

Introduction

Constructing drugs and addiction

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The title of this edited collection carries more than a hint of irony. It is clearly multiple. Drugs are often spoken of in terms of their physical or psychological ‘effects’. In turn, they are generally treated as the origins or causes of other entities, crime being perhaps one of the most widely assumed. In this respect, beyond the commonplace observation that drugs as substances have ‘effects’ in the body and on society, we can also say that the *idea of drugs* (their malign powers, their ability to corrupt and so on) itself has effects – at the level of politics and discourse. While the first of these two sets of meanings assumes drugs simply to be self-evidently concrete entities possessed of intrinsic characteristics and producing predictable results, the latter sees drugs and their effects as made in discourse, practice and politics: as constructed. This play on words is our attempt to signal the complexity of the issues canvassed in this collection, and the challenges and rewards that go along with holding these ideas simultaneously. This introduction aims to make this set of challenges and rewards clearer by elaborating key contemporary debates on the constructedness of reality and the nature of material objects, and considering how these ideas can illuminate issues of drug use and addiction.

Knowledge production on drugs, drug use and addiction has long been dominated by the sciences, and many argue that it is on this scientifically defined knowledge that policies and strategies for acting on drug use should

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be based. An influential trend in recent approaches to drug policy, for example, has been the call for 'evidence-based policy'; that is, policy developed not, it is argued, through moralising approaches to drugs, but through what advocates see as the 'objective', unbiased findings of research. While this approach has several strategic benefits, it also has two weaknesses:

- 1 *Its circularity.* Its logic is complicit with neoliberal values of independence and rationality, values usually seen as incommensurate with drug use. This means it tends to promote the very attributes drug users are stigmatised as lacking.
- 2 *Its epistemological naiveté.* It tends to take for granted that value-free, objective knowledge about the world *can* be produced.

The latter view – often classified as 'objectivist' or 'positivist' – has come under criticism from many quarters over the last few decades. Among critical social scientists it has been replaced by a range of constructionist perspectives that have been judged better equipped to illuminate drugs, drug use and addiction.

As Goode and Ben-Yehuda explain, the objectivist position assumes that social problems are constituted from concretely real damaging or threatening conditions.¹ In this view, any condition that causes death or disease, shortens life expectancy or significantly reduces quality of life for many people should be defined as a 'social problem'. Another version of the objectivist approach is found in the functionalist paradigm, which sees social problems largely as a product of dysfunction, social disorganisation and violations of social norms; that is, a discrepancy between what is and what ought to be. On the other side of the debate, the constructionist position argues that what makes a given condition a problem is the process of 'collective definition' of that condition as a 'problem', in other words, the level of concern within society about a condition or issue. In this approach, social problems do not exist objectively, as is assumed by the objectivist position, but are constructed by discourse, practice and politics. This can be seen in the fact that the existence of harmful conditions (such as the high rates of injury that go relatively unremarked in certain sports) do not in and of themselves constitute 'social problems'. It is also clear in that a given condition need not even exist for it to be defined as a social problem. Here the persecution of witches in Renaissance Europe and colonial New England is a good example (see Manderson's chapter in this volume). Definitions of social problems emerge out of specific socio-cultural conditions and structures, operate within particular historical eras, and are subject to the influence of particular individuals, social classes and so on.

The constructionist approach makes clear that levels of harm or damage do not provide a viable basis for the definition of social problems. As Goode and Ben-Yehuda argue:

It is the discrepancy between concern and the concrete threat posed by or damage caused by a given condition that forces us to raise the question, why the concern over one issue but not another? Or, why concern now but not previously? . . . How do definitions of social problems come about? Why is a social problem 'discovered' in one period rather than another? What steps are taken, and by whom, to remedy a given condition? Why do segments of the society take steps to remedy this condition but not that, even more harmful, one? Who wins, and who loses, if a given condition is recognized as a social problem?²

Social constructionism makes visible the social dynamics that help constitute conditions as problems.

Scholars from many fields and disciplines have used the constructionist approach to criticise processes of problem constitution and the often taken-for-granted knowledge that informs or shapes them, raising in the process broader questions about knowledge itself. If we can ask, 'what is a problem?' we can also ask, 'what is knowledge?' This is, of course, an ancient question. If problems and knowledges are socially produced, what do they describe? Do they describe (however imperfectly) a prior, stable 'reality'? Or do they actually produce reality? Could it be that there is no fixed reality beyond that posited, defined and disseminated by discourse, by the production of knowledges? Surely not. For many, reality is, in the last instance, defined by matter (physical objects and so on). And here the debate over the nature of problems and of knowledge itself has been taken up especially intensely by feminists, who have a particularly strong interest in the question of matter and what it represents. This is because the materiality of women's bodies has been used historically to limit their opportunities. Women's bodies, the argument has run, are designed for reproduction, and this imposes an insurmountable obstacle to their participating to the same degree as men in the public sphere, or even to qualifying for equivalent education and rights. Wanting to move beyond biologically deterministic views such as these, feminists have embraced the idea that matter is not in itself a limit to or substrate for social organisation: instead it too can be seen as socially produced in complicated ways through discourse, practice and politics, such as those relating to gender norms and expectations.

Such questions might seem to be a long way from the subject of this book – the relationship between drugs, health, crime and society, but they are crucial to how we think about and respond to drugs as a problem or set of problems. Like feminists, we need to ask whether the things we know about drugs reflect accurately a prior stable reality. If not, do we just need to work harder to produce more objective knowledge, or is unbiased knowledge, knowledge without a perspective, without investments, impossible? Like 'gender', is the reality of drugs socially produced? More specifically, are there irrefutable

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biological facts with which we can generalise about drugs, or are biological aspects of drugs usefully seen as themselves socially constituted?

These are challenging questions and to help us do justice to them, we can introduce a third set of ideas to deal with the question of matter. Are social constructionist views going too far in emphasising the role of discourse in the production of reality? Do theoretically elegant ideas about reality as socially constituted fail in the face of the biological ‘facts’? Who would want to dismiss, for example, a fatal heroin overdose as merely a discursive construction, as if a change in ways of talking and thinking about it would alter it or instantly prevent it from happening?

Retrieving materiality

Karen Barad, a scientist turned feminist scholar, has made the problem of matter a prime topic of her work. Drawing on feminist science studies and science and technology studies, she uses some well-established concepts as well as making some key innovations. In an important 2003 paper, Barad focuses on the understandable tendency among critical scholars seeking to escape biological determinism to understand reality as exclusively shaped by discourse, and to neglect the role of materiality in this process. As she argues:

Language has been granted too much power. The linguistic turn, the semiotic turn, the interpretive turn, the cultural turn: it seems that at every turn lately every ‘thing’ – even materiality – is turned into a matter of language or some other form of cultural representation . . . Language matters. Discourse matters. Culture matters. There is an important sense in which the only thing that does not seem to matter anymore is matter.³

Barad asks how we can acknowledge the role of materiality in the production of realities without characterising that role as determining, and reality as therefore ‘natural’ or unchangeable. She explores this dilemma with reference to what physicists call the ‘wave-particle duality paradox’; that is, under certain experimental conditions, light exhibits the properties of a wave, and under others it exhibits the properties of a particle. Is light a wave or a particle? Physics has always been certain that phenomena must be one or the other, never both. Carefully explaining and documenting her case, Barad concludes that it is both – physically, in its materiality, in reality – and that what it *is* depends on what instruments are used to measure it. Her case, put simply, is that reality, even in its materiality, does not exist prior to its measurement. In other words, we do not describe reality when we experiment on it; rather, when we measure it, we produce it. But – and this is crucial for our purposes – matter is not passive in this process. The matter of experimental devices, and the matter of light (if, or when, it is measured as a particle), shape each other.

Matter is not merely passive, waiting to be shaped by the ‘social’ (as has become a common approach, she complains), nor does it determine what the social can be (as has been the traditional view, with dire consequences for women’s rights among other things). Instead, she argues, for example, that in an experiment, the observer of the experiment and the object being observed are both constituted by their encounter with each other: that observation changes both the observer and the object of observation. Here, Barad is not suggesting that reality is beyond our comprehension but that it is produced in the process of observation. Each encounter reproduces reality uniquely, based on the specifics of people, objects and concepts encountering each other and being remade by these encounters.

On the basis of her analysis of the wave-particle duality paradox, Barad rejects the commonplace idea that things (such as the observer and the thing being observed) have independent existences, that they possess pre-existing attributes which ‘interact’ when they encounter each other. Instead, she poses the idea of the ‘phenomenon’ – that which is made only in its encounters with other phenomena. By moving away from the idea that things possess inherent attributes and properties independent of their encounters with each other, Barad also opens up another issue. She points out that the ‘phenomenon’ destabilises conventional formulations of causality by troubling conventional causation, which we usually think of in the following way: a pre-formed object (with inherent attributes) enters into subsequent relations with other pre-formed objects, and together they produce predictable, stable effects and meanings. So, for example, her approach would have us question the orthodox causal chain that drug A (e.g. crystalline methamphetamine or ‘ice’) has B inherent properties (e.g. it is a powerful stimulant), affects people in C specific way (e.g. it induces psychosis and paranoia) and we should respond in D way (e.g. prevent people from consuming it). Some of what most of us consider the most predictable effects of drugs on people turn out to be very heavily dependent upon other factors and how all these factors encounter each other in specific situations. To return to Barad, this process of encounter among things without stable prior attributes she calls ‘intra-action’, in preference to the more commonly used concept of ‘interaction’.

Barad argues that all things, such as physicists, measuring equipment and light – or, we can add, policy-makers, drug treatment services and drugs – are necessarily the product of their encounters with each other and with other phenomena; that they do not exist independently of each other, but are made and remade in their unique encounters. What are the implications of Barad’s analysis? What does it mean? Perhaps most importantly, we can observe that where objects do not have inherent attributes separate from the processes of observation or of intra-action with other objects, it makes no sense to see them as acting independently or consistently on other objects,

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or as ‘determining’ reality in predictable ways. What they do, what they are, is entirely dependent on their circumstances. What happens when we recognise that material objects – such as those physicists try to measure, or those the police try to control, or those people decide to smoke, swallow or inject – are neither purely the product of discourse, of social practices, or entirely determined by their supposed intrinsic material attributes? What are the effects of treating drugs as phenomena; that is, as continually *remade in their intra-actions with other entities*? Most obviously perhaps, blanket assumptions about the properties of drugs, their actions, their effects (even their physical properties and physiological effects) cannot be made. Furthermore, how we engage with drugs and the problems we assume to unfold from them also needs to be flexible and open to re-evaluation.

Barad also makes clear that the ‘human’ – what *we* do – needs to be seen as phenomenon too. By this, she means that people, their capacity for action and the ways in which they act are also the product of intra-actions with material objects, concepts and discourse. Thus, agency is not produced by humans in the traditional sense (i.e. it does not emanate from ‘within’ pre-constituted individuals), but by humans *and* objects, discourse *and* materiality in their intra-action.

To summarise, then, constructionist approaches to knowledge posit that what we know about drugs, and about reality more broadly, even our scientific knowledge of them is the product of social relations, of our values and histories. But this does not mean that we should necessarily seek more ‘objective’ knowledge about drugs, about reality – to aim for knowledge without the imprint of society. This, as many critics have pointed out, is impossible. Karen Barad’s theories introduce ways of understanding matter that move beyond some of the earlier social constructionist scholarship, which tends to assume that our knowledges and practices alone produce reality, and that matter is passive in this process. The materiality of drugs matters but so too do ideas, discourses, practices, histories and politics. All these produce each other and produce drugs, their effects and their circumstances.

Addiction?

If seriously entertained, these observations oblige us to ask a series of critical questions about drugs and drug use. They prompt us to look carefully and sceptically at foundational ideas for the ‘problem of drugs’, perhaps most obviously, that of ‘addiction’. The concept of addiction is a relatively new one. It is treated in public discourse as a more or less established medical fact, and like all medical facts, it is understood as pre-existing its ‘discovery’ by medical science. By this, we mean that orthodox thinking on addiction understands it as a condition that has always existed in one form or another,

but which has only relatively recently been identified and given a name. This 'realist' interpretation of addiction is part of the objectivist approach to medical science and to the world in general critiqued by social constructionism. Realism takes for granted that entities – that is, objects, states and ideas – exist before their entry into discourse, before they are named, analysed, described, experimented upon.

In challenging this assumption, many scholars have argued that the existence of addiction as an idea and a problem is co-extensive with that of Enlightenment notions of reason and rationality.⁴ The point here is not that addiction and Enlightenment liberal modernity are merely connected sets of ideas, or that there is a social or cultural 'side' to addiction. What we mean is that addiction and modern society *have made each other, and they continue to rely upon each other for meaning*. In other words, we do not simply argue that our *ideas* about a real, pre-existing thing – 'addiction' – are the product of their times. Instead, the point is that addiction, in *both* its conceptual and material senses, is produced by the times. Thus, the phenomenon of addiction – that is, the idea of addiction as well as the activities and objects associated with addiction, and the state of addiction itself – are produced through social and cultural practices, such as medical procedures, policing practices, media texts and the ways we talk about addiction in everyday life. One of the aims of this book is to offer opportunities for readers to reflect on this constructedness of addiction, and to think about the different political implications of realist and constructionist approaches to addiction.

In keeping with these ideas, for example, Redfield and Brodie argue that 'the addict emerged with the development... of a medico-legal discourse capable of reconceiving human identity in the language of pathology'.⁵ They give the example of regular and heavy drinking in the USA, which went unlabelled as 'addiction' for centuries before the emergence of the necessary discursive conditions for the generation of the label. Opiate use provides another example in that for centuries it was quite commonplace, considered a minor vice rather than the key evidence of an intrinsically deviant and pathological self. Cocaine use occupied a similar status. While these ideas were developing during the nineteenth century, it was not until the early twentieth century that the notion of the 'drug addict' began to reshape thinking around substance use.

This chronology of labelling is also reflected in the legal history of the term 'addictive substance'. Not until the twentieth century were drugs criminalised in the USA, Great Britain and Australia. In 1901 the Australian Federal Customs Act began regulating the importation of narcotics. In 1906 the US Pure Food and Drug Act removed opiates from patent medicines, and in 1909 the Harrison Act gave the US Government the power to regulate the possession, use and sale of narcotics. In Britain, the 1868 Pharmacy Act began to regulate opium use a little earlier, but it took until the 1916 Defence of

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the Realm Act and the 1920 Dangerous Drugs Act to seriously criminalise drugs.

Redfield and Brodie argue that this criminalising reflex developed out of two conceptual sources: first, from the powerful typologies of deviance generated by the emerging disciplinary society (and the associated rise of the 'psy' disciplines such as psychoanalysis and psychology), and second, from the emerging ethos of consumption that foregrounded commodity production and consumerism.⁶ This confluence of pathologising categories and expanding consumption meant that the twentieth century not only accommodated the idea of addiction: it also nourished and produced it in a multitude of forms.

Redfield and Brodie take their lead partly from Eve Sedgwick's work on addiction.⁷ In her view, mainstream definitions of addiction reference a particular relation – a relation to any object, practice or idea that is characterised by a lack of free will. For Sedgwick, Western liberal societies' reliance upon Enlightenment notions of autonomy, rationality and freedom have produced a central dualism: free will and compulsion. She argues that for as long as we have idealised and worshipped the idea of free will, we have also generated its opposite: the denigrated, devalued idea of compulsion. In this model, we must strive for the only good: a pure freedom. Dependence or reliance on, or compulsion to do, anything becomes defined here as a contamination and failure of the will.

Sedgwick argues that the last quarter of the twentieth century had seen the most intense period of 'addiction attribution' to date. But why, she asks, did this intensity emerge when it did? She identifies two features: first, the advent of HIV, which combined two highly stigmatised identities, the homosexual and the drug user, into an archetype of the pathological consumer at a time when, second, consumer culture was itself accelerating. The subsequent anxiety around compulsive behaviour rendered any practice vulnerable to the definition of 'addiction'.

While Sedgwick identifies 'free will' as the key value seen to be compromised or destroyed by addiction, Jacques Derrida identifies this key value as the related concept of 'truth'.⁸ According to Derrida, the significance of addiction, the source of its stigmatisation, is our conviction that the drug-using experience, the pleasure or joy that comes from drug use, lacks truth: 'We do not object to the drug user's pleasure *per se*, but to a pleasure taken in an experience without truth.' For Derrida, at the centre of our anxiety about addiction lies the truth of being that society demands from us, rather than any real concern about the thoughts, wishes or indulgences we actually enact. Whatever we do, say or feel, it must be truthful. It must not be fanciful, deluded or the product of chemical intoxication.

Understanding addiction as a broad problem of the truth of being and the freedom of the subject further reveals its role as a key concept in late

capitalist modernity. Mark Seltzer argues that the idea of ‘addiction’ exposes the predicament of the normative subject of late capitalism – the complex tensions at the centre of contemporary existence in that we are expected to desire, pursue and consume to be thought proper modern subjects.⁹ We must exhibit drive and a healthily assertive, ambitious attitude. At the same time, we can all too readily be seen as controlled or consumed by these very drives, which themselves can be redefined as ‘excessive’ and ‘pathological’. Sedgwick offers several examples of this dynamic to show that, given the right conditions, there is nothing that cannot be problematised as a form of addiction in contemporary society. She argues that anorexia, bulimia, obesity and even exercise can all be defined as about an excess of control, an inability to manage the desire to control. Even moderation itself, if too rigidly adhered to, if enacted out of habit rather than active thought, can be evidence of compulsion. We might think this apparent multiple bind, this tightrope walk of control, freedom and truth, merely interesting if, as Redfield and Brodie point out,¹⁰ it had not generated a world-wide system of drug prohibition which has vast social, economic and political costs and, many argue, few successes. As such, is worth taking very seriously as an object of study.

In acknowledging that the term ‘addiction’ has a historical context and political implications, and that the materiality of drugs can neither be dismissed or assumed, we can also question the pharmacology of addiction, the commonly held assumptions about the operations of addiction and the addictiveness of substances. Helen Keane uses the well-known example of research conducted on returned Vietnam veterans to argue that even the most demonised substances can affect people very differently.¹¹ The research she refers to found that a surprisingly high proportion of US soldiers had used heroin during the Vietnam War, with as many as 20 per cent reporting that they had been ‘addicted’ to the drug. This research also found, however, that only 10 per cent of this 20 per cent used opiates on their return to the USA. This suggests strongly that the popular representation of heroin as intensely addictive, and associated with unbearable withdrawal symptoms, is quite unreliable. If regular heroin use did not produce painful withdrawal and the usual gamut of social effects such as crime, what is heroin addiction? What, for that matter, is heroin?

In raising these questions, we do not mean to imply that addiction is simply ‘made up’ and has no effects. Just as the idea of addiction has emerged in a particular time and place, so have experiences of addiction. Where drugs are not prohibited, for instance, they are unlikely to become scarce. Experiences of craving and withdrawal differ under conditions of plenty from those under conditions of scarcity and prohibition. In other words, addiction is partly the product of prohibition in that experiences of craving and compulsion are less likely to materialise where drugs are easy to obtain. This was true of the use of

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many drugs such as the opiates prior to the late nineteenth century. No doubt some people (some heroin-using US veterans but not others, for example) experience addiction, compulsion, craving and withdrawal in relation to drugs, and these experiences have a serious effect on their lives and the lives of others. But this does not mean that drugs should be seen deterministically as stable objects in possession of fixed characteristics that always produce predictable effects – that is, that their inherent properties *determine* people's experiences, and as such demand particular pre-given responses – for example, that they can and must be 'stamped out'. By the same token, we cannot assume that they have no real effects and are therefore harmless. Sorting out perspectives that offer more than these two extremes, that take proper account of the materiality of drugs as Barad might ask us to do, is one of the key tasks for the field of critical studies of addiction and drugs.

Drugs?

Just as constructionist insights in general and the work of Barad in particular prompt questions about the notion of addiction, they too require a sceptical engagement with the notion of 'drugs' itself. As Derrida points out, in his critique of 'drugs':

there are no drugs in 'nature' . . . As with addiction, the concept of drugs supposes an instituted and an institutional definition: a history is required, and a culture, conventions, evaluations, norms, an entire network of intertwining discourses, a rhetoric, whether explicit or elliptical . . . The concept of drugs is not a scientific concept, but is rather instituted on the basis of moral or political evaluations: it carries in itself both norm and prohibition, allowing no possibility of description or certification – it is a decree, a buzzword. Usually the decree is of a prohibitive nature.¹²

Here Derrida is pointing to the intrinsically political nature of the category of 'drugs'. He argues that the term does not refer simply or reliably to certain substances with clear-cut attributes or effects. Instead, 'drugs' is a political category that includes some substances and excludes others, depending on the politics of the day. So, for example, until relatively recently, tobacco was not commonly referred to as a drug. What, we are led to ask, will be incorporated into the category of 'drugs' in the future?

This is one sense in which the catch-all category of drugs can be problematised – it refers only to some substances, and in a way that is not systematic. Another critique of the term 'drugs' can be made based on its role in collapsing a range of substances, effects and experiences into a single undifferentiated category. Given the variation in the physical make-up and perceived effects of drugs, can we speak of them as a group at all? As Keane argues, drugs can