

SOCI 2305 | Deviance | Spring 2026
Data Workshop Five: Assessing Drug Harm, Drug Facts, and Drug Deviance

'When I use a word,' Humpty Dumpty said, in rather a scornful tone, 'it means just what I choose it to mean — neither more nor less.' 'The question is,' said Alice, 'whether you can make words mean so many different things.' 'The question is,' said Humpty Dumpty, 'which is to be master — that's all.'

Background – read this first. Drugs are deviant because drugs are illegal because drugs are wrong because drugs are harmful because we know this, right?

The federal government tries to nail down the rationale more precisely. It identifies the nature of harm in its rationale prohibiting illicit drugs. Federal law mandates that the government place a drug on its schedule of controlled according to criteria laid out in the Controlled Substances Act (CSA), 21 U.S.C. § 811. A drug is placed on the schedule according to its (1) potential for abuse, (2) lack of an accepted medical use, and (3) the lack of any safe use of the drug (risk for physical or psychological addiction).

But critics have long argued and condemned government for doing little more than playing Humpty Dumpty. Words mean what government officials and moral entrepreneurs want them to mean. Claims about abuse, medical usefulness or the lack of it, risk of addiction or overdose, or linkage to crime are fine and well if they rest on credible evidence. But drugs weren't bad because 'science said so' – they became outlawed long before there was any serious effort to establish their harmfulness. In many cases, it was laboratory research that created the drugs in the first place. Consequently it wasn't solid evidence of harm that led to criminalization of drugs. It was more typically fear, panic, and scapegoating to political advantage. And criminalization hasn't resulted in a decline in drug use. Demand for drugs remains high as do the illegal profits from supplying them.

All drugs can be harmful. Any substance can be harmful. There are 29 million people with diabetes which means **sugar** is potentially unsafe, likely addictive, and abused. According to the [2019 National Survey on Drug Use and Health \(NSDUH\)](#), 55 percent of people over 18 reported that they drank in the past month. Over a quarter of people 18 and older reported that they engaged in binge drinking in the past month. In 2019, there are estimated to be nearly [15 million people with drinking problems](#) and in 2017 some [72,558 people died due to alcohol related causes](#). That would be grounds to consider **alcohol** as dangerous, habit-forming, and used irresponsibly with fatal consequences.

[After decades of deception and lies, even tobacco companies now acknowledge the hazards of smoking.](#) **Nicotine** is addictive and deadly. According to the [Center for Disease Control \(CDC\)](#), an estimated 34 million adults in the United States currently smoke cigarettes. "**Cigarette smoking** is the leading cause of preventable disease and death in the United States, accounting for more than 480,000 deaths every year, or 1 of every 5 deaths." It's financially costly, accounting for [\\$170 billion](#) each year for direct medical care. And despite this one [trade group](#) reported, "the cigarette market is still worth \$816 billion. The industry still sells 5.5 trillion cigarettes to the world's 1 billion smokers."

These are all legal substances, not regarded as drugs, minimally regulated, and consequently not on the schedule of controlled substances. They represent some of the largest businesses in the economy and take in billions of dollars every year from the products they legally and proudly produce. Claims about harm can't be taken at face value. *Put differently, we respond differently to similar kinds of threats or harms.*

As we have explored throughout the semester a social constructionist perspective can help us understand how things are regarded deviant. How can we see some situations but not others which are remarkably similar as deviant and requiring serious action? How do we see or act now but not in the past when we faced something similar? Why have we made laws against some things and not others? Why have we enforced laws and control over some groups but not others – when both are doing the same things? Getting closer to our topic, why do we respond to new instances of a drug with the same lurid, exaggerated, wildly inaccurate, and panic-inducing claims as we did with previous drugs? What is really fueling so much fear and anger about (some) drugs?

That's the backdrop. Let's see if examining the deviance of drugs can shine some light on the answers.