

SOC 3290 Deviance
Overheads Lecture 26: Drug Use 2

* Today we continue our look at drug use. Specifically, we consider:

- (1) Characteristics of drug users
- (2) Becoming a drug user
- (3) Theories of drug use
- (4) Policy responses to illicit drug use

(1) A social profile of drug users:

* Socioeconomic status (SES):

- the poor & minorities more likely to use illegal drugs than others
- type of drugs used vary by SES:

marijuana by higher status

heroin by the poor/low status

cocaine's move from high to low status

speed use among working class

* Social-psychological characteristics: drug users more likely to:

- be male than female
- be youth / young adults
- have parents who use legal drugs to relieve tension
- have poor relationships with their fathers
- have friends who use drugs
- cut classes/skip school/drop out
- have weak ties to religion/ social institutions
- major in the social sciences, fine arts or humanities
- have non-conformist views

(2) Becoming a drug user:

* Chein et.al (1964): four stages in becoming a heroin user:

- (1) Experimentation
- (2) Occasional use
- (3) Regular use
- (4) Futile efforts to break the practice

* Heroin used by poor to cope with problems: users of other drugs less likely to get hooked as more recreational than escapist

* Most users get involved with drugs by being offered some by friends

* Once having tried a drug, users go through learning process

Becker: “Becoming a marijuana user”:

- (1) Learning the technique
- (2) Learning to recognize the drug’s effects
- (3) Learning to enjoy the drug’s effects

* With other, harder drugs, stages 3 & 4 may not be as necessary

(3) What causes illegal drug use?

* Three types of theory: biological, psychological & sociological

* *Biological* theories: focus on things like an inborn high tolerance for drugs or a mental disorder that causes cravings
(lack of empirical support)

* *Psychological* theories: focus on personality traits:

- (1) Economic deprivation theory (Currie): drug use related to mass social deprivation, fulfill need for status, help users cope with harsh realities, provide a sense of structure, & people easily drift into use without considering consequences
- (2) Cognitive association theory (Lindesmith): addiction only occurs when there are effects that follow the removal of a drug. When associated in this way, drugs then used to alleviate effects

* *Sociological* theories: focus on:

- association with potential users/
- widespread use/promotion of legal drugs in our culture
- consumer/public demand
- lack of attachment to conventional persons/associations
- proximity to a drug-using subculture
- easy access to drugs
- social-psychological factors like poor self-concept, feelings of despair, being unconventional, risk-taking, etc.

(4) The “war on drugs”:

* Earliest attempts to battle drug use focused on opium use by imported Chinese labor/ seen as threat to white labor market (anti-opium laws really “Anti-Chinese” laws)

- Canadian legislation following 1907 Vancouver riots
- American Harrison Narcotic Act 1914
- State laws against cocaine (“anti-Black” laws)

* This is despite many addicts among mid-upper class white women before this time (hooked on over the counter drugs) Not long after, many more drug users among the poor/minorities

- * In Canada, marijuana banned in mid-1920's without debate (Emily Murphy's racist book "The Black Candle" was influential)
- * In US, "Marijuana Tax Act" passed in 1937 ("anti-Hispanic law" that preserved government jobs at time of depression by creating a crisis)
- * In 1950's, the problem of heroin was blamed on the communists
- * Well into the 1960's, horror stories & propaganda against drugs, along with increased enforcement, especially against counterculture youth
- * Since 1960's, many "respectable" people have used drugs/ less associated with powerless, stigmatized minorities than before
- * Policy alternatives:
 - *The Punitive strategy: Law Enforcement:
 - The poor & minority drug users more often arrested, imprisoned, & receive tougher sentences
 - Discrimination worsens minority problems
 - It also is applied in official dealings with poor countries producing drugs
 - Nevertheless, illegal drugs are still easily available. Policy relatively unsuccessful
 - * The debate over legalizing drugs:
 - prohibition does more harm than good (generating crime, corruption, etc)
 - legalizing drugs can take the profits away from criminals, reducing crime & police corruption simultaneously

- money spent on enforcement can go to drug treatment/education
- government can make money by taxing drugs
- some drugs can be used for medical treatment (e.g. “exemptions”)

* The supportive strategy: Prevention & treatment:

(1) Prevention:

- focus on preventing drug use/abuse through education/treatment
- programs not always successful for those most at risk, despite public support

(2) Treatment:

- *chemical* treatment (detox & maintenance therapy: methadone)
- *psychological* therapy (aversion therapy, personal & group therapy)
- *therapeutic* community (Synanon)

* Hard to say which type of treatment works best, though any can work better when combined with employment, income, social support, & keeping distance from drug-subculture)

* Thursday we will follow this up by looking at a film on one of the worst examples of drug abuse: Vancouver’s downtown east side.

* Remember, while valuable, this film is *not necessarily* representative of all drug use