

# Drugs and Society

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## Introduction

When the battle to rescue Helen, the daughter of the god Zeus, from Troy was over and the war was won, Odysseus set sail for home to rejoin his wife Penelope and his family in northwest Greece. His resourcefulness and heroism won him great acclaim but the journey home was long and arduous. Fantastic obstacles and challenges delayed him but he did not give up and continued on his way. Unfortunately for Odysseus and Penelope, the fall of Troy took place more than 3,000 years ago when communication across seas and continents was not what it is today. He could not call her by telephone to tell her where he was or that he might be delayed, nor could he send her an e-mail or report his status on Facebook or Twitter. So as the years passed Penelope was losing hope. One day during this time Telemachus, the son of Odysseus, traveled with his mother and family to celebrate the marriage of the daughter of the king and queen of Sparta, Menelaus and Helen, the woman whom Odysseus helped rescue from Troy. The king and queen recognized Telemachus as the son of Odysseus and during the celebration told him stories of the great deeds and adventures of his father at Troy. Menelaus then recounted the challenges of his own journey home and shared news he heard along the way that Odysseus was still alive but held captive on an island. Telemachus decided to set sail to find his father. Meanwhile, in attendance at the wedding celebration were many rival suitors for the hand in marriage of his mother Penelope (and of course the wealth that rightfully belonged to Odysseus). Learning that Telemachus planned to look for his father, they plotted to kill them both should they return. Naturally, when Penelope heard of this plot she became distressed, thinking that she would surely lose not only her husband but her son as well. To help her forget her sadness and find serenity Helen put

a potion in the wine and gave it to Penelope. A few hundred years after the events were believed to have taken place, the ancient Greek poet Homer told the tale of Odysseus and his journey home. According to his modern translator, concerning Helen's potion he said:

it entered into Helen's mind to drop into the wine they were drinking an anodyne, mild magic of forgetfulness. Whoever drank this mixture in the wine bowl would be incapable of tears that day—though he should lose mother and father both, or see, with his own eyes, a son or brother mauled by weapons of bronze at his own gate. The opiate of Zeus's daughter bore this uncanny power. (Fitzgerald 1963:59)

As Homer told the tale, that night in her sleep Penelope saw the goddess Athena who sent her a phantom in the form of her sister, Iphtime, to tell her not to worry.

It is possible that in Robert Fitzgerald's mid-twentieth-century award-winning translation of the original Homeric epic poem the word "opiate" was used in a generic sense and not necessarily as a direct reference to opium itself. Nonetheless, by the twentieth century scientists were arguing that what Helen gave to Penelope was in fact an extract of the opium poppy (Lewin 1931). More recently and more broadly, by the later years of the century in his history of opium and opiates Michael Brownstein, a cell biologist at the National Institute of Mental Health, wrote, "Despite difficulties in interpreting ancient writings and archeological data, a picture of opium use in antiquity does emerge from them" (Brownstein 1993:5391). The point here is that thousands of years ago, people living in society here on Earth had substances that today we would call drugs and they were using those drugs to make themselves or others around them feel better, or at least different. Clearly drugs have been part of society for a long time.

In essence those substances we call drugs include natural and manufactured chemical compounds that when ingested by individuals pass from their body to their brain, interfere with chemical signals normally transmitted by the brain, and affect their body or mind in one way or another (cf. Lewin 1931). Over the course of history, people living among other people in society have used drugs for a variety of reasons including, for example, medicinal or therapeutic purposes to heal what ails them (Chou et al. 2009; Kalso and Vainio 1990; Mather 1995; Reisman 2011; World Health Organization 2007) or egoistic purposes to find comfort, contentment, or simply pleasure in their daily lives (Goode 2012; Huxley 1954; Marlatt 1996; O'Malley and Valverde 2004; Weil 1972). Today, thanks to the wonders of modern science and the prevailing principles and practices of contemporary business, we have lots more drugs to choose from and those drugs can do lots more things for us and the people around us.

Some of the drugs available to people in society today are accessible under the law and some are only accessible and able to be used outside of legal authority. Considering just the drugs that are sanctioned by the laws of various societies around the world, Thomson Reuters in their annual pharmaceutical industry *Factbook for 2014* reported, "Global pharmaceutical sales reached an all-time high of

approximately \$980 billion in 2013 and are expected to rise to \$1 trillion this year” (<http://thomsonreuters.com/press-releases/092014/pharmaceutical-factbook-2014>; accessed May 25, 2015). Some of those legal drugs are available over the counter in a variety of retail establishments to almost anyone who can pay for them, and others cannot be obtained without special permission, such as a prescription from a licensed medical provider. According to the United States Food and Drug Administration (FDA), an agency “responsible for protecting the public health by assuring the safety, efficacy and security of human and veterinary drugs, biological products, medical devices, our nation’s food supply, cosmetics, and products that emit radiation,” there are more than 300,000 drug products covering 80 therapeutic classes of drugs available over the counter to anyone who asks for them at retail establishments across the country (<http://www.fda.gov/AboutFDA/WhatWeDo/default.htm>, accessed May 25, 2015). Clearly in contemporary society a lot of different drugs are easily available under the law to a lot of different people for a lot of different purposes.

Thanks to centuries of social and political turmoil and the values that rose to prominence as generations of people and eras of civilized societies struggled over resources, power, and control, today we have layers and layers of formal and informal social norms to guide us and, to the extent possible, to regulate our choices about everything, including what drugs we use, when we use them, how we use them, and why we use them (cf. Sumner 1907). Laws are instituted in society as formalized norms so are housed in a variety of recognized social institutions with governing authority. Through public programs and policies they present themselves to us as enforceable guidelines and standards for behavior and action. But science and history have shown us that different drugs at different times in different circumstances have different outcomes in terms of both social and personal experience. Some drugs sometimes under some circumstances do good things for people as individuals or as part of a community of people, and other drugs or even the same drugs at different times under different circumstances are harmful to the people who are involved with them or to the people around them. So making law and making policy about drugs is not so simple. There is no doubt that drugs can be a source of harm to people and those around them, but there is also no doubt that other or even the same drugs can also be a source of good. The problem in particular has been to determine which drugs at what times and under what circumstances need to be controlled or regulated to eliminate or at least minimize the negative outcomes and at the same time which drugs could or should be more openly available to maximize the positive outcomes (cf. Brownstein 2013). Considering this dilemma and focusing on the negative outcomes, Avram Goldstein wrote:

The misery suffered by addicts and their families is enormous. The costs to society—to all of us—are measured as loss of productivity, additional needs for medical care, dangers of drug-induced behaviors, destruction of family life, corruption of children, and burden on the criminal justice system. If we set aside

political bombast, media sensationalism, and ill-informed calls for quick fixes, we can try—calmly and dispassionately—to examine what science can teach us about addictive drugs and addictive behavior. That requires a thorough analysis, drug by drug, of how each one acts and what harm each does to users and to society. (Goldstein 2001:13)

The point is that to appreciate and benefit from the good that drugs can do for society and for individuals while at the same time managing the harms that drugs can do requires a lot of knowledge about drugs and then careful thought, analysis, and planning about how to appropriately allow and limit access to which drugs, when, by whom, and for what.

Complicating the problem of determining how best to deal with the mixed blessings and dangers of living with drugs in society is the fact that drugs have always been and always will continue to be part of our social experience. Across time and space drugs have been omnipresent in all societies. Late in the nineteenth century, while writing the rules for sociological method, Emile Durkheim argued that as a social phenomenon crime is normal in the sense that it “is present not only in the majority of societies of one particular species but in all societies of all types” (Durkheim 1938:65). That is not to say that the commission of a criminal act by an individual is necessarily normal behavior, but rather that the presence of crime in society is normal and to be expected and found in any and all societies. In that sense drugs are normal in society. That does not necessarily mean that personal or collective involvement with drugs or the use of any drug at any time for any purpose is normal behavior by an individual member or group of individuals in any society. But the case can be made that the pharmacological substances we call drugs in one form or another for one purpose or another are and have been found and used throughout history in all known societies. Andrew Weil has written extensively about drugs and medicine and has argued that drugs are not only normal in society but to try to discourage their use by people living in society could make things worse rather than better. He wrote, “Like the fantasy that drugs can be made to go away, the idea that people who want drugs can be discouraged from using them is an impossible dream that gets us nowhere except in worse trouble” (1972:189).

Some drugs sometimes in some circumstances will be beneficial to individuals and their societies and some drugs sometimes in some circumstances will be harmful to individuals and their societies. But either way drugs are a normal part of society and it is inevitable that people living in any society will be involved with drugs in one way or another at one time or another in one circumstance or another. To maximize their benefit and minimize their harm to people and society the challenge will be to continue to study and learn what drugs are harmful and what drugs are beneficial to what people and their social life at what times under what circumstances in what ways. There is a lot of research that has already been done and consequently, while there is much we have yet to learn, there is much we already know about drugs and society.

## **Explaining and Understanding Drugs and Society**

There are a lot of different ways to think about drugs and society and to understand how they are related. Over the years and in particular in the past century or so there has been a lot of research, so a lot is already known. For drugs to contribute to improving the quality of lives of people and their societies and to not diminish the quality of their lives and societies, first we need to know what we know and to have confidence in our knowledge. Then we need to understand how that knowledge informs what decisions we make and what actions we take about how, where, and when drugs can and should fit into society. But drugs present themselves to us as so many different substances and have so many different ways of interacting with our personal and social experience. So to have confidence in our knowledge and to understand the relationship between drugs and society we need to know how we know what we know about drugs, how people in society have been involved and engaged with drugs, what has been done and what might be done in different societies to maximize the benefits and minimize the harm, and to understand all of this for different drugs in different societies.

In the modern world scientific research is central to the production of knowledge in which we can have confidence. Robert Merton and Jane Moss wrote that the purpose of research is to produce “new knowledge by drawing upon past knowledge” and that the new knowledge “is of a kind that adds to general understanding of uniformities” that “adds to the intellectual capital that comprises scientific knowledge” (Merton and Moss 1985:680). In terms of drugs and society this means that knowledge from scientific research can contribute to our sociological, psychological, economic, physiological, and biochemical explanations and understanding of the place and consequences of drugs in society.

In science the process of producing new knowledge begins with theory (cf. Blumer 1969). Theory “guides the progression of scientific study by suggesting how we might explain what we do not know, thus helping us to get from one bit of established knowledge to another to advance our understanding and capacity to explain” (Brownstein 2013:9). But knowledge is never absolute, so explanations of phenomena have gaps that are filled by incomplete knowledge or untested assumptions, or even ideology. According to Hamilton, “An ideology is a system of collectively held normative and reputedly factual ideas and beliefs and attitudes advocating a particular pattern of social relationships and arrangements, and/or aimed at justifying a particular pattern of conduct, which its proponents seek to promote, realise, pursue or maintain” (Hamilton 1987:38). The danger then is that “guided by unsubstantiated beliefs, values, and attitudes ideology moves the production of knowledge in a preferred direction that can be used to justify advocacy for a favored position or policy” (Brownstein 2013:10).

The problem of ideology highlights the importance of producing knowledge in which we can have confidence. Ideally, new knowledge informs explanation and understanding and in turn guides decisions and actions toward appropriate and productive responses to personal and social negative and positive outcomes relative to drug using and involvement. Researchers who study policy making have described

the process of reaching the point of making decisions and taking actions in response to personal and social conditions and problems as a series of steps or stages going from the identification and definition of the problem, the design and development of programs, policies, and programs to address the problem, the implementation of those policies and programs, evaluation of their outcomes, and finally policy or program continuation, modification, or termination (Mayer and Greenwood 1980; Bullock et al. 1983; Portney 1986; Brownstein 1991).

Early in the twenty-first century the problem of ideology became a problem for the explanation and understanding of the relationship between drugs and society. In 2003 a conservative advocacy group in the United States asked the House Committee on Energy and Commerce to tell the National Institutes of Health to justify “about 200 approved or funded projects” because they believed those projects were “about controversial research topics” such as sexual behavior, HIV/AIDS transmission, and drug use (Kaiser 2003:758). The former director of the US National Institutes of Health (NIH) director and at the time the chief executive officer of the American Association for the Advancement of Science, Alan Leshner, responded through an editorial in *Science* in which he said, “Whenever science is attacked on ideological grounds, its integrity and usefulness are threatened” (2003:1479).

In this book experts in the field of drug research and drug policy in nations around the world write not only about what is known but about how what is known is relevant to what has been done and what can be done to find the most reasonable and responsible place for drugs in society.

### Knowing about particular drugs and categories of drugs

One reason for using one drug or another is to ease pain of one sort or another. Some drugs bring relief to people suffering from physical pain while others may be used to bring relief from emotional, psychological, or even psychic pain. Acetaminophen, for example, is such an analgesic and according to the NIH “is used to relieve mild to moderate pain from headaches, muscle aches, menstrual periods, colds and sore throats, toothaches, backaches, and reactions to vaccinations (shots), and to reduce fever” (<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a681004.html>, accessed May 25, 2015). Acetaminophen can have negative side effects, so in some forms it is available to people who need it by medical prescription, but in other forms it is also readily available to consumers over the counter in pharmacies and a variety of other types of retail outlets. For moderate to severe pain, oxycodone might be preferred over acetaminophen or in combination with the latter. Oxycodone is an opiate analgesic and according to the NIH the side effects of taking it can be very serious and even life threatening, so it is only available by medical prescription (<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682132.html>; accessed May 25, 2015). Heroin is a very powerful opiate analgesic but has been deemed so dangerous to users and the people around them that under the law in countries like the United States it is not available for relief of pain at all.

The point is that there are a lot of different drugs that do different things for people who use them. But drugs by their nature do things to bodies and minds and people that are not always known. So as we think about drugs in society it helps to know which drugs do what and how what they do might vary by who uses it or when they use it or how they use it. And there are so many different drugs and different forms of drugs that it is not easy to know all that we need to know. But we do need to start with what we know and consider what we need to know to make the best decisions and take the most advantageous actions. In this book there are chapters about a variety of drugs, including drugs that are openly available under the law and drugs that are not. There are chapters on prescription drugs and so-called synthetic or designer drugs. There are chapters on illicit drugs such as heroin, cocaine, and methamphetamine, and drugs that are allowable under some laws but not others, such as marijuana and alcohol.

### Knowing about the place of drugs in society

Given that there are both benefits and harms that come from the relationship between drugs and society it makes sense that knowing how and where drugs fit into society is important for making good decisions and taking appropriate actions with regard to that relationship. To the extent they can be problematic, drugs can be a problem for individuals who use them, but also for their relationships with the people around them and for society itself. In that sense, in terms of drugs and society it is important to understand how and when drugs are a social problem affecting the social experience of people living in society.

To understand the place of drugs in society it is important to understand the relationship between the production, distribution, and use of licit and illicit substances in various nations with regard to social forces. Similarly it is important to understand the relationship between psychological and physiological factors and how they relate to personal and social experience with drugs. There are chapters in this book that do just that.

### Knowing how to study drugs and society

The purpose of social science research is to conceptualize the experience of living with and among other people so that we can describe, understand, and explain it in a meaningful way (Kaplan 1964; Lazarsfeld and Rosenberg 1955). Depending on the specific subject to be studied, the specific questions being asked, and the way the researcher defines social reality, there are different methods of research that are and can be used by the social scientist. Essentially these include both quantitative methods and qualitative methods, the former being those that are designed to study relationships among discrete and precisely defined and measured variables and the latter being those that are designed to study commonalities among broadly conceptualized social phenomena (Ragin and Amoroso, 2011).

Researchers have successfully used both types of method to understand and explain the relationship between drugs and society. There is a long and fruitful history of qualitative studies, mostly ethnographic studies of particular drugs in particular settings, in a number of places around the world. For example, there are traditions of ethnographic drug studies in the United States in cities like Chicago, San Francisco, and New York, European cities in a number of countries including England, Denmark and the Netherlands, and cities in Australia, South America, and Asia. There is also a long and productive history of quantitative work emphasizing measuring and monitoring drug use and drug trends in different places over different periods of time, much of what has been done in the United States supported by the President's Office of National Drug Control Policy. The point is that there is a lot of good research that has been done, both quantitative and qualitative, and there are chapters in this book about that research and the methods that have been used.

### Knowing and not knowing about drugs and public health and safety

While there is much yet to learn and there always will be, the long traditions of quantitative and qualitative research on drugs and society have produced considerable knowledge and understanding about the impact of drugs in society on public health and safety. In terms of public safety the question has drawn a number of researchers to study the relationship between various drugs in various circumstances and crime and criminal behavior. In terms of public health there has been considerable study of the relationship between drugs and not only their impact on the minds and bodies of individuals but their impact on the health of people living among others in social institutions such as families and social spaces such as communities.

There are chapters in this book that address questions that have been raised about the relationship between drugs and society in terms of particular drugs and relevant issues of public health and safety. They broadly consider what we know and what we need to know about how drugs relate to public health and safety and the significance of social and personal characteristics and economic and geographic contexts for understanding that relationship.

### Knowing about drugs and adverse social experience

Drugs may be normal in society but, even so, some of the things that happen to people and those around them in relation to drugs being in their lives and communities are not good things. There are adverse consequences and these can be disruptive to normal and enduring social experience. This is not just limited to the individual side effects or negative consequences of using certain drugs or using any drug improperly. There are also consequences for families and children, communities, schools, businesses, and any number of other social institutions and settings.



One serious consequence of misuse or abuse of drugs in terms of social experience involves violence. There are chapters in this book that consider the relationship between drugs and violence both in terms of violent crime and also violence in interpersonal relationships, such as violence against families and children.

### Knowing about drugs as an illicit enterprise

To understand, address, and respond to drugs in society it is important to consider not just drugs that exist outside of the law but both licit and illicit drugs. The issue is how drugs as psychopharmacological substances relate to society whether or not they are determined to be problematic for society by some body of people with authority to make such decisions. That said, there has been a lot of attention not only by policy-makers but also by researchers on drugs that are excluded from social life by law. In part that attention is related to the fact that how drugs end up on one side of the law or the other is itself an interesting and important question. Also, the attention is related to the fact that when certain drugs are outlawed, there need to be social relationships and cultural and social structural forms constructed in order for those drugs to be related to individual people and the people around them. And further, once they are outlawed and illicit relationships, cultures, and social structures are in place, there needs to be a way or ways for the institutions of legitimate society to respond to them.

In this book there are chapters that look at knowledge that has been generated from research around these questions. There are chapters about things like how people involved with certain drugs and the drugs they use become criminalized, the relationships and cultures and subcultures that form around drug-using communities of people, how drugs that are not legal become part of international trade and the global economy, and even how the business of drugs operates when there is no way for that business to be integrated into a legitimate economy.

### Learning about how to respond to the problems of drugs in society

Whether or not particular drugs or the use of those drugs is legal, there are problems of public safety and public health to consider. Public policymakers and practitioners are by their position the people in a society who are charged with the responsibility to address those problems.

In this book there are chapters that consider that what we know and how we know matter in terms of addressing the problems of public health and safety related to drugs in society. They consider things like how we can best prevent individuals from becoming involved with drugs in ways that can be harmful to themselves or to people around them, how we can treat the problems that people who misuse or abuse drugs bring upon themselves and their families and friends, and how we can deal with people whose involvement with drugs intentionally creates situations in which others can be faced with harm from drugs.

## Drugs as a Normal Part of Society

The chapters in this book do present much of what is known about drugs and society. But more importantly they explain what we know in terms of where we are, where we are heading, and where we need to be going to contribute to a world in which the inevitable and necessary relationship between drugs and society does more good than harm.

The chapters in this book are written by scholars from different generations and different parts of the world. They address questions that have been raised about the relationship between drugs and society and, in particular, drugs and public health and safety. They broadly consider what we know and what we need to know about drugs and society, how we know what we know, and how drugs relate to public health and safety. They write about how social and personal characteristics and economic and geographic contexts are important to understanding that relationship.

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