

Should doctors keep calling medicines “drugs”?

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The terms drug and medicine are far from synonymous.

FN Fastier, 1998¹

Notwithstanding the sanction from Acts of the New Zealand Parliament,²⁻⁴ various dictionaries, and common usage, I propose that medical professionals should adopt the habit of referring to medicines solely as medicines, not as “drugs”, because of the unfortunate associations of the latter word. And, in this respect, I see our profession as having an educative role. Difficulties have often arisen when words have widely different meanings in technical versus popular usage, and, in the context of this essay, that applies to *drug* and *addiction*. What meaning you take on meeting any word depends on what you understand it to mean (see the Footnote). Something called a *medicine* would invoke a beneficial image.

While reading for my research degree in pharmacology in 1960, I was much taken with a suggestion to medical practitioners in a small pamphlet issued by (I think) the NZ Department of Health, now the Ministry of Health: that medical practitioners restrict their use of the word “drug” (I imagine, when used as a noun) to “substances of abuse”. (The word’s use as a verb appears straightforward and apposite: general practitioners do not *drug* patients, they medicate them.) Background reasoning for that advice probably reflected the fact that what doctors prescribed were pharmaceutical preparations, suitable for administration to patients, called medicines, medications, or agents. Neither the Ministry of Health Library nor I can now locate that 1960s pamphlet with its wine-coloured cover. But now it is just history, having long been superseded by other reports and publications from the Ministry, particularly the first (1970) and second (1973) reports of the Board of Health Committee on Drug Dependency and Drug Abuse in New Zealand;^{2,3} while Acts of Parliament have set down legal definitions for New Zealand of both the term “drug”, by the *Food and Drug Act 1969*,⁴ and the term “medicine”, by the *Medicines Act 1981*.⁵ I saw virtue in separating our conversations and our prescribing practice from association with a word which, in the mind of the lay public, could have some of the meanings that *drug* had for them. Although in lay use the word *drug* can be used for *medicine* when the

latter term should be the appropriate one, there also is lay understanding of *drug* in another meaning: as an undesirable agent with a powerful, probably sinister action on the brain (thus, think of *drugged out*, *drug abuse*, *drug addicted*); or with associations that are illicit (such as *drug offences*, *positive drugs test*, *drug conviction*, *drug gangs* and *drug wars*). As an aside here, it can be noted that, of the pair of terms *drug abuse* and *drug misuse* previously used, the expert committee’s second report in 1973 removed one, favouring the “more general and less emotive term ‘misuse’”.

Accordingly, since those times, it has always been my practice to try to follow the Department/Ministry of Health’s original suggestion, by using the word *medicine* in any context where it properly applies. Such a concept appeared to be novel then: a glance at a British textbook from the 1950s, my *Clark’s applied pharmacology*,⁶ revealed universal and total employment of *drug* (a word with a listing for almost a quarter of a page from an index totally bereft of the word *medicine*). By contrast, today in our reading we may see both *drug* and *medicine*.

Official versus commonplace usage in New Zealand

For all the commonplace usage of the word *drug* for *medicine*, I find it interesting to take note of use of the word *drug* by officialdom. The NZ Parliament has this year been discussing revision of the Medicines Act, which for that purpose is not called a Drugs Act. Officials or spokespeople of the NZ Ministry of Health, when discussing issues on the radio or television and in written pronouncements, seem to be most careful to preserve use of the word *medicine* for medicines (although in many talks, after half a dozen correct uses of *medicine*, the next use may be an apparently inadvertent slip-up, in reversion to *drug*). Yet little of this official usage appears to rub off onto interviewers, who habitually use the word *drug* for *medicine*, or most newspaper reporters. To my mind, wider issues are involved, some of which may become obvious from looking at definitions in Box 1,^{4,5,7} also from a pharmacologist’s remarks outlined below.¹

What irony to hear only of alternative or complementary *medicines*, not alternative or complementary *drugs*.

Pharmacologists and drugs

My research supervisor long ago, Emeritus Professor FN (Fred) Fastier, wrote eloquently on the subject of drugs and

Footnote. Professor Fastier¹ asks us to consider the meanings in:

- *Cannabis is a far worse substance than alcohol; cannabis is a drug.*
- *Smoking is habit-forming but not addictive.*

For good measure he also adds: *He studied medicine so that he could practise medicine and prescribe medicines.*

Box 1. Definitions of a drug and a medicine**A. Definitions of a drug**

As given in the *New Zealand Food and Drug Act 1969*⁴

(a) Any substance or mixture of substances used or represented for use, whether internally or externally, for the purposes of the prevention, diagnosis, or treatment of any disease, ailment, disorder, deformity, defect, or injury of the human body; ...

(c) Any substance or mixture of substances, including anaesthetics, used or represented for the purposes of influencing, inhibiting or modifying any physiological process in human beings or the desires or emotions connected with any such physiological process, or the desire for alcohol or tobacco.

The 1970 first report of the New Zealand Board of Health Committee on Drug Dependency and Drug Abuse in New Zealand (page 11) interpreted that this:

... clearly indicates that a drug is a "medicine" — in other words, any substance used to cure, alleviate, diagnose or prevent disease. This is to be contrasted with the popular use of "drug" to mean an agent with a powerful and possibly sinister action on the brain.

As given in the *Shorter Oxford English dictionary*⁷

First, as a noun: (Late Middle English [LME, 1350–1469], ex Old French *drogue*, of unknown origin).

1. Any substance that affects the physical or mental functioning of a living organism; esp. one used for the treatment or prevention of an ailment or disease. ... Originally in plural, LME.

(an "a," presumably intended after 1, is absent from my 1993 edition)

b A stimulant or narcotic taken otherwise than medicinally, esp. one that is addictive or subject to legal restriction. Late 19th Century.

2. A commodity no longer in demand and so unsaleable. Now *usu.* A drug on (or in) the market. Middle 17th Century.

For our purposes, Definition 2 can be ignored.

However, apart from "drugstore" in the United States, the associated combinations listed for Definition 1a produce a formidable list, whose elements make very uncomfortable bed-mates for *medicines*:

Drug abuse, drug addict, drug addiction, drug buster, drug-peddler, drug-pusher, drug(s) squad, drug traffic, Class A drug.

Most of these combinations would hardly be applied to medicines, except say, benzodiazepines (in today's world, instead of barbiturates as previously) on occasions of misuse, and they do indicate the undesirable connotations for medicines being spoken of as "drugs". There are also Drug offence, "dangerous drugs" (previously for narcotics), Positive drugs test, and so on.

Then, As a verb: (entered here only to amplify my point):

1. *v.t.* Mix or adulterate food or drink with a drug, esp. a narcotic or poison ...

2. *v.t.* Administer a drug to (a person etc.), esp. in order to stupefy or poison; *fig.* Stupefy.

3. *v.i.* Take drugs; esp. habitually indulge in narcotics etc.

B. Definitions of a medicine

As given in the *Medicines Act 1981, section 118*⁵

3. ... the term medicine means any substance or article, other than a medical device, that is manufactured, imported, sold, or supplied wholly or principally —

(a) For administering to one or more human beings for a therapeutic purpose; or

(b) For use as an ingredient in the preparation of any substance or article that is to be administered to one or more human beings for a therapeutic purpose, ...

I welcome that in the same section 3, subsection (3)(b), in defining a "New Medicine" ("Any medicine that, immediately before the commencement of Part II of this Act, was a therapeutic drug to which section 12 of the *Food and Drug Act 1969* applied"), the Act changes from previous use of "therapeutic drug" to the term *medicine*, and does not use "New Drug".

As given by the Australia New Zealand Therapeutic Products Authority

The website of the Australia New Zealand Therapeutic Products Authority, at its last update⁸ (11 July 2005), has in its glossary regarding *Medicines*:

In general, the term covers a good that is administered for a therapeutic purpose. There are two different legislative terms, one in the *Therapeutic Goods Act 1989* (Australia) and one in the *Medicines Act 1981* (New Zealand).

drug abuse in his 1998 booklet *Drugs and the law in New Zealand*¹ (still available). Pharmacologists use the term *drug* as part of their technical language (ie, for others it would be pharmacologists' "jargon"), and pharmacology is "the scientific study of drugs". He points out that, whereas a *medicine* is a pharmaceutical product used to diagnose, prevent, cure or alleviate disease, as per the *Medicines Act 1981*, a pharmacologist's *drug* is a substance studied for the sake of its biological effects, whether these are wanted or unwanted. "Thus a drug may be the active principle of a medicine, but it may also be a compound which owes its interest to some other kind of biological effect." He reminds us that it is normal for pharmacologists to talk about *drugs*, because many of the substances of interest to them (and he instances, say, acetylcholine, carbon monox-

ide or heroin) are not used primarily, if at all, as *medicines*. And some compounds which can give rise to drug abuse/misuse are of medicinal value (eg, morphine, cocaine, amphetamine or nitrous oxide); while others that are never used therapeutically (petrol and other "sniffed" solvents) are not *medicines*, but are called *drugs* when the emphasis is on their biological effects.

Obviously *drug* is a valuable utility word for pharmacologists, and in their respect I can bring no suitable alternative readily to mind.

My personal viewpoint

Once I became the chairman of our Department (of Critical Care Medicine at Auckland Hospital) in 1983, I tried

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optimistically to establish practice within it in accordance with that Department of Health advocacy, to avoid bad associations in the minds of our patients, and their families. My mild campaign was doomed to failure. Nurses, the "owners" of our unit's big lever-arch file boldly labelled with 2-inch letters as the "Drug Book", long proved intransigent (after I had retired it was changed to "Meds Man", and is now, in more modestly sized letters, labelled the "Medications Manual"). Colleagues argued that if they wanted to call everything they prescribed or referred to in writing or conversation a *drug* instead of a *medicine*, it was perfectly valid to do so, because of the actual definition of a drug. The dictionary will confirm that they were — and still are — quite correct in that respect. My point is, are they "right" to do so? This essay was first entitled aggressively, *Why do doctors keep on calling medicines "drugs"?*, and any colleague's simple answer to that question had to be "Because it is legitimate to do so". Also, it is easier and quicker to say *drug* instead of *medicine* or, worse, a longer syllabled word such as "medication". (For the same reason, fancier words such as "therapeutics" or the even more elaborate "pharmaceuticals" would just not be considered.) And they would argue further that, when a physician says something such as "We would like to see if this new *drug* will help", then everybody knows that a *medicine* and not "a real drug" is meant. When an expert was asked on the radio the other day what did he think of GHB (gamma-hydroxybutyrate), he replied, "Well certainly, it is a drug". No one could take it he was talking about or meaning a *medicine* in that context. And if a medicine is not a Class A drug (or Class B or C), should we still be calling it a *drug*?

There are some words that do not lie quite easily beside "medicine", but this is readily overcome by substituting the word "agent" to make, for example, the expression "anaesthetic agent".

In conclusion

I would advocate that the medical profession take an educative role to try to condition the public to expect us to describe medicines as medicines, even if dictionaries allow otherwise. The profession's members — in fact all health professionals — can help towards that end by presenting a unified front to the public. I do not know about others but,

for my part, I do not want to be prescribing *drugs* for my patients, or for them to get their *drugs* from me, with which word descriptions such as "illicit" or "addictive" or "dependency" are associated. My viewpoint is that, for the sake of abolishing unwanted connotations and associations, it is worthwhile that we strictly call a *medicine*, only a medicine.

So my answer to the question of this essay's title is, "Please think about it".

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