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## IN BECOMING: THE RELATIONALITY OF PSYCHOACTIVE SUBSTANCES

The last time I met Dawid, a 31-year-old long-time drug user, he was living in his parents' cellar. We had gotten to know each other in 2011, around 10 years prior to that meeting, during the course of my ethnographic fieldwork on psychoactive substance use in Warsaw, and since then we had stayed in touch. At that time, he belonged to a group of users focused on the consumption of psychedelics<sup>1</sup>. These were people who attached different meanings to this type of substance than to other psychoactive drugs. Namely, they did not see psychedelics, schedule I substances<sup>2</sup>, as “drugs of abuse”, but as tools for expanding consciousness, broadening the mind, self-discovery, as well as self-therapy. However, during their drug use trajectories they also started to experiment more intensely with other groups of substances and finally they grew apart from one another, choosing different paths. “In the beginning there were psychedelics, whatever worked came later”, David once quipped during a past interview.

When I saw him that last time, in March 2021, he had lost his job and was trying to make ends meet. He had developed an opiate dependence<sup>3</sup>, mainly on legally ava-

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<sup>1</sup> Psychoactive substances, also referred to as “hallucinogens” or “entheogens”, which cause non-ordinary states of consciousness characterized by significant changes in visionary and emotional perception. The examples of psychedelics are: psilocybin mushrooms, LSD, ayahuasca, peyote, mescaline, DMT.

<sup>2</sup> Psychoactive substances categorized by the UN drug conventions as drugs with no currently accepted medical use, lack of accepted safety protocols for use under medical supervision and high potential of abuse (UN 1961; 1973; 1988).

<sup>3</sup> Similarly to concepts of drugs, concepts of addiction emerge as a product of knowledge production practices that are culturally, socially, and politically specific. The dominant western understanding of addiction is shaped upon the paradigm of addiction as a disease. Its origins may be traced back to the late 18<sup>th</sup> century. However, the understanding of the causes, nature, and location of what is designated in this model as a “disease” has been re-framed along the way, and current conceptualization of addiction as a “chronic, relapsing brain disease” dates back to the end of the 20<sup>th</sup> century (Granfield & Reinarman 2014). Although the disease paradigm seems to be a medical discovery, many scholars have demonstrated that it is rather more a cultural construct than a model grounded in convincing biological diagnostic symptoms (Granfield & Reinarman 2014).

ilable prescription drugs. However, he had also had a period of heroin use, and later had struggled with dependence on methadone, which he often mixed with alcohol<sup>4</sup>. He had been in psychotherapy and also had spent some time at the detox ward. At the time of our March meeting, he was trying to quit illegal substances and limit his use only to buprenorphine, a medicine used in opiate replacement therapy<sup>5</sup> that his therapist had prescribed. We were sitting in his parents' cellar and David, about to take his medication, started wondering whether he should inject the pill or snort it. He caught my disapproving glance – I was reluctant to witness drug injection – so he crushed the pill and snorted it up his nose. Buprenorphine was supposed to be a medicine, but was it really in this case?

The problem that legal substances in certain contexts become “drugs of abuse” and vice versa – “drugs of abuse” are often taken by drug users for self-medication – is well known among social scientists and broadly described in the scientific literature regarding drug consumption. Good examples are works analyzing “medication leakage”: illegitimate circulation of legally prescribed drugs (e.g., Lovell 2013; Meyers 2013; Schüll 2013). The differentiation between “narcotics”<sup>6</sup> (illegal) and “medication” (legal) has always been contextual, variable, and never clear-cut (Raikhel & Gariott 2013). For example, heroin was promoted as a safe alternative for morphine at the beginning of the 20<sup>th</sup> century (Courtwright 2010); Ritalin, a medicine whose chemical compound makes it basically a legal amphetamine, is applied in ADHD treatment (Hardon & Sanabria 2017). Looking at drug users' practices, the history

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Bruce Alexander distinguishes 4 different dominant approaches toward addiction that circulate in the popular and scientific discourses in the West – addiction 1: “Overwhelming involvement with drugs or alcohol that is harmful to the addicted person, to society, or to both”; addiction 2: “Encompasses addiction 1 and non-overwhelming involvements with drugs or alcohol that are problematic to the addicted person, society, or both”; addiction 3: “Overwhelming involvement with any pursuit whatsoever (including, but not limited to, drugs or alcohol) that is harmful to the addicted person, to society, or to both”; addiction 4: “Overwhelming involvement with any pursuit whatsoever that is not harmful to the addicted person or to society” (Alexander 2008, p. 29). For the purposes of this discussion I use the term addiction according to the first definition, as based on my observations this understanding of addiction most shapes the western approach toward drug use. The term dependence is used in this article in its conventional meaning, as a synonym of addiction.

<sup>4</sup> Methadone is used in opiate replacement therapy. It should not be mixed with alcohol. However, David discovered that this combination gives it ecstatic properties.

<sup>5</sup> Opiate replacement therapy is a pharmacological therapy for opiate addiction, using drugs that work as partial/full agonists or antagonists of the replaced substance, e.g.: buprenorphine, methadone, and naloxone.

<sup>6</sup> The EU drug conventions that form the basis for legal categorizations of drugs define the term “narcotic” only in the last of the three conventions: “‘Narcotic drug’ means any of the substances, natural or synthetic, in Schedules I and II of the Single Convention on Narcotic Drugs, 1961, and that Convention as amended by the 1972 Protocol Amending the Single Convention on Narcotic Drugs, 1961” (United Nations 1988). Thus, it states that “narcotics” are substances used for illegitimate purposes (other than medical or scientific), contrary to the provisions of the conventions. In this article, I use the term “drugs of abuse”/“narcotics” to refer to any controlled substance consumed outside of legal and medical frameworks, in order to show the differentiation between this categorization and the ontologies of drugs that emerge from the lived experiences of users.

of psychoactive drugs, or even pharmacological classifications we may assume that substances are unstable, multiple objects. They easily escape categorizations constituted within the hegemonic system of knowledge production, primarily legal drug regulations that are the most powerful tool for naturalizing and objectivizing dualistic thinking about drugs.

Psychoactive substances are the objects of legal control imposed through the system of medical prescription and legal prohibition, with penalties for their unauthorized use (Goodman et al. 2017). Drug policies, by framing the legal regimes surrounding the use of each group of psychoactive substances, produce binary divided objects – drugs that could be either “medicines”, if consumed according to the provisions of legal conventions, or “drugs of abuse”, if used contrary to the legal framework (i.e., for other than medical or scientific purposes). This also creates certain realities in which taking a “drug of abuse” is a criminal activity (Fraser 2020; Ghiabi 2021; Lancaster & Rhodes 2020; Rhodes et al. 2019). Even though the regulatory schemes try to stabilize drugs through the scheduling system based on biomedical determinants, they often do not correspond to users’ experiences and the contingent situated risks involved in drug taking (Dwyer & Moore 2013; Labate & Cavnar 2013).

While legal, medical and popular discourses attempt to chart a stable line between “illicit drugs” and “medicines” by creating presumptive ontologies of drugs, this way of approaching substances has become the object of critique within drug research associated with the “ontological turn” (e.g., Duff 2013, 2016; Fraser 2020; Fraser et al. 2009; Fraser & Moore 2011; Gomart 2002; Rhodes et al. 2019, 2020; Theodoropoulou 2020). Scholars in this field of study have questioned the assumption of fixed, ready-made, singular drug objects, and postulate thinking about substance use as a mutable system of relations entangled in the broader ecologies of drug use. Relational approaches to substance consumption analyze material properties and meanings as a single creative process, through which both a substance and its user are being made anew. From this perspective, drugs are not pre-existing objects of investigation but objects-in-becoming which acquire their properties only through specific encounters and networks (Lancaster & Rhodes 2020).

Discarding the idea that psychoactive substances have fixed properties and can be labeled based on their chemical structure makes definitions of “narcotics” or “drugs of abuse” highly problematic. If we take seriously the multiplicity and fluidity of substances, then drugs are objects in constant becoming whose borders emerge only in specific, situated, and temporal relations. As Gilles Deleuze stated: “clearly no one know[s] what to do with drugs, not even the users. But no one knows how to talk about them either” (Deleuze 2003, cited in Ghiabi 2021, p. 2). The word that probably best reflects the ambiguity of substances is “pharmakon” – both remedy and poison (Gomart 2002). Psychoactive substances interact with humans on the molecular level through their ability to bind with receptors in the human nervous system and to produce an alteration in the subject’s state of mind (Müller & Schumann 2011). This alteration is differently approached within the diverse systems of knowledge production that try to delineate boundaries between harmful, illegal, evil

substances – and beneficial, legal, good “medicines”, which are neither stable nor easy to chart. Through this process they produce certain/determined drug objects.

In this article, I analyze the fluid distinction between “drugs of abuse”/“narcotics” and “medicines”. For this purpose, I pose the question of how drug-objects are produced and stabilized within 3 different domains: legal frameworks, scientific discourse, and embodied practices of users – and how those domains destabilize one another. The first part of this paper is devoted to the analysis of drug categorizations within international legal frameworks. As I endeavor to demonstrate, even in this domain drugs are to some degree approached as relational objects (whose status depends on the context of use) and the degree of their stabilization as “medicines” or “narcotics” is scalable. According to the statements of provisions, only schedule I substances are clearly stated to be “drugs of abuse”, as they are considered substances with no recognized medical value and cannot be sold under prescription. I analyze how this assumption is being destabilized within the ongoing process of the medicalization of schedule I psychedelic substances taking place within the “psychedelic renaissance”, also known as the psychedelic turn. This scientific movement aims at re-introducing psychedelics into mainstream therapeutic use and to turn psychedelics into medicines (DiVito & Leger 2020; Noorani 2020; Nutt & Carhart-Harris 2021; Pollan 2018). They are considered to be potentially efficient in dealing with mental disorders such as anxiety, depression, and addiction. As I shall discuss more broadly later, the process of the medicalization of psychedelics produces certain drug-objects – neurochemical actants that in particular contexts, such as institutionalized therapy, can work as stable healing instruments. I define drug-objects as substances able to act on a human body that enter the commodity chain and become subjected to medical, legal, pharmaceutical, and the global market’s control. Drug-objects are diversely enacted in human embodied practices. In the second section of this article, I examine how the distinction between two types of drug objects: “medicines” and “drugs of abuse” is constituted at the level of individual engagements with the substances – and how this demonstrates the fluidity and relationality of drugs in the embodied experience of users.

I base my analysis on long-term ethnographic fieldwork conducted among drug users in Warsaw, Poland. The main body of my research, composed of participant observation and semi-structured, in-depth interviews, was carried out between 2011 and 2014. Since then, I have focused on tracing the trajectories of five drug users that I encountered during this initial fieldwork as well as their broader socio-natural networks. In this article, I take as a starting point one of my research participant’s (Dawid’s) relationship with psychoactive substances, which allows me to discuss embodied modes of the emergence of psychoactive substances as drug-objects. I juxtapose those ethnographic findings with an analysis of the transnational scientific discourse regarding drug use, especially psychedelics. I examine how drug-objects, especially psychedelics, are produced and stabilized within the different domains of knowledge production practices – scientific discourse and legal frameworks.

## LIQUID CATEGORIZATIONS

Psychoactive substances are subject to a global drug policy regime that is regulated by three United Nations Drug Conventions adopted in 1961, 1971 and 1988, still forming the basis of worldwide drug policy – and in many countries having penetrated national legislation (Labate & Cavnar 2014). They define legitimate use for particular substances through the drug scheduling system that divides psychoactive drugs into distinct groups, each one subordinated to different regulations. The main basis for legal categorizations of substances is their medical utility, safety, and potential for abuse (Labate & Cavnar 2013). Thus, psychoactive substances are classified into five distinct categories, with schedule V drugs considered the least harmful and schedule I controlled substances defined as drugs with no accepted medical use and the highest potential for abuse. Though the drug scheduling system tries to stabilize psychoactive substances, mainly on the basis of their pharmacological make-up, even within the regulatory schemes the division between licit and illicit substances is to a large degree contextual. Many substances are licit within medical or scientific usage, while illegal in the case of recreational consumption. Therefore, the authorization of those substances as medicines amounts to the determination of their legitimate use and criminalization outside the legally and clinically established framework.

Although prohibitionist drug laws are underpinned by biomedical reductionism, many scholars point out that drug categorizations are not solely dependent on the pharmacological properties of the given substance or its alleged social and individual harmfulness, as they are also strongly influenced by social attitudes toward particular substances (Labate & Cavnar 2014; Raikhel & Garriott 2013). The current drug scheduling system is a product of the War on Drugs era, when many substances had been rescheduled as controlled drugs and criminalized (Labate & Cavnar 2014; Pollan 2018; Raikhel & Garriott 2013). This is foremost reflected in the legal status of psychedelics that are classified as schedule I controlled substances, which means that they have no recognized medical value and high potential for abuse despite almost no scientific evidence supporting those claims (Cardena & Winkelman 2011; Fábregas et al. 2010; Labate & Cavnar 2014; Mabit 2007; Thomas et al. 2013). According to Griffin, such re-scheduling of most psychedelic substances was a response to the broad usage of those substances during the counterculture movement of the 1960s (Griffin III 2014).

The current scheduling of psychedelics raises many controversies due to the fact that in the majority of countries the consumption of hallucinogens, including plants, is criminalized despite the growing number of scientific publications arguing that in most cases their use has no negative social and health effects. Moreover, the worldwide drug scheduling system is based on Euro-American definitions of health and illness, which very often are at odds with the ontological status of psychoactive substances in many non-Western societies that for centuries used them for healing and spiritual practices (Talin & Sanabria 2017). At the same time alcohol and nicotine, which for centuries have been integrated into Western culture, are legally available

and socially accepted within the Euro-American context despite meeting the conditions for being addictive and posing a serious threat to individual health as well as societal welfare (Pollan 2018).

Existing drug categorizations are subject to constant negotiations, both on the level of individual substance use as well as within broader social projects. One of the few ways to alter the legal status of controlled psychoactive substances is to prove that their use is a central part of religious rituals and acquire the legal reservation for their use in the designated spiritual context (Labate & Cavnar 2014). The legalization of spiritual practices related to psychoactive plants is based on the right to freedom of religion and requires obtaining the status of a legitimate religion in the given country and proving that its activities do not raise moral objections or cause health or social harm (Feeney & Labate 2016). Another way to change the legal classification of psychoactive substances is through the process of medicalization, which is currently taking place with regard to many schedule I substances, through the “psychedelic turn” or “psychedelic renaissance” (Noorani 2020; Pollan 2018). This scientific movement aims at reintroducing psychedelics into mainstream therapeutic use and is intertwined with the rise of institutions pushing for the legalization of research regarding the efficacy of those substances, most notably the Multidisciplinary Association for Psychedelic Study (MAPS), the Beckley Foundation, and the Heffter Research Institute. The proponents of the “psychedelic turn” try to overthrow the current legal construction of psychedelics as substances of no medical value, as many researchers believe that therapeutic application of psychedelics might create a way out of the impasse of modern psychiatry and provide more efficient ways to deal with global mental health crises than do existing therapeutic approaches (Joost et al. 2020; Noorani 2020).

The experiments examining the application of psychedelics in psychiatry date back to the 1950s, but were drastically banned in the late 1960s by novel drug regulations resulting from the moral panic that surrounded drug use at that time (Pollan 2018). Those experiments served as the inspiration for a new wave of scholars who set out to review their results, as they had not met the modern research protocol standards. In the US, this required permission from the American Drug Regulatory Board – the FDA and the DEA (Pollan 2018). The first modern, double-blind, placebo-controlled clinical trial regarding psychedelics was the study published by Griffiths (Griffiths et al. 2006; Pollan 2018), based on a more rigorously designed version of the famous Walter Pahnke *Good Friday Experiment* conducted in 1962 as a part of Timothy Leary’s *Harvard Psilocybin Project*. It reproduced the result of the previous one and determined that psilocybin can cause mystical experiences. Subsequent research demonstrated that psilocybin may have therapeutic effects and reduce anxiety in terminal cancer patients (Agin-Liebess et al. 2020; Griffiths et al. 2016; Grob et al. 2011; 2013; Ross et al. 2016). So far, the results of research regarding the therapeutic potential of psychedelics provided evidence of their efficiency in dealing with a wide range of psychiatric disorders (Nutt & Carhart-Harris 2021). Those psychedelic substances that pass phase 3 trials will be rescheduled and

accepted for medical use. Thus, in this case it is the scientific discourse that serves as a tool for altering legal categorizations of substances.

What kind of drug-objects are produced in the process of medicalizing psychedelics? The psychedelic renaissance is a western biopolitical project, grounded in the Euro-American definition of health and illness and political determinants which influence how these substances are constructed as healing objects (Talin & Sanabria 2017). Psychedelic-assisted therapies have to meet medical protocols, their efficacy has to be scalable and measured using standardized scientific methods (Pollan 2018). Thus, in order to meet those requirements psychedelic substances are being reduced to stable, neurochemical actants that when applied in a controlled laboratory setting are able to produce replicable effects in patients<sup>7</sup>. Consequently, the psychedelic turn places a strong emphasis on neurological research (Joost et al. 2020) and the popular scientific discourse legitimizes the ontological status of psychedelics as medicines primarily by referring to neurological processes. The social context appears mainly via superficially and often simplistically approached references to the categories of “set and setting” and “integration”, while the main focus is on the drug’s neurological action.

One of the most powerful arguments in favor of psychedelics is their ability to create new synaptic connections. This resonates with the theory regarding the disinhibition of the part of brain working as a “filter”, something that allows for a deeper contact with one’s emotions, memories, or past traumas than in ordinary states of consciousness (Lebedev et al. 2015; Sheline et al. 2009). The same phenomenon is credited for the dissolution of boundaries between self and world that causes a feeling of wholeness (DiVito & Leger 2020; Ruban & Kołodziej 2019). Pictures of brain scans with certain regions lit up serve as a powerful proof of this beneficial action of psychedelics; however, the tendency to focus mainly on the neurological effects of psychedelic entails the risk of obscuring the role of other factors that renders psychedelics efficient, such as community dynamics and relations with non-humans.

Despite scientific recognition that the healing effect of psychedelics emerges from a set of socio-natural relations (Talin & Sanabria 2017, p. 118), public discourse is dominated by pharmacological essentialism regarding psychoactive substances. Anita Hardon and Emilia Sanabria suggest that “there is no pure (pharmaceutical) object that precedes its socialization and interpretation” (Hardon & Sanabria 2017). A drug’s effect is always processual and situated in shifting contexts.

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<sup>7</sup> Aleksandra Bartoszko refers to this process as “pharmacotopia” and defines it as “as an idealized and overly optimistic imaginary of pharmaceuticals’ universal efficacy. The expectation is that patients will respond to particular medications in a similar way, a promised narrative promoted by global marketing forces, supported by the pharmacological research community, and eagerly reproduced by local clinicians in encounters with patients. Driving these imaginaries is the underlying assumption that biological bodies react universally in all settings, but also that clinical contexts are devoid of local singularities” (Bartoszko 2018, p. 268).

## ALTERNATING PRACTICES

“Heroin is just shit compared to the drugs you can get from a pharmacy” Dawid once said. He had started taking pharmaceuticals just over 10 years ago, when our paths crossed for the first time in 2011. He had already had many experiences with illegal psychoactive substances, which he shared mainly with two other friends – Michał and Diana. All of them were in their early 20s and came from middle-class social backgrounds. According to scientific parlance, they could be labeled as functional drug users; they were regularly experimenting with psychoactive substances and managed to combine their daily life, work, or studies with drug use. They lived together in a messy, barely furnished flat in Warsaw, which was filled with empty alcohol bottles and cigarette butts. They were smoking marijuana daily and taking stimulants (amphetamines, cocaine), psychedelics (LSD, psilocybin mushrooms), dissociates (dextrometrafon, methoxytamine), and new designer drugs. They had their own typology of drugs, which differed considerably from the legal categorizations. To them, psychedelics were not drugs you can abuse, and they separated that class of substances from other psychoactive drugs.

Firstly, they shared the conviction, probably influenced by the neuro-narratives grounded in the “psychedelic turn”, that psychedelics (contrary to other drugs) have beneficial effects on the human brain due to their ability to create new neural connections. They were also convinced, that “physical addiction” to psychedelics is impossible. Another argument against treating psychedelics as “narcotics” was the unpredictability of their effects – they often evoke unpleasant and difficult experiences, while the effect of “drugs of abuse” – according to my interlocutors – should be repeatable and pleasant. They saw psychedelics as tools enabling insight into the relativity of phenomena, causing an “individual revolution” by temporal changes in the perception of the most basic categories structuring human experience like time, space, and the self. They also treated those substances as therapeutic instruments, mainly because of their ability to create deeper connections with oneself, one’s real emotions and repressed traumas, as well as with other people and the surrounding world. Furthermore, the practices surrounding their use of psychedelics were different than those linked to other substances – they did not consume them on a daily basis or as party drugs. For them, a “trip” was something that one should prepare for and deliberate over, and this required choosing appropriate physical surroundings, the group of people the experience would be shared with, and being observant of one’s own state of mind prior to the planned experience.

At the same time, they considered many legally available pharmaceuticals as substances that can get you “high” and that can be abused. The world of psychoactive pharmaceuticals had been discovered by Dawid around 2011, when his friend Michał introduced him to Thiocodin – a cough medication. Thiocodin contains codeine, an opioid agonist which is often used off-label to reduce anxiety and produce pleasant feelings. It is not a controlled substance in Poland and can be bought in every pharmacy without prescription. In case of a cough one pill is taken every few hours and



does not cause any euphoric effect; in order to reach such effect an entire package has to be taken or even more. At the beginning the effect of Thiocodin was not especially interesting or pleasurable for Dawid, so he took the pharmaceutical rather rarely. Two years later, however, I could observe him traversing from pharmacy to another in order to get enough packages of Thiocodin. Although it is legally available without prescription in Poland, pharmacists do not sell more than two packages to one person as they are aware of its potential for abuse.

At that point Dawid needed 5 to 10 packages per day to reach the desired intoxicating effect; thus to acquire a sufficient dose, he had to visit many pharmacies and change them every day. As he recalled, at the beginning he consumed Thiocodin only to enjoy himself more. Later, its consumption was connected to alleviating anxiety in stressful situations resulting mainly from working in a dodgy financial consulting company as well as his social phobia, so he started to use it for self-medication and to cope with withdrawal symptoms. At that point Dawid could not see himself functioning without this drug. He decided to seek professional help, so he went to a psychiatrist in order to start opioid replacement therapy. The psychiatrist prescribed buprenorphine. For a while, Dawid stuck to the recommendations and consumed the substance to manage his opioid addiction, but then he started to mix buprenorphine with periods that he called "Oxycodone holidays". Oxycodone is an opiate pharmaceutical medically used to relieve pain in cancer patients. Dawid was getting access to it illegally, in order to get "high". He told me: "buprenorphine was aimed at stabilization, while Oxycodone was aimed at intoxication".

His acquaintance with a new drug dealer who had access to almost every "high quality" substance marked for Dawid the beginning of his heroin consumption. Although in his own opinion, he still managed to work and perform daily activities under its influence, it had one strong downside – he could not remember much of what he did under its influence. So he decided to replace it with methadone, another medication used in opioid replacement therapy, although other users had warned him against its addictive and destructive potential as in their own experiences they found it even more devastating and difficult to quit than heroin. He said that his primary goal was to use it as a "medicine", but soon he stopped limiting the dose only to the amount he was able to get from his psychiatrist and started buying more from dealers. He also discovered that mixing methadone with alcohol can change its properties and produce highly euphoric states. Soon he began going on drinking binges.

A few months before our last meeting, he had felt that he was no longer able to consume alcohol, so he asked his parents for help. He moved to their place and under the guidance of his psychiatrist started to reduce the methadone doses and replace it with buprenorphine. But again, he was unable to adhere to the recommendations: he often injected medications instead of consuming them orally. Buprenorphine works faster and more intensely when used intravenously compared to oral consumption (Kuhlman et al. 1996). Dawid also increased its dosage after each new prescription in order to reach the intoxicating effect of this substance, which left him with very little medication before his prescription needed to be refilled. According to my

observations, he still wanted to identify himself as a drug user and not as a patient suffering from addiction. The last time I saw him, I asked him which substances he considered to be “medicines” and which “narcotics”. He answered: “sometimes they are this, and sometimes that”.

The conceptualizations of drugs that emerge from Dawid’s own practices and narrations do not correspond to the legal categorizations of substances, and are instead characterized by ontological instability. In his drug use trajectory even pharmacologically similar substances were enacted as multiple objects whose ontological status was charted in the very moment of its consumption through the specific mode of its use and the meanings attributed to it. This mainly manifested itself in his use of psychedelics and pharmaceuticals. He used the substances classified as “medicines” mainly to treat his anxiety and addiction to another psychoactive substance, but after a period of consumption, he developed modes of use that provided a more euphoric effect. For Dawid, the potential of certain substances to produce this effect was what distinguished “narcotics” from “medicines”. Even though he still attributed a different meaning to psychedelics than to other psychoactive substances, he started to perceive them as relational actants whose effect, although in most cases beneficial, can be also possibly destructive. For him the most problematic aspect of their consumption was that they usually go together with other substances – drugs of abuse. As he said:

*Psychedelics are substances that create a unique potential for processing a personal trauma in a controlled manner. They allow you to go deeply into yourself, and that may run in multiple directions. It's like a weapon, or a powerful invention. You have to find the analogy here, you can compare it to control over nuclear energy – it might do many good things for you, but many bad ones as well, depending on what you have in your mind. The problem is that psychedelics are substances that provide junkies with the illusion that their dope is leading them somewhere. Yet psychedelics usually go along with all the rest of the happy crowd – with substances that are destructive. I have seen too many junkies telling stories of their profound psychedelic experiences who ended up addicted to opiates.*

Dawid’s story demonstrates that particular effects and properties of substances emerge from broader networks of practices, such as other substances consumed by their users, the modes of use, and the purposes for which they have been taken. Any new substance taken by Dawid was simultaneously in relation with all the other psychoactive drugs he had ever taken. For example methadone was not a separated, bounded, ready-made object but was always related (among other actants) to heroin – enacted either as a remedy to heroin dependence (when used according to medical recommendations) or as a heroine-like drug (when mixed with alcohol). Similarly, the practice of sniffing or injecting “drugs of abuse” influenced his modes of consuming buprenorphine; the experiences with opioid drugs changed his attitudes to psychedelics etc.

Tracing the trajectories of certain drug users over several years, I noticed that they often redefined their approach toward particular substances. Such changes happened when they started to consider their substance use as destructive and were also influenced by therapeutic discourses. For instance, people who learned

that the only escape from their destructive drug use behaviors was total abstinence from any psychoactive substance consumed outside the clinically established frames would not necessarily believe in the exceptionality of psychedelics even if they had believed so when they were still drug users. As stated by one of my interlocutors who participated in therapy based on addiction as a disease paradigm:

*For me every drug is just a drug. Psychedelics are “narcotics” the same as all of them. I took them with the same purpose as other ones – in order not to stay sober, to alter my consciousness, to end my suffering.*

Within this therapeutic discourse, everything that alters consciousness is an escape from real emotions and problems, rendering all psychoactive substances potentially dangerous, with no exception for psychedelics. The only chance for a healthy and perhaps happy life is staying sober. Even if the distinct categorization is still attached to this group of substances by the people who embraced the addiction as a disease discourse, they fear that psychedelics may disrupt their self-control and lead to the use of substances they consider “drugs of abuse”.

#### DRUGS IN OF BECOMING

Based on the experiences and narrations of users, we can distinguish the most common practices that destabilized the presumptive boundaries between “drugs of abuse” and “medicines”, as charted within the legal drug regulations. The first one is getting access to pharmaceuticals from illegitimate sources. Many of my interlocutors when asked about their first “heavy drug experiences” indicated legally available pharmaceuticals belonging to the benzodiazepine or opiate groups. However, they were obtained as illicit substances – from dealers, through the darknet, or by forging prescriptions. The second one is manipulating the intensity of a substance’s effect, whether through the use of higher dosages or the frequency of application. This is the case of Thiocodine or Acodin, the cough medications mentioned above. The third one is administrating legal substances in illegitimate ways. In Dawid’s instance, it was the practice of sniffing or injecting pharmaceuticals dedicated for oral use, an act that transformed both the somatic and symbolic aspects of the substance – by altering a drug’s pharmacological effect and at the same time rendering specific meanings to drug taking. Dawid’s practice of sniffing or injecting pharmaceuticals connected him with his “drug user self”, and the times when he used to consume substances for fun – not as medications. Taking buprenorphine as a “medicine” would imply he accepted the identity of a sick person – and this he did not want to embrace. Moreover, many drug users, including Dawid, report that they developed dependence on the way a drug is consumed – especially intravenous use. Ana, one of my interviewees, said that the mode of taking the substance became for her as relevant as the drug itself:

*While I was using methoxetamine, I started to use it like a real junkie, because I became syringe-dependent. I didn't even have to take methoxetamine, it could have been literally anything that could be injected with a syringe, even water for injection. This act gives you the unique feeling that something is really entering your body – you can't get it when you just snort a substance.*

In the experiences of users, the separation of “narcotics” from “medicines” is very often fluid and even substances taken for hedonistic purposes could become (sometimes unintendedly) therapeutic tools. This feature is mainly attributed to psychedelics – however, it should not be limited to them. During the course of my research, I met a girl for whom mephedrone, a “party drug”, opened the doors to a very traumatic repressed past event. Since childhood she had been suffering from repeated panic attacks of an unknown origin. One day, while partying with friends after consumption of mephedrone, she started to mumble incomprehensibly about past events. The next day, she understood that she had recovered a traumatic story from her childhood. After this episode, she went to therapy to treat post-traumatic stress disorder, which she had unknowingly been suffering from. This initiated her way to self-recovery, which enabled her to build a “happy and normal life”. Even though she had taken the substance to enhance her enjoyment at the party, treating it as a “narcotic”, when she looks back at this experience from a long-term perspective, she believes that it had a powerful therapeutic effect on her. Many illicit drugs are consumed with the intention of self-curing, very often before a person becomes aware that he/she has a medical condition. I met people suffering from depression, claiming that “narcotics” helped them in distancing themselves from or overcoming their psychological problems due to altered perception of themselves and the world:

*After taking psychedelics I understood that suicide is too desperate an act for this world. They showed me that there are so many ways of looking at reality and that there is always something to be enchanted by, something that can bring you joy, even very simple things like falling raindrops.*

Another common experience reported by drug users is perceiving their intoxicated state as closer both to the way “an ordinary person normally feels” and experiencing oneself as a sick person while staying sober:

*When I started to suffer from depression I treated narcotics as medicines, without them I felt the way a mad person might. Under their influence I was better, I could do normal things, I didn't get high, it was the opposite – staying sober was like being trapped in a bad trip.*

Therefore, sobriety and intoxication are relative states that could be differently experienced, shaped and conceptualized by users. Subjective understandings of “addiction”, “self-medication”, “high”, and “normality” very often stand in contrast to the way in which these concepts are conceived in the mainstream narratives.

## CONCLUSIONS

This article has examined the diverse ways in which psychoactive substances are stabilized as “medicines” or “drugs of abuse” in three different types of knowledge production practices: legal drug regulations, the psychedelic turn in psychiatry, and at the level of users’ practices.

Even though legal frameworks for drug use recognize to some degree that drugs are relational actants, they are based on a simple model of relation, composed of ready-made substances acting on the human body and the context of their use. Thus, they inscribe presumptive propensities into the substances and through this process stabilize certain drug-objects as “medicines” when they are used in appropriate medical settings. In this domain the division between “medicines” and “narcotics” is based upon the context of substance use and scheduling of a drug.

The stabilization of psychedelics within the psychedelic turn emerges as a form of counter-narrative to legal categorizations of psychedelics. This scientific discourse assumes that the scheduling of those substances as illicit drugs with no medical value is grounded in cultural attitudes toward psychedelics and the War on Drugs policy rather than in the proven threat to public health of those drugs. The proponents of the psychedelic turn recognize the medical utility of those substances and try to stabilize them in the western medical context as healing objects as long as they are taken in a therapeutic setting. The medical utility of psychedelics is to a large degree legitimized by the references to their neurological action that is linked with beneficial psychological outcomes. This results from the fact that the psychedelic renaissance is a western biomedical project and in order to meet the requirements of medical protocols psychedelics have to be predictable neurochemical actants. Therefore, the references to brain processes have become a powerful tool for legitimizing their efficacy.

However, both my ethnographic observations and other scholars’ works indicate that the simple model of relation (substance + context of its use) is not able to encompass the complexity of factors that impact the process in which substances emerge as drug-objects. Psychedelics in many situations could become “medicines”, though what seems to be missing in many academic and popular debates is that their status is strongly related to other psychoactive substances taken by their users. As I tried to illustrate mostly on the basis of Dawid’s story, every substance a user takes is simultaneously relational to all drugs she/he had ever taken. In Dawid’s case, this fact influenced his attitude toward psychedelics, which at the beginning he considered to be stable healing and spiritual objects, while later, when he started to use other substances, he recognized their potential to open the door to destructive patterns of drug taking.

The boundaries of drug objects are charted in relations to the specific reason for which they are being taken. The same substance has a different function for each consumer; moreover, this function might change during a person’s drug use trajectory (Lende, 2005; Müller & Schumann, 2011; Waldorf et al., 1992). Many users

reported that they consumed a particular drug in a certain moment of their lives as a “medicine” and in another as a “narcotic” – depending on their situation and aims. The constant interaction of a person with their environment causes alterations in their needs, and subsequently, the aims of taking drugs. Therefore, the types of drugs used, the intensity of use, and the significance attributed to them are never fixed.

As I have tried to show, psychoactive substances are in the process of constant becoming; they are made and transformed in rhizomatic relations mediated by a variety of actants mutually constituting the particular event of drug use – drug policies, social meanings attached to drugs, broader ecological relations, individual trajectories of drug use, other substances consumed, the modes of using the substances, reasons for using them, the substance’s influence on the human nervous system, etc. Therefore, the differentiation between “medicines” and “drugs of abuse” is always relational, embodied, and situated in a wide socio-natural context.

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#### IN BECOMING: THE RELATIONALITY OF PSYCHOACTIVE SUBSTANCES

**Keywords:** drug use and abuse, psychedelic-assisted therapy, psychedelic renaissance, the ontological turn, knowledge production practices, drug scheduling

Psychoactive substances are subject to legal control imposed through the system of medical prescription or legal prohibition, with legal penalties for their unauthorized use. Consumption of drugs in non-medical contexts is often labeled as “drug abuse”, and the substances used in this way as “narcotics”, a term connoting illegality (Goodman et al., 2017). While legal, medical, and popular discourses attempt to establish the distinction between “illicit drugs” and “medicines” by creating the presumptive ontologies of drugs, such an approach to psychoactive substances has been criticized by researchers associated with the “ontological turn”. They have discarded the assumption of drugs as fixed, ready-made, singular objects, postulating we think about substance use as a mutable system of relations intertwined in the broader assemblages and ecologies of drug use. In this article, by using ethnographic examples and through the analysis of research conducted within the “psychedelic turn”, I demonstrate the fluidity

and multiplicity of psychoactive substances and examine diverse ways through which psychoactive substances are stabilized and destabilized in three different domains – legal drug regulation, psychedelic renaissance discourse, and at the level of the experiences of users.

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