

Old snow – new avalanche

Language and associations with different social settings can make a difference to how dangerous a drug is perceived to be, say Dr Michelle Cave and Christopher Hallam



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The recent appearance in the popular press of a deadly new drug – Methedrine – which threatens to spread like plague amongst the young and vulnerable, is liable to provoke a range of reactions. The 'average readers' of the tabloids, if they exist, may pray that their kids steer well clear; as for the politicians, they'll either work themselves up to some vigorous Drug War rhetoric, or sigh deeply and wonder when their party leaders might permit a reasoned set of alternative policy proposals. Into the jaded minds of front line drugs workers, meanwhile – especially those whose memory reaches back a couple of decades – powerful sensations of deja-vu may descend. Those of sufficient maturity in years may even dig out their old Speed Kills T-shirts.

This recycling of ancient terrors may also, however, give us pause for thought regarding some curious characteristics of drugs in general, which the everyday blur of events tends to obscure. What are 'drugs', after all? Of course, examine a dictionary and you'll be informed that drugs are chemicals which act on the central nervous system, changing mood or state of mind. Naturally no-one would wish to argue with such a proposition. But is this all they are?

Words and Things

The answer to that question is in the negative. Whatever a drug may be at the chemical level, it is also a word, a concept, and an entire set of associations connecting out indefinitely with all the other words and thoughts in our language. This language is, in its turn, embedded in social forms and institutions, where it circulates, and produces material changes and effects in our lives and experiences.

These elements of language, then, do not simply point to real objects, or reflect them in a mirror, pure and clear; rather, they play a role in shaping the realities they denote, a role which is no less important because it usually goes unnoticed. Let us take an example – one that has a resonance in the present.

My eyebrows are on fire

In the late 1970s, cocaine aficionados in the United States had adopted a new mode of administering their favourite drug – smoking it in glass pipes. The cocaine used was not the usual form of cocaine powder, cocaine hydrochloride, but a chemically altered form known as freebase. As the name implies, this involved the chemical release of the base form of cocaine from its associated hydrochloride molecule (by the use of ammonia). While some purists from this era insist that the base must be washed out with diethyl ether, in fact this process is not necessary. When the practice of smoking base migrated across the Atlantic, most

English enthusiasts employed either ammonia or sodium bicarbonate. The advantage of avoiding the use of ether stems from its highly volatile properties, which can easily cause explosions if the user lacks the technical expertise of a trained chemist.

Freebase cocaine was smoked by rock stars, the friends and dealers of celebrities, the rebelliously rich and famous. In mid-1980s London many mid-level dealers took to smoking base on tin foil, often in combination with heroin. But the drug never acquired the highly charged notoriety of crack cocaine; indeed, in the UK it appeared to be little known to the media. Its US profile was somewhat higher, but remained associated with the experimental hedonism of wealthy bohemia; the most publicised dangers were those attendant upon using ether to make the drug. There were some prominent cases of explosive kitchen chemistry: the comic Richard Pryor succeeded in blowing himself up while freebasing in 1980, and thereafter incorporated the misadventure into his routine.

The Strange Case of Crack

An entirely different cultural reception greeted the advent of crack as its use swept 'like an epidemic' across American cities in the mid 1980s. Reports focused on its 'instantly addictive' qualities, the feelings of indestructibility it supposedly invoked (particularly in criminals), its links with a black urban milieu of guns 'n gangs. It was announced as a new and qualitatively different drug of unparalleled danger, progenitor of 'crack babies', the 'poor man's drug'.

And yet these two drugs are, chemically speaking, one: whether freebase or crack, what we are referring to is the base form of cocaine. What differs is the social and historical setting, the language and cultural construction in terms of which each is addressed. However, this is more than a question of 'mere words'; these words matter, colouring the ways in which a drug is perceived both by users and by the press and public, by law enforcement and medical authorities, scientists and academics.

The point is not that we should use one term over another: all terms are laden with meaning and value, and none is neutral. Rather, we should be aware of the 'tight embrace' that exists between words and things, their imprinting by history and culture, and the effects that this may have on our cognitive and emotional responses to the drugs we use, study or treat, and by which each of us reading here is, in one way or another, intoxicated.

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