the prejudices of our culture in our forms of knowledge.

Becker obtained his doctorate in the early 1950s, and had an intimate knowledge of the jazz music subculture, having played piano in a campus band. He had encountered drug use in the music scene, and was stimulated by Lindesmith’s work on opiate addicts to try applying similar methods to the study of marijuana smokers.

Becker’s work falls within the sociological tradition of *symbolic interactionism*, whose origins lie in the emphasis on subjective meanings found in the work of Max Weber and G.H. Mead. Becker wanted to understand the role of the symbolic, which we may loosely define as culture, in the experience and conduct of cannabis smokers. Working through observation and participant observation, he studied the ways in which cannabis users *learned to become* cannabis users through their interaction with practiced users in the jazz subculture of 1950s America. This learning process applies not only to the techniques of getting and smoking the drug, but extended to recognizing its effects and what meaning these effects have in symbolic or cultural terms. His approach thus undermined the *pharmacological determinism* which still permeates much popular understanding of drugs—pharmacological determinism being the belief that the chemical constituents of a drug simply cause the experienced reaction. According to Becker, the effects of cannabis had to be recognized and comprehended through interaction with other, more experienced smokers. Moreover, the sense of meaning,

motivation and identity as a marijuana smoker were themselves mediated through this cultural interaction.

This process depended, in addition, on broader social actions and reactions. Becker argued that the understanding of cannabis use as criminal deviance that circulated through mainstream social agencies such as the mass media is intended to dissuade people from adopting the stigmatized behaviour—i.e., that it is a form of moral regulation. To counter this and to forge an identity as a regular marijuana user, those within the subculture develop an alternative symbolic framework within which smoking is understood as creative (many of these smokers were musicians), relaxing and beneficial. There is nothing pre-determined or set about this process, however: some people will try a few times and move on, while others will become regular users enmeshed in the subculture. What happens is not determined by the drug itself, but by the complex and diverse sets of interactions that surround the individual and whose negotiation shapes their identity and affiliations.

Becker’s work was an important contribution to the development of *labelling theory*. The labelling approach drew attention to the process by which identity was formed through the social response to ‘deviant’ or stigmatized conduct: for example, the more that society denigrated cannabis smokers, arresting and prosecuting them, making mainstream involvements such as employment difficult, the more (paradoxically) society solidified and fixed the drugs-based identity. The applied label has powerful significance for the ways in which individuals are seen by others and the ways in which they come to see themselves.

Jock Young developed these ideas in a 1971 study of British drug users in London. This study, entitled ‘The Drugtakers’, concentrates on the power relations implicit in the labelling process; that is, on those with the authority to make the act of labelling count, and in whose interests the process might function. Again, the symbolic character of usage is explored, with drugs constituting a part of the counter-cultural youth movement and their consumption viewed as an integral element of resistance to the dominant power structures. While the social climate has changed, these beliefs continue to form part of many youth cultures.¹²

SOCIAL PHENOMENOLOGY- SUMMARY

The purpose of proposing that the UN drug policy agencies should add this mode of research to their repertoire is that, as noted above, despite the abundance of quantitative information featured in the *World Drug Report* and similar publications, there is very little sense of why it is that people use drugs, from their own point of view. References to ‘peer pressure’ or abusive backgrounds do appear sometimes in UN discourse, and while no doubt these factors are relevant in certain cases, they lack explanatory power and sophistication.¹³ Mostly the UN drug control system seems content to simply assume that the social context and meanings of drug use are sufficiently self-evident to require no further discussion. However, in contexts where research has been undertaken, it has contributed a great deal to the understanding of these behaviours. We will return to the problems surrounding the adoption of other theoretical approaches in the concluding remarks of the briefing.

THE SOCIO-LINGUISTIC APPROACH TO DRUGS

In recent decades much of the debate across the humanities and social sciences has focused on ‘the linguistic turn’ taken by many researchers in these disciplines. Influenced by modern linguistics as constituted by both Ferdinand de Saussure in Europe and Edward Sapir in the United States,¹⁴ this move has seen a refocusing of analytic attention toward *language*, and on the ways in which language shapes and structures human knowledge, experience and conduct. It has been highly influential in many areas of social science, yet remains marginal to most mainstream discussion of drug policy. Again, it is necessary to give a brief, broad-brush account of debates of great complexity, and we will attempt this in this section.

Firstly, it may be worth explaining why a focus on language would be relevant to discussions of drug policy. Marek Kohn, an innovative cultural historian who has traced the early development of drug culture in the UK, has pointed out that drug laws are often seen as reflecting a sort of ‘natural law’—it is felt by many people that there is an inevitability to the illegality of drugs, that these laws have always been in place and are simply a commonsense recognition of the extreme dangers associated with such substances.¹⁵ It is precisely this seeming ‘naturalness’ of situations, norms and conventions, which are in fact very much the result of social processes, that the socio-linguistic approach can help to unmask. Its tools can help to render the apparent *givenness* of things open to critical scrutiny as the contingent outcome of processes of power and history.

LANGUAGE AND REALITY

The understanding of language as formulated by modern linguistic theory is somewhat different from the ‘common sense’ version. Briefly, the most important thing to understand is that words do not simply point to objects in the world, but to *other words*: the ‘meaning’ is located not in the relation between the word and the referent (the object it points to), but distributed along whole chains of related words which make sense in terms of their differences from one another. As Saussure put it, language is “a system of differences without positive terms”. What does this mean?

A simple example will help to illustrate the point. Think of the English word ‘door’; we know of course that it refers to the material object that we open and close in order to enter or leave a room. But in fact the concept of a door only makes sense in terms of an (in principle endless) set of other terms structured in terms of oppositions or differences: a few of the first that spring to mind are open/shut, matter/space (for wall/hole), inside/outside, and so on. These are all functional physical terms: but of course language is always used by human beings in social relations, so the concepts of inside/outside, opening/closure immediately connect to and imply others such as us/them, access/denial, inclusion/exclusion and all the associated codes of group membership. These chains of signification go on as far as one cares to take them. This is not the place to take them very far, but hopefully the point has been illustrated: the relation between *words* and *things* is not a simple relation of pointing, but a question of the multiple and complex insertion of objects into webs of meaning.

Another crucial point to keep in mind is that, whatever else they may be, words are concepts, and *have a history* which can be traced. This brings us back neatly to the question of drugs and drug policy. Drug policy is a field in which numerous terms are routinely employed quite unproblematically, as though they simply point to a reality that is out there in the world: ‘drugs’, the basic term itself is a constructed sign that has only assumed its seemingly natural and obvious current meaning in the twentieth century. The term ‘drugs’ is often taken to be a chemical or pharmacological category, referring to substances with particular types of molecular structures, but is in fact *a socio-political one*. As Angus Bancroft observes, “There are no pharmacological categories of ‘illicit drugs’ ‘licit drugs’ and medications.’ They are social categories constructed because as a political community we have come to treat some substances differently from others, depending who uses them, how and for what.”¹⁶ The same type of considerations apply to ‘addiction’, ‘addict’, ‘alcoholic’, ‘problem drug user’, ‘drug abuse’ or ‘world drug problem’—all these terms lack the innocence with which they are often clothed and are the result of complex and conflicted relations of politics, power, economics, ethnicity,

culture and language. The term ‘deconstruction’ is often loosely used to signify the analytical works which operate by ‘unmaking’ such social and theoretical categories, picking them apart and tracing the historical and conceptual forces which form them and make them appear natural and obvious. To quote Angus Bancroft once more, “Deconstructing the drug problem is not some clever-clever piece of academic showboating. The distorted way in which these problems are set up is damaging, often to the most vulnerable in society.”¹⁷

Sometimes these kind of critiques are misunderstood as denying objective reality, but this is not the case. What is being insisted upon, rather, is that objective reality is always apprehended by means of language, that the workings of language are more complex and non-localized than is popularly supposed, and that language is always a *social* phenomenon, and, consequently, it is always already implicated in other social relations, such as *political* ones, as noted on the previous paragraph. To demonstrate this, we can take another case. There is in the South Atlantic Ocean a group of islands; cold, mountainous and boggy, they are dotted with sheep and have a low density human population. The islands are invested with two powerful sets of political and historical identities, with the respective narratives being very largely at odds. In one narrative, they are named the *Falkland Isles*, in the other, *Islas Malvinas*. Both of these identities are ‘real’ in a sense, though they are at the same time unequivocally socially constructed; one of them is perhaps more real than the other at the present moment, since Britain defeated Argentina in a military conflict over the political possession of the archipelago in 1982. Britain had the political, economic, social and cultural power (not to forget the military strength) to make its definition of these granite rocks *stick*. The definition of cannabis as a class B illegal drug rather than, for example, a sacramental herb as it appears in the Rastafarian religion, is similarly a matter of the action of a complex set of power relations. The use of force is part of this defining process, as is the use of science.

These techniques of research and analysis provide those of us in the drug policy field with a way of examining our own basic categories and the assumptions that underlie them, assumptions often having been built by historical processes into the concepts we use without reflection. These processes can appear historically remote, but their effects continue to accrue in the present, sometimes with disastrous results. The best way to demonstrate the usefulness of the socio-linguistic approach is to illustrate it via case studies. Please see Box 2.

BOX 2 CONSTRUCTING THE ‘DISEASE OF ADDICTION’

“The ubiquity of the disease concept of addiction obscures the fact that it did not emerge from the accretion of scientific discoveries.”

Craig Reinerman, ‘Addiction as accomplishment: The discursive construction of disease’¹⁸

Sociologist Craig Reinerman applies some of the deconstructive tools discussed in this paper to the concept of addiction as a disease, which has become a central feature of contemporary discourse regarding drugs. The disease model of addiction is utilized within the UN drug control system as though it were a scientific concept, in the sense of ‘scientific’ normally associated with the natural sciences; it is taken to refer transparently and unproblematically to an independent reality. As the author puts it: “The disease concept of addiction is now so widely believed, so taken for granted in public discourse about drug problems, it is difficult to imagine that it was not always part of the basic perceptual schema of human knowledge.” However, Reinerman goes on to show how the disease concept of addiction was formed, relatively recently, through historical and cultural processes other than the scientific, and promulgated by particular actors and institutions; it is, he says, the product of a “different species of social accomplishment.”

Both drug and alcohol dependence have been conceptualized as involving a discrete disease entity, but in decades of research no physical or biological disease entity has been located. Reinerman acknowledges recent research that, focusing on the brain as the presumed locus of disease, has identified neurological pleasure pathways or ‘reward circuits’ that have been claimed to demonstrate the neurological basis of an underlying disease mechanism. However, he points out that such research has now yielded “an embarrassment of riches” in the sense that the changes observable in these neurological systems occur not only in the case of drug or alcohol use but in a wide variety of pleasurable or satisfying activities, including those which involve no pharmacological substances whatsoever. On the basis of such an observation, *any* pleasurable activity that is repeated can be seen as symptomatic of the disease of addiction. Such a general mechanism would consequently have very little explanatory power in relation to the excessive and problematic consumption of drugs.

While recent neurological research has been invoked in support of addiction-as-disease, it is interesting to note that the concept emerged long before *any* evidence could be adduced to provide it with support. This tends to indicate that the concept served other than scientific purposes, and it is to these that Reinerman turns to develop his argument. In doing so he refers to numerous other accounts of the development and deployment of the disease model including those of Harry Levine,¹⁹ Mariana Valverde,²⁰ Peter Cohen²¹ and Robin Room.²² What all these authors share in common is historical work

that traces the development of the disease model back to the growth of early modern capitalism and the protestant religious asceticism that accompanied it. In this historical context the self came to be understood in new ways, as the agent of its own actions and possessed of rationality and free will. The regulation and comportment of the self became socially, economically and politically fundamental to the maintenance of social order: the autonomous or 'self-governing' individual became the template for modern selfhood. When self-governance appeared to break down, as in the case of continuous drunkenness, theories were sought to explain why. At first the cause was sought in the properties of alcohol itself, leading to a doctrine of radical abstinence. Later, those who were understood to be consuming alcohol in a manner that rendered their conduct irrational and out of control were said to be suffering from a 'disease of the will', the concept which then shaded into the disease concept of addiction. The disease concept explained, both to society and the individual concerned, why it was they were acting in ways that appeared to be against their own 'self-interest'. It also accounted for the fact that lots of people drank, but only some drank too much—there had to be something dubious in their personality, or physiology or nervous system that predisposed them toward excess.

The disease conception incorporated the vision of drug and alcohol use held by the moral entrepreneurs of the protestant ethic of abstinence, and only later sought a scientific justification in order to popularise and lend it institutional and philosophical weight. In Britain, the moral notion of the opium drunkard was propagated by the Society for the Suppression of the Opium Trade (SSOT), and the set of behaviours and characteristics they described were incorporated into the disease of 'inebriety' (forerunner of addiction) by doctors and psychiatrists, many of them having close links with SSOT.²³

Finally, it is, as Reinerman notes, important to recognize the difference between understanding addiction as a social construction and dismissing it as *just* a social construction. To recognize the culturally and historically specific character of the experience is not deny its reality or importance or the profound suffering it can entail.

DISCOURSE & THE UNDERSTANDING OF DRUGS

Turning our attention to the language and the basic concepts that we use in thinking and speaking about drugs can reveal critical insights into the foundations on which we build policy, if we have the theoretical tools available to take advantage of the opportunity. The tools of the socio-linguistic methods facilitate this and sensitize us to the contingent, historically and

socially specific makeup of terms which have come to appear as if they are universal and natural. It situates concepts in a field of analysis known as *discourse*. In a sense, the concept of discourse as used in deconstructive analysis embraces both the phenomenological approaches and the socio-linguistic. Used in this way, the term discourse carries a different meaning to that of day-to-day speech, referring instead to the ways in which language is used to produce effects in terms of power relations: it includes but extends Howard Becker's idea of the moral entrepreneur (one who works to spread an ethical idea, value or principle) to include the notion of what we might call *ontological entrepreneurship*: the diffusion of statements about *what is*— about what exists and does not. Discourse is an organized field of writing and speech, embedded in institutions, buildings, timetables, offices, statuses, maps, codes, regulations and so on that functions *to define what is and is not real, true and valuable*. It differs from that pair of opposing concepts, ideology and rationality, in that from this perspective *all* knowledge is discourse, produced within social structures. No such social structure can be outside of history and culture, and each scientist is also social subject whose frame of reference is constructed inside the frameworks of a specific time, place and culture.

As we try to observe, understand and act upon the world in which drugs are used, we must be equally prepared to turn our critical faculties toward the conceptual and practical instruments by which we seek to achieve that knowledge and intervention. Over the last couple of decades a great deal of research has been carried out from this perspective, but the UN drug control system has largely ignored it. In this paper, we have argued that it is high time for this to change.

CONCLUDING REMARKS

We have considered and briefly outlined some of the characteristics of additional theoretical perspectives and methodologies that may be employed in the study of the use of illicit drugs. What these approaches have in common is their attention to the mediation and active construction of the objects of perception, through social interaction and through linguistic categories respectively. We can illustrate the joint action of these two sets of factors in the historical context in which the paradigm of repressive regulation is grounded: the opium culture of 19th and early 20th century China. In its detailed account of the development of the present international drug control system,²⁴ the UNODC itself situates what might be called 'the prohibitive impulse' in the Chinese 'opium plague.' The account is based primarily on the evidence of missionary workers, which the UNODC takes at face value (as did the 1909

Shanghai Opium Commission upon whose work the UNODC in many ways builds). During the ‘period of review’ leading up to the 2009 CND and its High-Level Segment, the UNODC made much of the success of this ‘century of international drug control’, citing the consensus and cooperation on which it was allegedly built and situating its hundred year existence within a humanitarian narrative of progress leading up to the present moment, in which the world drug problem was said to have been ‘contained’. The tools we have discussed in this paper allow a more nuanced version of events by taking into account the perceptual set and linguistic categories through which the missionaries who originated this version of events viewed the cultural landscape of China. The missionaries believed on *a priori* religious grounds that opium use was morally wrong and degrading, and their interactions with the Chinese people are coloured by this framework. Many of the Chinese peasants they encountered were suffering from malnutrition, while others were ill and using opium for therapeutic purposes. The signs of physical deterioration resulting from these conditions were interpreted by the missionaries as *the result* of their opium use. The UNODC estimate that perhaps 1 in 4 Chinese men were opium addicts is a projection of its own categories into a historical past in which they are inappropriate; though widespread, the use of opium in China was, according to numerous sources,²⁵ complex and variegated, with the problematic mode (‘addiction’) making up a relatively minor component. A deconstructive reading would further lead us to investigate critically the role that China as ‘Patient Zero’ in a drug plague plays in the UNODC’s narrative of the evolution of the international control regime.²⁶

We will now conclude by summarizing the most important practical consequences we believe would flow from the application these methods to international drug control. The present emphasis on the accumulation of statistical information, while it tells us something about the distribution of drug use, seizures, production, trafficking flows and so on, tells us very little about the context of use and its meanings for those involved. We argue that, with popular culture acknowledged by an increasing number of commentators as a leading driver of global drug consumption,²⁷ it is vital to develop a more sophisticated knowledge of the relations between popular culture and drugs. This is not the same thing, however, as simply berating celebrity figures for their drug use, as the UNODC Executive Director has done on occasion. For example:

Look at Kate Moss who still receives lucrative contracts after she was photographed sniffing. Rock stars, like Amy Winehouse, become popular by singing *I ain’t going to rehab...* Gangster rappers and a popular genre of Latino music called *Narco Corrido* glamorize drug dealers as

if they were modern day Robin Hoods. And while Britney Spears shouts *Eat it! Lick it! Snort it! F*** it*, paparazzi fill pages of fashion magazines, and TV crews film for the evening news... Whether they like it or not, these public icons therefore carry a heavy social responsibility. They should spare a thought for people less fortunate who suffer from addiction, and they should think about the damaging consequences of their irresponsible words and deeds... No one should evade their responsibility for preventing the evil of drug addiction. If they do, let the tragedy of addiction and the destruction of the drugs trade be on their conscience.²⁸

Whatever its motives, such moralizing is likely to have little effect on celebrity drug use or its representation in the media; if anything, the disapproval of authority figures only adds to the cachet of the behaviour, giving it the seal of disapproval.

As a supplementary point, it would appear to be fundamental to the broader principles of democracy that governmental and intergovernmental agencies acquire an understanding of their citizens’ beliefs, behaviours and experiences, and of the complex and varied role these forbidden substances play in the lives of citizens of states around the world. Part of the function of the UN drug control agencies should surely be to facilitate a two-way process of communication, informing Member States of the views and attitudes of their complex and differentiated publics.

In addition, we have argued for a reflexive understanding of the theoretical and conceptual tools presently used in the study of drugs; this is because the field of study is massively impacted upon by the discursive categories through which we view it. In this sense, we are already dealing as much, or more, with *policy-based evidence* as with evidence-based policy; the essential point is to recognize it and to acknowledge and account for the ways in which these influences operate.

As Bancroft notes, “Most...texts on drugs... devote a large part, or all, of their analysis to personal problems associated with... addiction, crime, overdose and longer-term health problems. Yet a history of the motor car could be written (and many are written) without any obligation felt on the part of the author to mention the many people killed or maimed in car accidents... Death, injury and suffering can result from illegal drug use, alcohol use, paracetamol and aspirin, driving, sport, being admitted to hospital, and cheerleading.”²⁹ While of course a core concern, the overweening emphasis on the problematic elements of drug use and the systematic, almost complete, disregard of the pleasures and possible benefits that citizens derive from illegal drugs do not spring naturally from the facts of the situation under investigation. Rather it is a result

of the cultural perspective that is brought to it, often without reflection. This asymmetric perspective, which is embedded in the frameworks of knowledge production, has developed along with, and is permeated by, the present system of legally regulating drugs and the set of social norms that have been produced and distributed in tandem with it. These structures pose ethical dilemmas for researchers, who may find themselves in situations where the demands of producing scientific knowledge and understanding of contemporary patterns of drug use are in conflict with the underlying assumptions and commitments of policy makers and administrators, i.e. of the institutional apparatus and forms of governance within which researchers work. In order to construct an adequate social scientific knowledge that most nearly approaches what we might call objectivity, it is necessary that the conceptual categories brought to bear on illicit drugs and the institutional setting within which they are framed should form part of the field of inquiry and debate.

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