

SOC 3290 Deviance
Lecture 25: Drug Use I: Effects & Social Dimensions:

Many people have tried marijuana. Indeed, many people see little wrong with it, and assert that it has many positive qualities: relaxation, pleasure, providing insight, creativity, and as enhancing other positive activities like eating and making love. Many who use it in these ways do not technically "abuse" the drug: they don't use it to the extent that it interferes with their jobs, health or lives. Yet, many in the public would consider this drug abuse simply because the drug in question is illegal (unlike legal drugs like tobacco and alcohol). Many in the public generally believe that illegal drugs are more dangerous than legal ones, and that, in some way, users are hopelessly hooked. In this lecture, we will discuss why this isn't necessarily so. We will then analyze the effects of various illegal drugs, and the connection between these, AIDS and crime. We will also examine the extent of illegal drug use. Next class we will continue with this theme by looking at the characteristics of drug users, the process of becoming a drug user, the so-called "war on drugs," and theories of drug use.

Drug Use in Perspective:

Contrary to popular belief, legal drugs may in some ways be more harmful than illegal ones. Alcohol and tobacco use is much more prevalent than illegal drug consumption. Other legal drugs, such as sedatives, tranquilizers, and stimulants, are still more widely used than heroin and cocaine. Not surprisingly, the use of legal drugs, particularly alcohol and tobacco, causes far more death, sickness, violent crime, economic loss, and other social problems than the use of illegal drugs. U.S. data show that just two legal drugs - alcohol and tobacco - kill at least 60 times more people annually than do all of the illegal drugs combined. The Canadian situation is parallel.

Contrary to popular belief, then, legal prohibition or public disapproval of a drug does not necessarily indicate how dangerous the drug really is. Instead, the disapproval reflects the temper of the time and place (e.g. opium is now widely disapproved of, but in the last two centuries was considered a "cure-all"; smoking is legal in all countries today, but was widely banned with stiff punishments in the past).

In assuming that illegal drugs are more dangerous than legal ones, people also believe that those who use illegal drugs typically become addicted, compulsive, or heavy users. Research shows, however, that most who use illicit drugs do so only experimentally, occasionally, or moderately, without sliding down the slippery slope to compulsive and uncontrollable abuse. Most have the ability to draw the line, and drugs, by themselves, don't have the power to pull users down. This is not, of course, to deny that real horrors occur in drug abuse, merely that these befall only a few - not most - users.

Illegal Drugs: Their Effects and Users:

Most drugs can be divided into three categories according to their effects on the user's central nervous system (CNS). Stimulants (cocaine, crack, caffeine and nicotine) can stimulate the activity of the CNS, temporarily producing alertness and excitation, suppressing fatigue and sluggishness. Depressants (heroin, PCP, morphine, alcohol and aspirin) reduce the activity of the CNS, so they can relax muscles, relieve anxiety, alleviate pain, create euphoria or induce sleep. Hallucinogens (LSD and ecstasy) can disturb the CNS, distorting the user's perceptions of reality. Interestingly, marijuana isn't in any of these categories, as it can affect the user in the same way as each of these three types. While various researchers have been split as to which category in which to place it, marijuana is in a class by itself.

Regardless of the type, however, drugs don't by themselves produce the above effects. Other factors also come into play, such as relative dosage, purity, drug mixing (synergies), how ingested (e.g. mainlining vs. smoking), and habituation (i.e. tolerance). All of these impact how powerfully affected the user is by the drug.

Let's now take a closer look at several well-known illegal drugs.

Marijuana is the most widely used illegal drug, derived from the Indian Hemp plant *cannabis sativa*. The top of the plant produces a sticky resin containing THC, which often flows downward and coats the plant. Pot usually comes from the entire plant, but when only the top part of the plant is harvested, the product is hashish. Both may not only be smoked, but eaten or drunk. Marijuana can be grown just about anywhere, but the best grades come from Mexico, Jamaica, Thailand, and B.C.

When first used in ancient times, marijuana was considered a sacred and useful drug - holy to the Hindus as a "heavenly guide," to the Greeks referred to as the "lotus." Yet, there has been much opposition to using marijuana in our society. This has distorted the judgement of both lay and scientific people about its effects. In the 1950's, it was officially considered to lead to sexual debauchery and violence (e.g. "reefer madness"). Yet, later researchers have actually found that marijuana actually tends to inhibit rather than to induce violent behavior in experimental subjects (Myerscough and Taylor, 1985).

In the 1970's and 80's, a number of scientists claimed there were serious health hazards in smoking marijuana (e.g. damaging the brain and lungs, causing premature aging, lowering resistance to infection and cancer, producing chest pain and respiratory disorders, encouraging precancerous lung cells, increasing the chances of sterility and impotence, and contributing to birth defects and hereditary diseases). Yet, careful checking of these findings - either by repeating the experiment or by devising a better one - have largely found no damage from marijuana use.

However, if smoked in large doses for an extended period, marijuana can be mildly physically addictive - users suffering nausea, restlessness, and loss of appetite (but nowhere near

as serious as those withdrawal symptoms suffered by heroin users). It can also be psychologically addictive, but only mildly so - because it isn't as immensely pleasurable as cocaine or heroin. If used to the point of intoxication, it can also create problems similar to being drunk: impairing intellectual judgement, short-term memory, and human psychomotor function (e.g. impairing reading, studying, driving, etc.). But, when used moderately, marijuana can heighten sensitivity, improve perception, and increase appetite. Thus, it can be used for medical purposes, particularly for the benefit of controlling nausea, pain and increasing appetite among seriously ill cancer and AIDS patients.

Many believe that marijuana is a "gateway" to harder drugs, and research does show that nearly all heroin and cocaine users started out with pot (Morganthau, 1997). But this doesn't necessarily mean that pot itself inevitably leads to harder drugs. Rather, the cause more likely lies in the pot user's involvement with friends who use harder drugs.

The next drug we will consider is heroin. This was first produced in 1898 from morphine, which was, in turn, first derived in 1803 from opium. These are painkillers and have been used as such. Yet heroin use is now a major source of our society's concern with the problem of drug abuse. Most heroin comes from opium poppies harvested in the "golden triangle" of Southeast Asia (Burma, Thailand and Laos), the "golden crescent of South Asia (Pakistan, Afghanistan and Iran), Mexico and Colombia.

Heroin can be smoked, sniffed, taken orally, or injected into a muscle or vein. Mainlining produces the quickest and most intense high. This has traditionally been the most common form of ingestion, but fear of AIDS and the increased potency of today's drug have made smoking or snorting increasingly popular. Taken in moderate doses, heroin can not only dull pain but reduce anxiety and tension. It can also induce euphoria. Interestingly enough, by itself heroin doesn't produce this "rush" of euphoria: the user has to learn to achieve the sense of pleasure from injection (novice users typically encounter unpleasant experiences, such as profuse sweating and vomiting). Yet this can easily be rationalized (e.g. "I've been given too much"), thus opening the way for more heroin trips. Once users try heroin several times, they feel an extreme pleasure from the drug experience, claiming it to be more satisfying than sexual orgasm or anything else. This, however, can lead to psychological dependence. This is added to by the fact that heroin is extremely physically addictive, and deprived users can go through terrible symptoms after even one day (e.g. sweating, runny nose, watery eyes, chills, cramps, nausea, and diarrhea).

To relieve such symptoms, addicts have to keep on using heroin. This had lead many researchers to believe that once people become addicted, they can no longer experience the pleasurable effects, but merely use heroin for avoiding withdrawal (Lindesmith, 1968). Yet, McAuliffe and Gordon (1974) presented data to show the opposite: addicts do continue to experience euphoria, and, if this were not so, addicts wouldn't persistently take the trouble to steal and hustle to get money for the next fix - but would more readily seek treatment.

Both interpretations may miss the mark, reflecting researchers' own perceptions of what

the drug effect means to the addicts rather than the addicts' own viewpoints. According to an ethnographic study, most addicts seek something between withdrawal avoidance and euphoria: a temporary calm and serenity, feelings of normalcy, relaxation, and capability to provide them with a respite from the bleak harshness of their lives. It is the pursuit of normalcy rather than euphoria that propels these users to continue to use the substance. This, however, doesn't involve the frantic, pathetic search for relief from the pain of withdrawal symptoms. Instead, addicts see themselves in control rather than as "down and out dope fiends." They have a sense of pride in being able to achieve normalcy in a world that has relegated them to a lowly status (Hanson et. al., 1985).

While heroin is addictive, most users don't become addicts. This is because most typically get less and less pleasure from the drug after their early experiences - not being worth the hassle. There's also no truth in the stereotype "once a junkie, always a junkie." For example, over 90% of Vietnam Vets who were addicted to heroin upon arriving home were no longer addicted 8 months later. Moreover, even if permanently addicted, people don't generally suffer severe damage to their health: prolonged use doesn't necessarily damage the tissues, organs or cells of the human body. So long as addicts don't neglect other aspects of their lives, they can remain as healthy as the nonuser (e.g. the physician addict, who typically manages to maintain health and practice his/her profession).

On the other hand, street addicts are far more likely to suffer the consequences of narcotics laws. Because of these laws, heroin's black market prices are usually so high that the addicts, who are mostly poor, have to spend much of their time frantically seeking money for the next fix. This tends to involve them in burglaries, shoplifting, gambling, prostitution, and other acquisitive crimes, creating a great deal of stress and strain. By the time they get enough money to score, they are likely to be both physically drained and emotionally stressed. Furthermore, they can't know how pure the stuff is - potency may range from 5 to 99%). Hence they may die of an overdose if the stuff is unusually pure.

The third drug we will discuss is cocaine. Derived from the leaves of coca plants, 90% + is grown on the mountains of Peru and Bolivia, whose governments sometimes treasure the crop as one of their major exports. Processed into cocaine in Colombia, the final product is then smuggled into other countries.

Before it became illegal at the turn of the century, cocaine was commonly used as a local anesthetic, for offsetting fatigue and depression, and for curing morphine addiction and stomach disorders. It was even chosen as the official remedy of the Hay Fever Association. Sigmund Freud not only prescribed cocaine to his patients, but used it himself to stay alert and ward off melancholy. It was also commonly used in patent medicines as well as Coca-Cola. It was promoted as a wonder drug, and added to popular alcoholic beverages such as wine. Some of these concoctions won praise from the Pope, presidents, artists, and literary figures.

By the turn of the 20th century, however, laws were passed to make cocaine illegal. By

this time, it had become a widely used pleasure drug. Most users were the powerless (e.g. African Americans, lower class whites, and criminals). After the 1960's, it became a symbol of wealth and status - mostly used by affluent whites as the "caviar of drugs." Since 1986, however, an increasing number of youths, especially those from poor and working class families, have smoked it in the form of crack - less pure, but still producing an intense high. Since it is much cheaper, this may explain its increasing popularity among this segment of society.

As a stimulant, cocaine increases the heartbeat, raising blood pressure and body temperature. A snort can produce a euphoric lift for half an hour or so. The high can be described as an intensely vivid, sensation sharpening experience. Users themselves describe it in terms of exhilaration, self-confidence, and energy. Some also claim it is an aphrodisiac, but most deny it - and evidence suggests that sustained use can produce sexual dysfunction.

Cocaine is physically addictive, producing withdrawal symptoms of exhaustion and stomach cramps after use is discontinued. It is also extremely psychologically addictive, largely due to the extreme pleasure that a user can derive from it. Coming down can produce a deep gloom with only one solution: more. Bigger doses follow, and soon the urge becomes a total obsession. This powerful psychological addiction has been demonstrated in lab experiments with animals: rats and monkeys will prefer more coke to food, and keep taking the drug till they collapse from exhaustion. Crack is even more addictive than pure cocaine: the rush comes and goes more quickly and intensely, so the addiction develops much more quickly (6-10 weeks vs. 3-4 years). When snorted, the coke reaches the brain in about 8 minutes to produce a much milder high, but crack hits the brain within seconds in an intensified, concentrated form.

Most people who use cocaine find their experience positive, but it can be extremely dangerous if taken in large doses or used frequently for an extended time. It can cause insomnia, impotence, extreme irritability, paranoia and other symptoms of psychosis, and the sensation of bugs crawling under the skin. A single overdose can produce an effect like "lighting a fire in the brain," triggering severe headaches, nausea, convulsions, and the possibility of total respiratory and cardiovascular collapse. Crack puts users at an even higher risk - since it swiftly and dramatically increases blood pressure and heart rate, it can more easily lead to heart attacks and deaths. Yet, most users don't experience these effects because they use cocaine moderately and infrequently.

In addition to these well-known drugs, there are several that have become popular recently. Speed use has risen dramatically since 1995 in the Western U.S. While used in the past (e.g. WWII by soldiers; "speed freaks" in the 1960's), its relatively high cost and low availability kept use low. Today, however, Mexican drug traffickers have made methamphetamine easily available in the Southwestern U.S., where, in some cities, it is poised to supplant cocaine as the illegal drug of choice. More users are now white, 18-34 year old working-class men and women, who like the fact that the high from speed lasts 4-5 times longer than that from coke. When used initially, it is known to suppress appetite, create euphoria, increase self-confidence, and provide a burst of energy. After tolerance sets in, however, it may lead to depression and intense paranoia.

Another recently popular drug is the depressant Rohypnol. Related to valium, and used to deal with severe insomnia, it is particularly popular with teenagers in the South and Southwest of the U.S. who like to combine it with alcohol for a quick high - a dangerous practice than can induce coma (e.g. Kurt Cobain). This drug makes some users aggressive and fearless, but may also cause blackouts. Hence, some men use this drug to knock women out and then date rape them: hence this is commonly known as the "date rape drug." It has also caused concern about its potential for addiction and lethal overdosing.

Social Dimensions of Drug Use:

Drug use isn't an individual behavior engaged in by one person and affecting them alone. It is a social behavior, involving many drug users and affecting not only the user, but also many other people. Here I will focus on four aspects of drug use: its extent, how society reacts to it, its impact on the spread of AIDS, and the influence of drug use on crime.

In terms of its extent, the use of illegal drugs is quite common in the U.S: about 12% of the population age 12 or older use illegal drugs each year. Similarly, in Canada, a 1994 survey found almost 1 in 4 Canadians age 15 and over reported having used at least 1 illegal drug during his/her lifetime (26% of 15-17 year olds and 24% of 18-19 year olds in the past year). Of various age groups young adults and teenagers have the highest rate of use. The U.S. as a whole has the highest rate of drug use among the industrial countries of the world, and U.S. high school seniors also have the highest rate among their peers in the industrial world.

All of this, however, shouldn't be blown out of proportion. It's not as if drug use is so pervasive that it invades every nook and cranny, enslaving all to some extent. Most drug problems, especially the most serious ones such as addiction, overdoses, or drug-related homicides, are for the most part confined to the lower classes, particularly to socially and economically oppressed minorities. It is far less common elsewhere.

In fact, for Americans, the rate of drug use steadily declined from 1980-1992, and has since remained about steady. In Canada, the rate of drug use has also remained steady, most still involving relatively minor cannabis use.

Moral Panic: Societal Reaction to Drug Use:

Since drug use is widely condemned as deviant and dangerous, society tends to respond with a moral panic regardless of the facts. Hence, the general public often seems to be seized with a terrible vision of huge masses of people shooting up, smoking crack, etc. Even in the midst of declining or stable rates of use, there have been media portrayals of an "epidemic" of drug abuse destroying many addicts' lives, those of their loved ones, and spreading corruption as far as the eye can see. The rhetoric is often inflammatory, referring to legions of abandoned or crack-addicted babies, innocent bystanders shot in drive-by shootings by mistake, etc. Such displays of moral panic about drug use are difficult to justify. While illegal drugs can be

extremely dangerous if used improperly, incessantly, or excessively, the majority of users use drugs responsibly, occasionally or moderately. If this weren't so, the huge numbers of baby boomers who used drugs in the 1960's would today have become hopeless junkies and society would have gone down the tubes. Thus, while we shouldn't shut our eyes to the problems caused by drug use, we shouldn't fall victim to moral panics created by the media. Rather, we should more effectively and calmly do things like provide kids with valid rather than "scare" information about drugs, encourage them to avoid drugs (as has relatively successfully been done with smoking), or teach them to use drugs responsibly to avoid harming themselves or others (e.g. as has been done with drinking and driving).

Drugs and AIDS:

IV drug use can spread HIV, the virus that causes AIDS. Most drug users with AIDS are addicted to heroin, and have caught the disease from sharing needles with other addicts. The connection between drugs and AIDS is remarkably strong in the U.S: IV drug users with AIDS make up 25% of all AIDS cases (compared to 2.9% in Canada and 7% in Holland). This is particularly significant in some U.S. cities like New York City and Newark, N.J. In fact, the spread of the AIDS virus has virtually stopped among gays, but continues among IV drug users. This is because gays have begun practicing safe sex, but many IV drug users refuse to practice safe needle use - even if clean needles are easily available. This may be because these people are addicts rather than occasional users, and their craving for drugs is such that they must shoot up right away rather than taking time-consuming precautions like going to a needle exchange centre. Another reason is that the addict lifestyle itself involves risk-taking: they daily risk overdoses, diseases, arrest, jail, violence, so the threat of dying from AIDS seems relatively redundant and remote. Thirdly, there is a large difference in social background between gays who have learned to practice safe sex and the IV drug addicts who reject safe needle use: gays are often relatively well-off white men; addicts poor minorities. Deprived of opportunities for success, they seek social status through bravado, daring, and thrill-seeking.

Drugs and Crime:

Research clearly shows a strong link between drug use and crime. People who use drugs generally commit more crime than those who do not. It's been noted that close to half of all crime suspects arrested in the U.S. had used illegal drugs in the last 3 days, while 55% of those in England have done the same. It's also well known that as U.S. drug use declined since the 1980's, the crime rate has as well. Does this mean that drugs cause crime? The answer is "yes" according to drug enslavement theory, but "no" to general deviance syndrome theory.

According to the former, drug users are forced into a life of crime because they cannot afford to pay for their prohibitively expensive habits unless they rob or steal to get the money. This may be true of "deficit users," who live in poverty, have inadequate education, lack job skills, face racial discrimination, and suffer other social disadvantages. But this can't be applied to "leisure users" who are well-off enough to find it unnecessary to commit crime for money to

finance their next score.

According to general deviance syndrome theory, on the other hand, the high correlation between drug use and crime doesn't mean that drug use causes crime because most drug dealers with a criminal record have committed crimes before using drugs. Becoming a drug user and continuing to commit crime as a drug user emerge from the same general tendency toward deviance. Those with a general deviance syndrome are likely to get involved in not only one form of deviance (like crime), but also others (such as drug use). This was found in 77% of the drug users in a study conducted at a drug abuse centre, compared to only 23% who started committing crime only after beginning drug use. Thus, it seems clear that drug use does not by itself cause crime for most users, but it does intensify criminal tendency or increase the frequency of criminal activity among those already involved in crime. This may explain the high number of offences committed by drug users.

Conclusion:

Today we have looked at various drugs, legal and illegal, raising questions about the stereotype that illegal drugs are more dangerous than legal ones, and that, in some way, users are hopelessly hooked. We also looked at the extent of illegal drug use, social reaction to drug use, and the connection between various illegal drugs, AIDS and crime. Next class we will continue with this theme by looking at the characteristics of drug users, the process of becoming a drug user, the so-called "war on drugs," and theories of drug use.