

Users, using, used: A beginner's guide to deconstructing drugs discourse

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Abstract

In recent times there has been a concerted effort from some researchers, reformers and practitioners in the alcohol and other drug field to convince policy-makers, politicians and others that heroin use is, above all, a health problem. This push has occurred in a discursive framework pitting progressive and compassionate harm minimisation strategies against more punitive programs of prohibition. Within this framework, harm minimisation strategies are frequently cast as a response to heroin use as a health problem, while prohibition and punishment are characterised as responses to drug dependence as criminal. We argue that this polarisation of crime/prohibition against health/harm minimisation is a political red herring.

Using deconstructive tools from contemporary social-political theory, we show how competing understandings of heroin use may mask a different kind of political contest. Exploring the discursive intertwining of people, practices and substances, we challenge the appropriateness of figuring different proposals to govern heroin use as a contest between science and politics, or of health-centred versus crime-centred strategies. We ask after the consequences of figuring criminal and medical arenas as rival frameworks for governing heroin use, and point to the perils associated with the apportionment of blame and victimhood therein. The broader aim underpinning our work is to locate and unpick political resistance to progressive harm minimisation strategies.

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Introduction

We were recently in the waiting area of a railway station and overheard a snatch of conversation between two women. The first seemed to be listing the faults of a man she knew—an ex-partner, we guessed. Among the defects she itemised – he was mean, selfish and irresponsible – was the man's heroin use. The other woman shook her head, and said, “Well, I believe it's a sickness.” She said this as if it confirmed the man's immutable wickedness, as if it marked his body with evidence of a diseased, unchangeable nature. Later, we discussed what they'd said. Only days before, we had been arguing – as people committed to harm reduction often do – that many of the social ills associated with heroin

use are the result of failure to understand drug use as a *health* issue. As Alex Wodak explains, for harm reductionists “the most important step is to redefine illicit drug use as a health and social issue rather than a criminal justice problem” (1999, p. 206). The women we'd overheard seemed to need no convincing that drug addiction is a health issue, but for them it was akin to syphilis or leprosy in times gone by—an illness which is (in itself) or warrants (in addition to itself) punishment. We began to question our assumption that shifting from a crime-centred to a health-centred approach in relation to drug policy would *necessarily* produce less harmful outcomes.

At the same time, we were becoming increasingly frustrated with what we saw, in current debates about heroin trials and supervised injecting venues, as a kind of competition between ‘science’ (serving harm minimisation) and ‘politics’ (serving abstention and prohibition). While we all are no doubt familiar with the appellation ‘political’ being attached to any decision that might cost our elected officials

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votes, we felt, as researchers well versed in politics as an academic discipline, a little indignant that the merits of contemporary political theory were not being fairly tested. For us, ‘politics’ and political rationales mean much more than electoral popularity, extending to our capacity, as social beings, to analyse and understand the workings of power and regulation in our lives. Two questions emerged for us: What could *our* understandings of power and politics bring to debates about heroin use? Would figuring heroin use as, above all, a *health* problem substantially alter its regulation? This collaboration reflects some of our deliberations on these issues.

In what follows, we analyse key concepts informing abstentionist accounts of heroin in order to demonstrate the usefulness of methods loosely described as ‘deconstruction.’ The key difference between our contribution and existing, complementary research in this area (e.g., Campbell, 2000; Keane, 1999, 2002, 2003; Miller, 2001; Taleff & Babcock, 1998; Valverde, 1998) is that we mean to offer an accessible introduction to deconstruction, tailored specifically for those without much background knowledge of contemporary social and political theory. Deconstruction offers a useful way of exposing and interrogating the conceptual logics that underpin the exercise of power: its analytical orientation is emancipatory. On our view, making this mode of analysis accessible to stakeholders in drug policy debates is not merely desirable, but exigent. As we deconstruct the ways in which people, practices and substances are conceptualised, we develop an argument: that it is counter-productive to understand the crucial difference between abstentionist and non-abstentionist strategies as crime-centred versus health-centred approaches.

Our analysis offers a deconstructive reading of two commentaries – intended for a general rather than academic readership – written by a key figure in Australian and now international drugs debates, Major Brian Watters. Watters was until recently Chair of the Australian National Council on Drugs (ANCD) and will join the International Narcotics Board in 2005. Watters’ views resonate strongly with the US-led ‘War on Drugs’, although he is a military man of a rather different sort than one might expect to find in the Washington office—his army is the Salvation Army. Consequently, the militarism of his perspective in the war on drugs takes on some tellingly religious overtones. We focus on his commentaries (which represent his personal views rather than those of the ANCD [Watters, 2002, p. 25n]) because his position is so politically influential. His ‘authoritative’ perspective resounds within the public sphere in a way that other perspectives, particularly those of drug users themselves, do not. Those of us who would like to see a more democratic debate unfold and legitimacy extended to a greater variety of perspectives require canny strategies for negotiating figures such as Watters, and this is where deconstruction finds its point of purchase.

Our discussion is organised in four sections. We begin by unwrapping the most useful tools in any deconstruction set. Then we put those tools to work in deconstructing the conservative, abstentionist stance represented by Major Watters.

We will examine, in turn, how he positions those who use heroin; how he conceptualises the effects of heroin; and how he characterises the substance itself. These elements correspond in a broad sense to our title: ‘users’, ‘using’, ‘used’. In each section we will consider rationales used to characterise drug use as a health problem—identifying what is it that our fellow harm reductionists hope to achieve in positioning their strategies as ‘health-centred’ alternatives to prohibition. We then examine how the prohibitionist view manoeuvres itself in relation to harm reduction: sometimes this accords with our expectations, but sometimes it does not. We examine the effects of this jostling for conceptual position, with the aim of identifying footholds for progressive purchase. In each case, we will test the assumption that progressive alternatives to abstentionist views would represent the triumph of health-centred over crime-centred approaches.

A deconstruction set

What is deconstruction? In short, it is a theory of the relationship between language and truth, and a constellation of strategies for interpreting texts. Developed by Jacques Derrida (1976; see also Hiedegger, 1961), deconstruction questions the belief that meaning exists independently of human language and interpretation. For Derrida, the meanings we ascribe to things (humanity, nature, love, drugs, etc.) are furnished by the conceptual structures of language. One such structure is *binary opposition*, whereby the meaning and value of a thing is defined through reference to what it is not—not by merely forming a distinction between it and another thing, but by placing those things in an hierarchical oppositional relation. As Elizabeth Grosz explains, binary oppositions “take the form of A and not-A relations, in which one term is positively defined and the other is defined only as the negative of the first” (1989, p. xvi). The opposed terms seem *inherently* good or bad, positive or negative, but in fact acquire this valuation through binary logic. At least two things are disavowed as part of the binary mode of attributing meaning and value to things: firstly, the ground of intermixture between the apparently opposite terms; and secondly the dependence of the positive term on the negative term, its requirement of a negative foil so that it may appear as valuable ‘in itself’. Salient examples of terms and categories whose meanings are wrought through binary logic include nature/artifice, man/woman, mind/body, reason/instinct and civilised/primitive.

When we deconstruct binary oppositions, we expose the workings of assumption, commonsense and intuition. As Alex Wodak observes (2002, p. 52), a large part of the appeal of prohibitionist arguments derives from their ‘intuitive sense:’

This debate is difficult because a strongly intuitive argument (‘drugs are bad, therefore they should be banned’) with weak empirical support is pitted against a counter-

intuitive argument (‘drugs are bad but the best society can do is manage them’) which has very strong empirical support.

A deconstructive approach equips us well if we want to understand and challenge the appeal of intuitive arguments. It allows us to identify how “rhetorical devices shape our experience and our judgements, how language serves to promote the possibilities of certain kinds of action and exclude . . . others” (Sarup, 1993, p. 47). The current state of debate tends to be drawn as a competition between more law enforcement or new treatments; crime versus health; and as Clemens and Feik (1999) register, juridical versus managerial models. These form binary oppositions in which each position plays a part in constructing its ‘other’. Deconstructive methods alert us not only to the internal logic of the prohibitory position, but also to the way that prohibitionism describes itself with reference to what it is not, implicitly drawing harm reduction strategies as its ‘opposite.’ Its characterisations draw and delimit the popular shape of knowledge about drugs, and contribute to widespread (mis)understandings of what harm reduction is and does. In this respect, deconstruction offers a politically shrewd strategy for determining how best to position harm reduction philosophies and practices as a competitive alternative to prohibition.

When harm reductionists assert that heroin use should be conceptualised, first and foremost, as a health problem, it is generally in the hope that drug users might be treated with more dignity, better resources and less judgmental attitudes. The opposition mobilised is of a health-centred approach versus a crime-centred approach: the image of the healing doctor is pitted against the punishing police. Alex Wodak (2002, p. 54) asks, for example: “If one of our sons or daughters or brothers or sisters were to be found with a small quantity of heroin or cocaine, would we prefer the matter to be dealt with by a health professional or would we prefer to call the police?” Harm reductionists try to construct an image of drug users resonant with people suffering other chronic conditions such as cancer (Bush & Neutze, 2000, p. 133; Cowdery, 1999, p. 56), and stress the superiority of this conceptualisation over images of ‘dirty junkies’ or other criminal stereotypes. The aim of describing users as ill is to destigmatise them while contrasting harm reduction with punitive approaches. To gauge the success of this manoeuvre, we need to examine how prohibitionists portray heroin users.

Users

Given that we tend to understand prohibitory attitudes as marking a commitment to juridical or crime-based strategies, we could reasonably expect to find heroin users figured in these discourses as criminal—or at least depicted in ways that contrast medical and moral approaches. It is somewhat surprising to find that in Major Watters’ commentaries, heroin users are characterised as the victims of a disease. Of course,

perceptions of the nature of this disease and its effects are markedly different for prohibitionists as opposed to harm reductionists. The confusing result is that some of the language (but not the intent) of harm reduction is appropriated (see Watters, 2002, p. 32ff). According to Watters, drug users suffer from “a disease of relapse” (1999, p. 35). This appears to be a characterisation congruent with those discourses of harm reduction describing addiction as a kind of chronic illness. However, the two main elements involved in Watters’ characterisation are inconsistent with harm reduction strategies. The first of these is the drawing of drug users as inherently weaker than non-users. The second is the prohibitionist understanding of the nature of addiction as a disease of delusion. Let us consider these in turn.

Watters’ characterisation of drug users as weaker than others appears in its most explicit form in his contribution to the book *Heroin Crisis*, where he (1999, p. 36) offers the following description of abstinence as a Christian ethic:

There are many moral and ethical reasons to consider abstinence. This is certainly so in the Christian context, with its ethical imperatives of loving my neighbour and accepting personal constraints for the sake of my ‘weaker brother’.

In this passage drug users are identified with the figure of the ‘weaker brother’. Watters presents abstinence as a worthwhile limitation that the general population should practise to protect the ‘weaker brothers’ in their midst, drawing a distinction between those who can ‘control’ their drug use (by choosing to abstain) and those who are incapable of doing so (the weaker brother). This fits with Watters’ portrayal of chronic drug users as distinguished by an “inability to cope with their drug of choice”: unlike their stronger siblings, drug users are bound to get “caught in the web of addiction” (2002, p. 26; 1999, p. 36). However, Watters also presents the ‘inability to cope’ as an endemic aspect of *any* drug use. He (2002, p. 26) says:

I am told, by people who claim to know, that the majority of regular users of heroin . . . are capable of controlled usage. These people are described to me as ‘recreational users’ . . . I have to say that I have never met a successful ‘recreational’ user of heroin . . .

By refusing the possibility of a heroin user who can successfully regulate their drug use, Watters herds *all* users into the category of ‘weaker brother’: heroin users become by definition deficient in strength and self-control. For Watters, then, the ability to control drug use can only be demonstrated through abstinence.

How does Watters explain users’ apparent ‘weakness’? In his discussion of prevention strategies and treatment options, Watters suggests that ‘underlying’ issues prompt initial drug use, portraying users as ‘troubled’ *prior* to their drug use. Heroin use, it would seem, is symptomatic of an existing

disorder: it both identifies and conceals other problems:

Prevention research shows that the roots of addiction can start early in a person's life. Young people are also the most likely in our community to experiment with drugs. For these reasons, educational approaches in both primary and secondary schools should be implemented, tackling drug issues as well as broader issues such as relationship skills, coping with change, and civic responsibilities . . . With all forms of treatment, the need to deal with the underlying issues that initially caused people to use drugs is paramount. (Watters, 1999, pp. 37–38)

Watters' list of "broader issues" implicitly draws the drug user as socially maladjusted, lacking in life skills and unacquainted with the responsibilities of citizenship, suggesting that users' "weakness" originates in a dysfunctional lack of knowledge of and preparation for personhood and citizenship. It is in this light that we can read Watters' further portrayal of drug users as posing a threat to the nation as a whole: "Drug-related harm places heavy burdens on financial and other resources and reduces the strength and vitality of the nation" (1999, p. 42). According to this formulation, if the 'weakness' of the 'weaker brother' goes unchecked, the result will be no less than a 'weak nation'—a point to which we will return.

As well as characterising drug users as weaker than others, Watters presents them as suffering a disease of delusion. He characterises substance dependence as a "disease of relapse; that relapse often being the result of the 'grand illusion' and the refusal to recognise the true nature of dependence and addiction" (1999, p. 35). The main 'symptoms' of the 'disease' Watters describes are *denial* and *ignorance*: drug users fail to grasp the true nature of their situation, and refuse to acknowledge that coping with drugs lies beyond their capacity. This disease of denial and ignorance seems to infect the user's very being. Watters' characterisations imply that users' humanness – their 'true' nature or self – remains suspended for as long as they continue their drug use. Newly 'clean' addicts are "restored" (Watters, 2002, p. 26), they "*come through* to sobriety and a drug-free lifestyle" and are only subsequently "reunited with [their] families" (Watters, 2002, p. 26, emphasis added). Such narratives replay the logic of baptism, redemption and rebirth, figuring dependent users as lost souls. Fundamentally alienated from themselves, their 'true,' 'real' or 'deep' self is masked by drug use. Drug users, then, cannot truly know themselves, but must be identified by another party—one who can see the 'real' self secreted beneath the 'veil' of drugs. (See Keane [2002] on the 'authentic self' in relation to addiction.)

Thus, drug users are to be understood as people who do not – and in fact by definition *cannot* – know their own best interests. Their impairment is presented as akin to the anorectic who does not understand that she is malnourished, or the deluded patient who fails to recognise that he is not Prince Albert. This characterisation of the user neatly fore-

closes any acknowledgement that users may know more about heroin and their response to it than anyone else. Portraying drug users as sufferers of a disease whose symptoms include weakness of will, delusion and ignorance underlines users' 'helplessness' and justifies the suspension of their personal autonomy, installing an imperative that they be governed by others. This construction of the user as essentially beguiled can easily become an apologetics of power: when heroin 'dominates' or subverts the user's will, it weakens, dehumanises and corrupts; but when the rescuing abstainer directs the user's will, imposing 'cruel to be kind' punishments, it is justified as being in the user's best interests. In short, marking drug users with the stigma of debility and delusion simultaneously creates an arena of domination, situating heroin users as appropriate targets for shows of strength, therapeutic or otherwise.

The binary frameworks supporting Watters' characterisation of drug users are easily identified: weakness is opposed to strength; helplessness is opposed to capability; disease is opposed to health; delusion is opposed to truth; denial is opposed to knowledge. The figure of the user is built from the first term in each pair and implicitly contrasted with the second, 'non-using' characteristic. It is little wonder, then, that Watters complains that "frequently used terms such as 'responsible use' imply there is a safe way to use drugs" (1999, p. 42) for, according to his schema, a 'responsible user' is not a grateful finding, but rather a categorical threat. Indeed, Watters' stance seems animated by a desire to ensure that drug users are clearly distinguishable from the 'norm,' that the 'weaker brother' and 'deluded addict' contrast unambiguously with the 'normal citizen'. He refers to drug users as "a very particular population" (Watters, 2002, p. 26), and in that capacity they perform a very important labour: they provide a source of apparent contrast against which the 'wholesome' content of the abstentionist-prohibitionist norm can be wrought and posed with confidence.

This is evident from Watters' persistent contrasting of 'normal' social existence with drug-using 'particularity.' He speaks of ex-users being "restored to meaningful lives" (2002, p. 26), moving from "trouble with the law" to "productive, drug-free lifestyles" (1999, p. 44), passing from a "chaotic lifestyle . . . towards drug-free status" (2002, p. 28), and going on to "lead fulfilling productive lives" (2002, p. 26). With such statements Watters asks that we imagine the lives of the drug-free citizenry as typically and uniformly meaningful, law-abiding, productive, ordered and fulfilled, asking also that we regard the lives of drug users as necessarily lacking these traits. He also asks that we consider his selection of the current trappings of illicit drug use (chaos, angst and crime) not only as particular to drug users, but as inevitably native to the 'disease' of drug use—rather than as effects of its criminalisation. By seeking to direct our understanding in this way, Watters expresses a determination to reinforce the line dividing (drug-using) 'them' from (abstinent) 'us.' But, as with every deployment of binary logic,

conceptual instability troubles this formulation (Deutscher, 1997, pp. 34–58).

Identifying constitutive instability within a text involves tracking inconsistencies in representations, for these shifts in meaning occur in a context where the meaning or truth of things is being presented as stable and final. In Watters' case, the way in which he presents those capable of abstinence and of 'normal' social existence – the strong, functional self-governing citizenry – shifts considerably. We have seen that when Watters is characterising drug users, the figure of the self-governing citizen describes everything that drug users purportedly cannot be so long as they are using: strong, functional, well-adjusted, knowing, productive, fulfilled, ordered, law-abiding and healthy. This self-governing citizen disappears, however, when Watters is discussing the need to maintain what he calls "clear unambiguous policy" (2002, p. 32) prohibiting illicit drugs:

Calls for softening of drug laws give the wrong message, and may contribute to increased drug use. The arguments of the permissive lobby tend to lessen public perception of the dangers of drug use, which can contribute to increasing levels of use . . . The debate itself thereby influences a significant section of the public . . . so that restrictive drug laws are weakened and undermined . . . The heated public debate surrounding issues of legalisation also creates confusion in the community. (1999, p. 42)

In this passage, the self-governing citizen is recast as vulnerable to 'the wrong message', as easily lured, deluded and confused, and as able to resist chronic intoxication solely on account of a government-instilled perception that drug use is 'dangerous' (*not* on account of their strength, self-knowledge and solid preparation for citizenship). The formerly absolute difference between the self-governing citizen and their 'weaker brother' instantly becomes marginal and insignificant; the self-governing citizen's capacity for abstinence is suddenly diminished. We are to understand that merely *discussing*, much less adopting, different policy and treatment options will cause significant numbers of people to slide from healthy, informed abstinence to diseased, ignorant addiction. With his argument that "a significant section of the public" will misinterpret new strategies such as safe injecting rooms as government approval of drug-taking, Watters undermines his own distinction between the drug user and the self-governing citizen, all but collapsing the difference he has posed between the two 'types' of person.

Moreover, the concern Watters shares with Prime Minister John Howard (see Short, Hawes, & Kerin, 1997) that public discussion of treatment options might 'send the wrong message' seems strangely misdirected, for Watters has already characterised 'deluded' drug users as deaf to the 'right' messages. Let us observe, though, that even as Watters' stance is conceptually inconsistent, there is a strong sense in which it is *intuitively* coherent, particularly in its capacity to express fear and inspire moral panic. Watters first characterises drug

users as 'not like us', then argues that if Australia hosts a properly democratic public debate about treatment and policy options (a debate in which prohibitionism and abstentionism would lose exclusive purchase on legitimacy) 'we' might become 'like them': the 'particular' might become universal; Australia might become a nation of 'weaker brothers'; or, worse still, it may become less and less possible to distinguish users from non-users—for both sides of Watters' contradiction betray his attachment to stigma as a useful social marker, his concern that drug users remain visible *as users*.

Some drug users, at some times, may recognise themselves in Watters' portrait. For others, however, it is likely to be not merely unhelpful but damaging. To allay his own fears and shore up his own position as a knower and truth-teller, Watters mobilises binaries that construct users as weak and diseased through dysfunction, denial, ignorance and lack of moral fortitude. His prohibitionist directives depend for their legitimacy upon this portrayal of users as essentially beguiled and lacking agency. There is no easy way to counter these constructions. The key tactic of harm reduction discourse—that is, to contrast 'health-centred' approaches with an ostensibly more punitive approach favoured by prohibitionists—is unlikely to convince conservative policy-makers: in Watters' discursive construction of drug users, prohibitionists *already* understand their own approach as concerned with health and disease. Insisting that users be treated as sufferers of an illness is unlikely, on its own, to achieve the revisions of thought and policy which might produce more humane and effective treatment options for users.

Using

In addition to seeing dependent drug users as dealing with a chronic medical condition, harm reductionists generally describe heroin use as an activity *associated* with a number of health risks subject to different strategies of medical management. This positions health professionals (doctors, nurses, psychiatrists, neuroscientists, psychologists, pharmacists and allied health professionals) as producers of knowledge about and treatments for illicit drug use and addiction. Harm reductionists acknowledge that 'addiction' can mean many things to many people, and that different treatments are appropriate for different people and circumstances. A key concept is that better health and social outcomes can be achieved without all users necessarily becoming entirely 'drug-free'. The expectation is that this position will contrast with that espoused by prohibitionists, whose knowledge base is premised on discourses of morality, sin, law and duty, and whose 'solution' is universal: quit and abstain. The desired effect, for harm reductionists, is to situate the range of issues associated with heroin use under the rubric of evidence-based science, and implicitly to position prohibitionists as concerned with governance of the soul through judicial, religious, philosophical and even political discourses (see Bammer, 1996; Hannan, 2000; Short et al., 1997). While this distinction does hold

in our deconstructive reading of Major Watters' texts, it is not acknowledged in prohibitionist discourse. For prohibitionists, the relevant contrast is not between medicine and morals, or management and abstention, but a number of other binaries.

In prohibitionist portrayals of heroin's action and effects, the overarching binary motifs deployed are of health versus harm; mind versus body; the sufficient versus the excessive; deterrence versus promotion; and – employing something of an über-binary – the natural as opposed to the unnatural. This last polarisation plays a part in nearly all contests of truth, and certainly features in Watters' offerings. Watters describes as strange “the notion that the *natural* joys and highs of living are insufficient for the enjoyment of life; and that we need *artificial* stimulations from a range of substances” (Watters, 1999, p. 35, emphasis added). Here, the ‘natural’ and ‘sufficient’ are contrasted with the ‘artificial’ and ‘excessive.’ Moreover, desire for the excessive (drugs) is presented as a prior and *known* need, a choice made through some baffling dissatisfaction with the cornucopia of wholesome delights. In this way, using heroin is presented as a self-fulfilling prophecy in which the seed of greedy dissatisfaction grows into addiction—an excess of want, a consumption which produces hunger. It follows that the effects of drug use are characterised by Watters (2002, pp. 28–29) as inevitably “degrading”, “dehumanising” and “soul-destroying”: according to his formulation, complicity with ‘artifice’ produces ‘unnatural’ ways of being.

As Moira Gatens (1996, p. 53) has observed, in the western philosophical tradition, the “appropriate relation between the mind and the body” is posited as “a political relation, where one (the mind) should dominate, subjugate or govern the other (the body)” (see also Lloyd, 1984; Waldby, 1995). For Watters, heroin's key action is to *reverse* the mind's sovereignty over the body: he argues that heroin begins to direct the body, supplanting the rational mind as the locus of self-control. This construction of the effects of heroin use plays a key role in Watters' refutation of the argument that decriminalising heroin would reduce property crime, and sees him cast criminality as a form of irrational behaviour that is both *inherent* and *specific* to heroin use, as in the following passages:

Drug users do not commit crime just to support their habits. *Drugs can change a person's behaviour, enabling and causing them to act irrationally – “drug-induced crime”.* (Watters, 1999, p. 43, emphasis added)

Young people and their parents inform me that they are continually being told that marijuana and the other illicit drugs are not as bad as and certainly no worse than alcohol and tobacco. . . . Medically speaking that may possibly be true, although I doubt it, and to people like me who have seen first-hand for many years the soul-destroying, obsessive nature of heroin addiction, it is irresponsible to give such a message, especially to young people. *I simply do not hear widespread reports of people snatching old ladies' handbags, stealing cars or breaking into homes to*

feed their alcohol or tobacco habit. (Watters, 2002, pp. 28–29, emphasis added)

Of course, if we were to take this last, emphasised statement out of context, it could be read as an argument for decriminalising heroin. But Watters' portrayal of criminality as native to heroin use is designed to forward his idea of heroin use as a process of dehumanisation in which the rational mind is usurped and the soul destroyed as heroin seizes control of the body, ‘possessing’ the flesh (see Manderson, 2005).

We noted earlier that Watters rejects the idea that there can be such a thing as a ‘responsible’ and ‘recreational’ user of heroin. Accordingly, Watters rejects the idea that there can be such a thing as ‘recreational’ use. “I have great difficulty”, he says,

with the use of the word ‘recreation’ in respect to drugs, as it seems to equate them with tennis, surfing, and film-going! . . . I have conducted numerous funerals of young people who have died from the effects of a whole range of illicit substances. I doubt that their parents and loved ones would consider their deaths the outcome of a recreational accident. (Watters, 2002, pp. 26–27)

For Watters drug use is opposed to ‘good, clean fun’. The pervasiveness of this view – that drug use is *necessarily* unhealthy – is difficult to counter, especially given the prevalence of the idea that using heroin (let alone developing a habit) presents or might prefigure *some* kind of problem.

Prohibitionists capitalise on this by reinforcing a binary opposition between their view and competing views: if one is not committed to the idea that heroin use is necessarily soul-destroying, one must be preaching the contrary position—that is, *promoting* drug use as a harmless recreational activity to be enjoyed by young and old. While Watters resents being represented as a “wowsler in the tall black hat, determinedly going about the business of spoiling people's fun” (1999, p. 35), he appears to have little difficulty with representing harm reductionists as determinedly going about the business of destroying people's lives. He argues that harm reductionists proposing to “facilitate the use of mind-altering, life-destroying substances” are promoting a “morality of giving up on people . . . abandoning them to a life of addiction” (Watters, 2002, p. 31). Further, Watters attempts to tar harm reductionism with the brush of child abuse: “I listened to a drug and alcohol worker, in his public presentation, *boast* of having the previous week taught a ten-year-old boy how to ‘safely inject heroin’” (Watters, 2002, p. 30, emphasis added). Here, Watters creates an alarming song of innocence from a decontextualised anecdote, relying on its moral gravity to assert an otherwise specious link between government-funded alcohol and other drug services and the ‘corruption’ of youth. On our reading, it is no accident that Watters' story is congruent with the Australian government's desire to wrench resources away from social bodies and ‘restore’ authority to the family (Brook, 2002). In any case, Watters' refusal of the

idea that heroin use can possibly be safe and recreational not only forms a key element of his view of heroin use as an activity, but also assumes strategic importance by providing ground on which to impugn his opponents.

While Watters and his allies build their position using the privileged half of a number of binaries, they do not contrast medical and moral-judicial knowledge. If anything, in fact, they hitch certain facets of medical expertise (the ‘miracle’ cure, finding the brain’s ‘addiction switch’ in order to throw it into reverse) to the prohibitionist caboose. The contrast between managing dependence and ending it altogether is deployed, but only in order to present management or maintenance therapies as exercises in drugs promotion. It may be, then, that the ground harm reductionists seek to gain in reiterating harm minimisation as a health-centred strategy and prohibition as a crime-centred strategy is unlikely to achieve the desired ends. Conceptualising heroin addiction as the progression of a disease feeds neatly into prohibitionists’ fears and the social panics they provoke.

As far as many harm reductionists are concerned, those users who finance and enjoy a reliable source of heroin without otherwise breaking the law may not have much of *any* sort of problem. Drug use may prompt or be prompted by any number of personal issues, but using (in and of itself) does not necessarily demand intervention, therapeutic or otherwise. In fact, if regular users suffer illness related *solely* to their dependence, it is that *without* heroin they will feel acutely unwell. As Jason van den Boogert (1999, p. 14) asserts, from a user’s perspective, “Without heroin you are sick . . . No way around that one”. In this sense, it is not *using*, but *not-using* which is a health problem. This is, however, a problem specific to *already*-dependent users.

The salient difference between harm reduction and prohibitionist characterisations of heroin use is that, for prohibitionists, heroin use is always symptomatic of disease, while for harm reductionists, health problems are not necessarily yoked to drug use in itself. The effect is that a ‘certainty’ is pitted against a range of largely circumstantial considerations. The rhetorical purchase of the prohibitionist position is clear. In this sense, the prohibitionist understanding of addiction is *more* firmly fixed in discourses of health than the harm reductionist alternative. Perhaps, then, the key contrast lies in the way heroin itself is defined in the different social lexicons of medicine and religion. In the former heroin has a medicinal history; in the latter it is something entirely different.

Used

The most striking difference between discourses of harm reduction and discourses of prohibitionary abstentionism lies with their respective understandings of heroin as a substance. Harm reductionists concede the inevitability of the existence of any number of drugs, including heroin, and acknowledge that some people indulge in risky behaviour associated with drug use, arguing that the best response is to know these

effects and try to manage them without exacerbating risk. The logical reckoning is that it is better to regulate safer doses of a drug like heroin through prescription; that its biggest danger is its unregulated and unpredictable degree of purity; that people’s use of such substances should be monitored. This position is contrasted with that ascribed to prohibitionists. Harm reduction is characterised as a *regulatory* model, while prohibition is seen as being concerned, above all, with vigilant blocking of supply: policing borders, confiscating contraband, gaoling dealers, and so on. At first sight, the difference between the two positions is clear-cut: one appears to be rooted in knowledge and tactics of health, the other seems to be squarely positioned in discourses of crime and policing. While harm reductionists correctly reinforce a dichotomy of safer medical prescription versus more dangerous street supply, this dichotomy does not transpose easily onto a ‘health’ versus ‘crime’ contest, despite our expectations of a neat fit. The transposition fails because prohibitionists describe heroin in terms that are *not* entirely inconsistent with existing medical models. Their position is certainly very different from that espoused by harm reductionists, but is just as easily accommodated under a rubric of ‘health’.

As the substance of archetypal addiction, heroin is characterised by prohibitionists in dramatic, compelling and familiar ways. Watters objects to what he sees as anti-abstentionist attempts to downplay the perils of heroin, “as if [drugs] are somehow the victims of mistaken identity, unfairly maligned or even demonised” (2002, p. 26). In Watters’ representations of heroin, he describes it as poisonous (1999, p. 35), defiling (1999, p. 36), inclined to spread (1999, pp. 39–41; 2002, p. 30), and inherently dangerous (2002, pp. 26, 28). According to these representations, if addiction is a disease then heroin is its most virulent germ, and containing its proliferation requires vigilance, discipline and strength. Heroin is characterised as a devil in disguise, it is superficially and corporeally seductive. The worst among a range of “substances which ultimately take much more than the promise they give”, heroin is fiendish (Watters, 1999, p. 35). Heroin takes hold: users are consumed and possessed by it. Heroin is, in this sense, conceptualised as viral. It spreads and contaminates, leaving ruin in its wake. Its mere existence is understood to prompt use: the more heroin, the more users. In another strikingly undemocratic moment, Watters suggests that even moves to publicly *debate* strategies of harm reduction “encourage use of illicit drugs” (1999, pp. 39, 42). Like the children at Hogwarts who whisper ‘You Know Who’ rather than speak the evil Voldemort’s name, heroin, apparently, is not just a substance but also a *word* to be feared, even to the point of avoiding public discussion of treatment options.

Heroin is anthropomorphised by Watters and endowed with its own magically malevolent agency: it is a *knowing* virus, a poison with its own appetites, a “terrible scourge” (Watters, 2002, p. 32). Thus, heroin-by-prescription is rendered as the negligent administering of an *agent* of disease. The prohibitionist ‘solution’ is, predictably, based on a logic

of germ-avoidance: identify and avoid infected people, cover your mouth and keep dangerous substances out of reach. Harm reductionists tend to express scepticism that government agencies could ever deliberately halt the availability of drugs. Because prohibitionists (by definition) count drug eradication as their single most effective tactic, we describe their approach as crime-focused. The abstentionist aim, however, is not necessarily or strictly motivated by the desire to arrest and punish drug suppliers. Rather, as Watters' accounts suggest, their motivation is almost entirely consistent with a kind of health-based model: namely, that the circulation of dangerous germs and poisonous substances should be limited as vigilantly as possible. In this way, prohibitionists understand their commitment to the staunching of supply as akin to screening new migrants for tuberculosis or the SARS virus. Their fear of drugs is the fear of contamination. The chief binary opposition mobilised here is a classic: purity versus pollution. By figuring heroin (and other drugs) as a kind of viral agent, prohibitionists recall, whether they mean to or not, caricatures of 'filthy', 'disease-bearing' junkies. Thus, while abstentionists no doubt try to demonstrate a compassionate attitude to drug users, it is a compassion that must be wrought, a compassion that awards grace to the person who bestows it. It is, in fact, an inherently patronising compassion: having figured users as base, the abstentionist necessarily condescends.

Where does all this leave us, as harm reductionists committed to better policy responses to drug use? Our contention, so far, is that publicly salient abstentionist-prohibitionist rhetoric on drugs is *consistent* with discourses of health, broadly speaking. In Brian Watters' commentaries, users are understood as diseased; using is described as a problem requiring therapeutic intervention; and heroin itself is portrayed as virulently, wilfully poisonous. Is there yet any mileage to be gained by arguing that drug dependence should be responded to as a health problem? When this call is made, the move being attempted is the contrast of medical and criminal epistemologies; regulation and prohibition; compassion and retribution. As will by now be clear, this move fails. Harm reduction strategies and progressive policy solutions need to be discursively repositioned.

Useful knowledge

Prohibitionist rhetoric is alarming. It is literally alarming in that it understands its own role as sounding a warning against drugs. In our view, urging people not to use drugs is an acceptable ethical position that need not be discouraged. It is alarming in a second sense, however, in that it deploys the frameworks and rationales of parables and panics as a basis for policy. The binary oppositions deployed by prohibitionists are deeply and intuitively familiar: health versus disease; natural versus artificial; purity versus pollution; body versus soul. Their familiarity, however, stems from their usefulness as a basis for stock narratives, not from their record of success

in dealing with social problems. Insisting that the most urgent policy step is to acknowledge heroin dependence as a *health* problem misses the point of contention. The more urgent task before us is to challenge the basis of Watters' (and others') claims to expertise in relation to drugs, and to distinguish conservative appeals to faith from other, more progressive positions, whether these are grounded in religious tenets or not (see Maddox, 2005).

Watters and those who share his views argue that harm reduction and, in particular, maintenance therapies, disavow the person 'beneath' the delusion of addiction, while abstinence-therapies, on the other hand, are equipped to 'rescue' and restore the user's 'true' self. Under the guise of warnings against creating more 'damaged' people by 'promoting' drug use, Watters redraws and underlines the division of (strong, real, wholesome) abstainers from (weak, deluded, sick) users. Criticising any non-abstinent therapy as prescribing the virus that causes the disease, Watters mobilises a portrayal of heroin as a wilful poison with inherent power to reverse the 'natural' order of mind over body. Thus, calls for governments to adopt strategies of harm reduction *in the interests of health* are very likely to fall on deaf ears, because a different narrative of health – one focused on poisons, purity, and punishment – is already entrenched in that discursive ground. Prohibitionists of Watters' ilk *already* see themselves as addressing a health problem, and talk about their strategies in ways that are broadly consistent with this. They understand themselves as responding to an epidemic, an outbreak of virulent addiction, deploying terms and metaphors of health and disease to accomplish the intuitive resonance of their position. If people are 'possessed' or 'consumed' by heroin, an appropriate juridical response is to remove the offender (namely, heroin itself, along with its ruined host) from society. This is, obviously enough, the logic of criminal prohibition. But heroin is not a predatory substance in and of itself, in the same way that matches aren't the root cause of arson.

The best policy responses to problems associated with illicit drug use will analogise from different frameworks for understanding *corporeal states*, not disease models. What might such frameworks look like? One professor of politics has suggested that analogies may be available in issues as diverse as gun control, sentencing standards or random breath testing (Parkin, 2000, p. 109). While these examples highlight the very broad sweep that is the intersection of political and criminological thought, we want to suggest a less obvious domain. Feminist struggles over body-focused issues may offer more productive strategies. Historically, women found ways to place reproductive choice, sexual and domestic violence, and prostitution onto government agendas, and saw the provision of services like rape crisis centres, women's shelters, pregnancy advice services, and the regulation of sex work take shape. Reproductive choice and sex work would seem to offer especially rich ground for analogy, since both involve degrees of decriminalisation in order to facilitate regulation, both have encompassed strategies of harm reduction, and both continue to be vigorously opposed by some reli-

gious authorities. Like most people, we would prefer that unwanted pregnancies, violence and prostitution did not exist in the first place. But we support the displacement of conservative approaches to these issues, approaches in which social stigmatisation is endorsed as a means of regulation. To stigmatise and punish a woman because she fails to remain un-pregnant helps no one and solves nothing. Similarly, while doctors may be the people best equipped to oversee the provision of abortion services, this doesn't mean that a medical model should reign supreme. Pregnancy – even unwanted pregnancy – is not a disease. Rather, women's reproductive health is typically conceived as an arena of well-being, requiring informed knowledge and choice—even where the choices involved may be constrained, risky and difficult.

Heroin dependence is, likewise, a state in which moral, personal and social issues intersect on the bodies of heroin users who, like anyone else, remain fully and uniquely human as long as they live. When we train a deconstructive gaze on prohibitionists' texts, we see that they build their understandings of heroin through binaries that *do* mobilise metaphors of health and illness. Watters, like the women we overheard in the railway station, seems to have no difficulty conceptualising drug use as an illness. But for prohibitionists the illness of addiction is, in essence, a scourge: both a cause of affliction and an instrument of punishment. This characterisation has, for the most part, dismally failed drug users and those who love them. As a matter of urgency, harm reductionists must challenge the relevance of faith-based expertise in policy-making, and in particular, disarm the arena of domination it fosters. Instead of fearing heroin and those who use it, we should attend to the power and privilege their marginalisation confers on the non-using population in general, and abstainers in particular. The moral purchase of Watters' argument depends on figuring drug users as deluded, drug use as dehumanising and drugs themselves as agents of disease. Simultaneously and implicitly, these figurings accord the intuitively appealing privileges of truth, humanity and health to 'non-users'. Instead of redrawing divisions between drug users and non-users, we should emphasise the urgent need for resources to be directed to those already using. Instead of arguing that addiction is disease-like, and allowing users to 'disappear' in the diagnostic narratives and symptoms of their drug use, we should be fostering an understanding of addiction as a complex social and corporeal state—a state known best by those who experience it. These tasks, we believe, are part of a viable and necessary politics of harm reduction.

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