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Research paper

From mundane medicines to euphorigenic drugs: How pharmaceutical pleasures are initiated, foregrounded, and made durable

Henry Bundy^a, Gilbert Quintero^{b,*}

^a University of Kentucky, Department of Anthropology, 211 Lafferty Hall, Lexington,KY 40506, USA
^b University of Montana, Department of Anthropology, 203 Social Science, Missoula, MT 59812, USA

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ABSTRACT

Background: Examining how pharmaceuticals are used to induce pleasure presents a unique opportunity for analyzing not only how pleasure is assembled and experienced through distinct consumption practices but also how mundane medicines can become euphorigenic substances.

Methods: Drawing on qualitative research on the non-medical use of prescription drugs by young adults in the United States, this paper utilizes Actor–Network Theory (ANT) to examine how prescription medicines come to produce pleasure.

Results: Our research found an indeterminacy of experience as individuals were initiated into prescription drug pleasures. We also found that euphorigenic effects coalesce and are foregrounded through subsequent use, and that pleasure and other forms of gratification are made durable through repeated and deliberate pharmaceutical consumption.

Conclusion: Understanding how individuals are socialized into pharmaceutical pleasure, and how assemblages act to constitute the euphorigenic potential of pharmaceutical misuse, may allow for more context-appropriate intervention efforts. We suggest that the euphorigenic properties ascribed to prescription drugs are not inherent in their pharmaceutical formulations, but instead emerge through interactions within networks of heterogeneous actants.

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Introduction

The use of medicines for non-therapeutic ends presents fundamental conceptual and analytic challenges. On the one hand, much of the epidemiological and public health research conducted on non-medical prescription drug use assumes pharmaceuticals to have fixed, inherent, euphorigenic qualities and that users consume these substances to "get high." This assumption also underlies dominant drug policy and enforcement approaches directed at controlling the rising incidence of non-medical use in the United States and other Western settings. These approaches emphasize the resemblance of prescription medicines to illicit street drugs. On the other hand, clinical biomedical discourses and practices deemphasize pleasures associated with pharmaceutical use in favor of focusing on therapeutic, non-euphoric effects. Taken together these competing representations of pharmaceutical uses and effects underscore the central cultural problematic framing these practices - the "ambiguous identity" of prescription drugs as

* Corresponding author. *E-mail address:* Gilbert.Quintero@mso.umt.edu (G. Quintero).

http://dx.doi.org/10.1016/j.drugpo.2017.08.006 0955-3959/© 2017 Elsevier B.V. All rights reserved. both "benevolent cures" and "dangerous toxins" (Keane, 2008: 401).

In this paper, we examine the predominant epidemiologic and drug control assumption that non-medical pharmaceutical use results in the direct, more or less immediate realization of a unitary, predictable pleasure - "getting high" - in light of reported user experiences. This conception of pharmaceutical effects does not account for the absence of pleasure when prescription drugs are taken as part of corrective or curative regimens. We employ ANT to explore how a prescription drug can emerge alternately as a substance capable of producing pleasure. The experience of pleasure is less predictable than typically acknowledged, especially in early episodes of non-medical use, and for some individuals comes to be recognized only over time and with repeated uses. Further, for many of those who do report pleasure from pharmaceutical use, the understanding of what constitutes these experiences as desirable or satisfying comes to have a wide range of meanings beyond simply "getting high." In this paper we explore how through assemblages of actants these disparate experiences come to be understood as pleasurable.

Using interview data collected from young adults about their initiation into non-prescribed pharmaceutical use, and

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2

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H. Bundy, G. Quintero/International Journal of Drug Policy xxx (2017) xxx-xxx

comparing these episodes to those of experienced users, we illustrate how, during early periods of indeterminacy, pharmaceutical effects are not discovered, but rather are constructed and enacted through actant relationships. We then examine how heterogeneous networks of actants can produce durable effects, allowing pharmaceutical pleasures to become stable.

Background

Pharmaceuticals

Modern understandings of health and the self are increasingly informed by, and understood through, pharmaceutical practices (Dumit, 2002; Nichter, 2008; Rose, 2001). With prescription drugs we define what is acceptable and normative and, conversely, what is irresponsible and pathological. Social scientists have repeatedly found that culture is embedded within these medicines; that metonymic associations (Van der Geest & Whyte, 1989), "pharmacomythologies" (Montagne, 1996: 13), and cultural conceptions of the body (Nichter, 2008) all inform how prescription drugs are used and experienced.

Anthropologists argue that within the biomedical tradition of the West, drugs, pharmaceutical and illicit, are not simple substances, but instead multivalent "things" that act not only pharmacologically, but also socially. This is because pharmaceuticals have both "social lives," (Reynolds Whyte, van der Geest, & Hardon, 2003: 3) and tangible physiological effects (Berridge & Kringelbach, 2008).

The essentialist conception of euphorigenic pharmaceuticals, which assumes a drug's effects to be inherent in the chemical compositions of prescription drugs, is repeatedly challenged by such analyses. Moerman (2002), for example, found that the "meanings" imbued in placebos can have physiological significance. Examining methadone experiments, Gomart (2002) illustrated how parallel biomedical trials can produce competing conceptions of a substance's essence. Still other studies appear to confirm the idea that the foregrounding, or relegation, of certain drug-related effects is culturally informed (Etkin, 1992). Keane (2008), for example, examining Ritalin (methylphenidate, a central nervous system stimulant), describes how through dosing schedules and diagnostic criteria, a "stimulant drug" can become a "prescription medication."

Our work, by contrast, seeks to explore how such associations become unwound; how prescription medications become pleasure-producing psychoactive drugs. This paper is a socially rooted, phase-organized account of euphorigenic drug use, and to a certain extent shares an emphasis on the social learning aspect of pleasure with examinations such as that offered in Becker's (1963) sociological analysis. Our conclusions, however, differ from that account in that we have found pleasure to be the result of assemblages of human and non-human actants, rather than what we see to be the learnt consequence of an intrinsic quality inherent in a psychoactive substance.

Actor Network Theory

First employed in Science and Technology Studies, Actor Network Theory is an approach to the investigation of network effects. Networks are composed of actors and actants, "nonhuman, non-individual entities" (Latour, 1999: 2). Actants are not substances fixed in rigid networks; instead they have fluid boundaries and are imbued with an agency of their own (Latour, 1999). These non-human entities do not have inherent qualities, but are "foundationally indeterminate," assembling their essences through relationships with other actants (Crawford, 2005: 1). Materially heterogeneous, actants include, among other things: "objects, subjects, machines, animals, 'nature', ideas, organizations, inequalities, scale and sizes, and geographical arrangements" (Law, 2007: 2) as well as "symbolically invested "things," 'identities,' relations, and inscriptions, networks capable of nesting within other diverse networks" (Crawford, 2005: 1).

What ANT suggests, and what makes it so conducive to the study of prescription drug-related pleasure, is that an action cannot be explained by the nature of a particular source; the source is "a post hoc achievement" (Gomart, 2002: 99). Instead, substances, and the qualities thought to be inherent in them, coalesce and develop through relationships with other actants (Gomart, 2002). We will use ANT to suggest that the qualities ascribed to a prescription drug are not inherent in their pharmaceutical formulations, but rather emerge through the interactions within a network of heterogeneous actants (cf. Law, 1999).

Pleasure

Pleasure has been the longstanding focus of social theory, in particular in areas dealing with fundamental Western institutions and practices (e.g. Foucault, 1987). In the domain of drug studies and pleasure, Becker (1963) provided seminal analyses when he argued against psychological, deviance-oriented, dispositional explanations of marijuana use by offering a social constructivist understanding of the initiation and progression of these practices and associated experiences of pleasure. In Becoming a Marihuana User (1963), the sociologist suggested that before a novice marijuana smoker can enjoy the high, she must first learn to identify and interpret the drug's effects appropriately. These findings led Becker to assert that the motivation to use drugs developed concomitantly with, rather than prior to, drug use episodes. According to Becker, this process consists of an active subject in a social setting learning the application of an effective ingestion technique, perceiving certain effects as pleasurable, and linking those effects to the use of marijuana. A more recent set of examinations emphasize that these desirable states have gone relatively untheorized and unexamined in relation to behaviors with a recognized public health impact, especially in the domain of drug use discourse and practice (Bunton & Coveney, 2011). It is important to understand the role of pleasure in drug use in order to inform relevant harm reduction efforts (Moore, 1998), but also to more accurately situate and comprehend drug use as an expression of larger scale trends and contradictions in social meanings and values. Attention to pharmaceutical pleasures is of particular theoretical importance because it directs attention to a fundamental cultural problematic-the use of medicines to induce somatic, psychic, and social gratification. Such uses confound cultural expectations regarding the legitimate motivations and outcomes of medicinal uses of substances. Maintaining distinctions between licit therapeutic use and illicit pleasurable use of medicalized psychoactive substances requires continued and careful discursive and practical management. The experience of pleasure is vital to this practice. The medical use of psychoactive drugs is in part accomplished because it does not produce euphoria or a high, but rather returns the subject to a state of normality or routine function (Keane, 2008: 405).

Initiation, foregrounding, and durability

Our research suggests that respondents' early experiments with non-medical prescription drug use are often characterized by indeterminacy. During these liminal periods, drugs act unpredictably as new users attempt to parse their experiences and to

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