

Drugs, Pharmaceuticals and Anthropology

Reading:

Robson (1999). Forbidden Drugs, Second Edition, Chapter 2: "Consequences of Drug Use"

Short-Term Consequences:

- All legal and illegal drug use carries some immediate risk.
- Alcohol is a factor in up to half of all head injuries and a third of accidental deaths, and a third of pedestrians killed on the roads are over the legal limit for driving. A third of all adolescent suicides are intoxicated at the time.
- Illegal drugs have higher immediate risks as they have little quality-control during the manufacturing process. The purity level varies from batch to batch which makes an accidental overdose a high possibility.
- They can also contain toxic solvents, adulterants, bulking agents, pesticides, fungi or bacteria.
- An analysis of street heroin shows that the Diamorphine content can vary between 5% and 80%.
- Opioids were the primary cause of death in 21% of accidental overdose cases between 1985 and 1995.
- Morality rates associated with acute adverse reactions to opioids or cocaine are five times greater in men than women.
- Damage to the foetus of a pregnant woman, is extremely rare when the mother is an occasional or social user, although some adulterants commonly found in street drugs are potentially very toxic.

'Visible' and 'Invisible' Drug Users:

- 'Invisible' drug users are those who never come to the attention of doctors, lawyers or policemen. They are invisible to research unless uncovered by population surveys. Only a tiny proportion of most population surveys on drug use actually present for treatment or help, are prosecuted, or contribute to the casualty statistics. This is the case for cocaine, heroin and an even larger discrepancy for users of cannabis, LSD, Ecstasy, or amphetamines. One can only assume that the vast majority use these drugs only briefly or in small amounts, or that they prove pretty well harmless to most people.
- A small amount of American studies do give limited support to the idea that relatively stable, controlled use of opiates is possible. Such people often develop rituals and routines which ensure that the drug remains just a part of their lives, rather than its epicentre. It seems that if the drug taking can be ritualised and compartmentalised then it can be more easily contained. (This brings us back to Zinberg's Theory of Setting)

Longer-Term Consequences:

- Modest, controlled consumption of illegal drugs is much more common than regular, heavy, compulsive use. Transient or experimental use does not seem to be associated with measurable long-term harm.
- Around 10% of those who experiment with alcohol or illegal drugs will go on to develop problems with them at a later stage.

- Regular or heavy use during adolescence has a strong association with emotional and physical problems than and later, difficult family, social and sexual relationships, and disruption of education and employment.
- It is unwarranted to conclude that drug use has necessarily cause these effects, when it may be just another symptom of a dysfunctional family.
- It s important to not confuse the effects of a drug with the social conditions which surround it.
- Most commonly admitted problems of school students who drink regularly are problems with relationships, personal difficulties, sexual regrets and acts of delinquency.
- Virtually nothing is known about the natural history of people who continue to be 'invisible' drug users.
- Most available statistics regarding long-term 'hard' drug use only focus upon the 'visible' drug users, so these statistics are not reliable.

Lecture 1.1:

Myths or common public perceptions that this unit will dispel:

- That the effect of a drug is caused solely by its pharmacological properties and effects, i.e. placebo effect.
- That some drugs are instantaneously addictive.
- The gateway / stepping stone theory: that use of 1 drug necessarily leads to the use of other, “harder” drugs, cannabis is the most common drug to which this theory is applied.
- All of these myths can be debunked through a social / cultural approach to drugs.

What are drugs?

- Krivanek’s definition: Drugs are substances introduced into the body knowingly but not as foods.
- Includes illicit drugs, legal recreational drugs, and legal but regulated pharmaceutical drugs that aren’t recreational at all.
- Yet some drugs blur the definition between drugs and foods. Whether a drug is considered bad and is prohibited depends on the culture of the society in a particular historical period.
- Oxford English Dictionary definition: “ A medicine or other substance which has a physiological effect when ingested or otherwise introduced into the body”.
- Surprisingly good definition on Urban Dictionary: “Drugs are chemicals that alter, block, or mimic chemical reactions in the brain. This causes an alteration of the body's normal processes, causing physical (Faster heartbeat, deeper respiration etc.), or mental (Elevated mood, new thought processes etc.) changes.

Addiction: not just a neurological process. Addiction is also social:

- All these headlines: anything pleasurable (in neurological terms, triggering dopamine release) = “addictive”
- Reducing normal human pleasure-response conditioning to “addiction”
- Later in the semester: a psychologist will talk about psychological models of addiction

- For now, note: these models don't take into account how the social context of drug use shapes addiction.
- Addictions changing all the time, DSM states all the addictions and mental illness.
- It is also social.
- Negative connotations to the word addiction.

What is culture?

- **Definition of culture** (Roger Keesing and Andrew Strathern): "a system of shared ideas, rules and meanings that underlie and are expressed in the ways that humans live."
- Includes: laws, rituals, beliefs, political economy, media and popular culture... ideas about what is normal and abnormal
- "Culture" is always changing and contested, not unified (think subcultures).

Ethnography as method for studying drug use:

- What's ethnography? "a process of observing, recording, and describing another people's way of life through intimate participation the community being studied." Participant observation, involving yourself in the life of the community, doing what other people do, observing what they do, asking questions, and learning what questions to ask. Understanding the meaning of drug use in context.
- Core method, what anthropologists write.
- To understand how people live, you have to hang out with them, participant observation.

Zinberg's Theory of Drug Use:

- All of these things work together to inform your experience of drugs.
- Drug: the pharmacological action of the drug itself.
- Set: the attitude of the person at the time of use, including his/her personality structure and what they **expect** the drug to do. (Individual attitudes are significantly influenced by social values and social expectations)
- Setting: The influence of the physical and social setting in which use occurs. This is shown in 2 dimensions:
 - Social sanctions (i.e. prescribed by a physician) someone who goes outside our social expectations of how drugs are used.
 - Social rituals (i.e. taking them with other people, taking them with alcohol, taking them at the same time of day, at a party and not by yourself etc. a ritualistic nature)

Refuting the myth that drugs are chiefly defined and determined by their pharmacological properties:

- Drugs and their effects on individuals can only be fully understood by taking into account the particular social, cultural, political and economic contexts, in addition to their pharmacological properties
- The higher your social status, the more likely a drug is to be accepted. The lower your social status, the more likely a drug is to be banned
- By looking at how medical science has classified drugs in the years.

Criminological understandings of deviance that we can apply to understanding drugs:

- Kai Erikson, 1962. "Notes on the Sociology of Deviance." Social Problems 9: 307-314.
 - All societies have moral boundaries that separate members from non-members. This enhances group identities.
 - Society thus needs deviants to mark its moral boundaries. Deviants, and our reactions to them, help to publicize those moral boundaries.
 - Therefore, society develops ways of ensuring a steady supply of deviants, like prison. Punishment for deviance isn't even intended to stop deviance. It ensures a steady supply of deviants.

Basic Categories of Illicit Drugs:

- **Narcotics** – Qualities: relieve pain, induce euphoria, create physical dependency.
- **Hypnotics** – Qualities: habit-forming, cause sleep and stupor. Tranquilisers are similar but reduce anxiety without causing sleep.
- **Stimulants** – Qualities: cause excitement, increase mental and physical energy, create dependency, may cause psychotic disturbance.
- **Inebriants**
- **Hallucinogens** – Qualities: cause complex changes in visual, auditory and other perceptions and may cause acute psychotic disturbance

Additional Facts:

- Nicotine is more addictive than most other drugs in society
- Nicotine causes more death than heroine, cocaine, alcohol, road accidents, HIV, murder and suicide than all put together.
- When you take drugs before a certain age, you are likely to become addicted. If you take drugs after a certain age you are unlikely to become addicted
- Over half of US adolescents have tried an illegal drug before graduating from high school.
- 300% mark-up on illicit drugs
- In the European Union, there is no relationship between illicit drug use and a country's drug laws. People use drugs whether the law is restrictive or not.