



## Article

# Beyond unequal access: Acculturation, race, and resistance to pharmaceuticalization in the United States<sup>☆</sup>

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## ABSTRACT

Trends toward pharmaceuticalization in Western countries have led to increased research and theorizing about the roles macro-level institutions, structures, and collective actors play in contributing to patients' reliance on prescription drugs. Relatively less work has focused on the degree to which patients resist pharmaceuticalization pressures, and even less research has explored the factors contributing to patients' resistance to pharmaceuticalization. Drawing on focus groups with patients who had been recently prescribed a prescription drug, this paper investigates how marginalization in the mainstream US society, as measured by acculturation and race, contributes to differences in patients' subjective experiences and responses to prescription drugs. We find that racial minorities report a greater skepticism of prescription drugs compared to whites and express that they turn to prescription drugs as a last resort. While highly acculturated participants rarely discuss alternatives to prescription drugs, less acculturated racial minorities indicate a preference for complementary and alternative remedies. We draw on the literatures on the pharmaceuticalization of society and the social nature of medicine to examine the role marginalization plays in patients' views of prescription drugs. Public health research conceives of racial minorities' lower rates of prescription drug usage compared to whites as primarily a problem of lack of access. Our results suggest another piece to the puzzle: minorities resist pharmaceuticalization pressures to express their cultural and racial identities.

## 1. Introduction

In recent years, there has been an upsurge in the use of prescription drugs among Westerners. This rise in prescription medication use has been particularly acute in the United States. “The World Medicines Situation” report (Creese, Gasman, & Mariko, 2004) showed that in 1999, the major consumption of medicines by value (about 90%) took place in high-income countries. Interestingly, the report also noted that the market share for the US increased from 18.4% in 1976 to 52% in 2000. A US study examining trends in the prevalence of prescription drug use in nationally representative data from the National Health and Nutrition Examination Survey (NHANES) found that general prescription drug use had risen from 51% in 1999–2000 to 59% in 2011–2012 (Kantor, Rehm, Haas, Chan, & Giovannucci, 2015).

Though the prevalence of prescription drugs in the US is quite high,

there are substantial differences in use by race. Briesacher, Limcangco, and Gaskin (2003) found that Black and Hispanic Medicare beneficiaries received less chronic illness medications compared to white beneficiaries. Another study (Gaskin, Briesacher, Limcangco, & Brigantti, 2006) found that Black and Hispanic Medicare beneficiaries have lower total and out-of-pocket expenditures in comparison to their white counterparts. Other studies indicate that African American and Latino adults are less likely to fill their prescriptions because of the associated expenses (Reed, 2005; Reed & Hargraves, 2003). While the primary explanation for these disparities has focused on lack of access to health care, some scholars have alluded to minority patients' reluctance and apprehensions towards prescription medicines as reasons for racial differences in prescription drug usage (Gaskin et al., 2006).

Various social researchers have referred to the general trend towards increased prescription drug usage. Williams, Martin, and Gabe

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(2011) describe this trend as "pharmaceuticalization," which involves "the translation or transformation of human conditions, capabilities and capacities into opportunities for pharmaceutical intervention" (p.711). What is often overlooked in explanations for increased prescription drug usage is the way in which some individuals resist pharmaceuticalization processes. In this paper, we endeavor to fill this gap in the literature by examining the role marginalization in the mainstream US society, as measured by acculturation and race, contributes to differences in patients' subjective experiences and responses to prescription drugs. In general, racial minority groups in the US are relegated to the margins of society compared to whites, and though they are exposed to the same pharmaceuticalization processes and pressures, they may have a propensity to reject these forces in favor of other alternatives. Here, through an analysis of six focus groups of patients who had been recently prescribed a prescription drug, we investigate racial variability in how patients subjectively respond to pharmaceuticalization pressures.

## 2. Theoretical framework

Our exploration of marginalization and prescription drug usage draws from two main theoretical literatures: the pharmaceuticalization of society and the social nature of medicine. Together, these two research areas enable us to view health behavior as a by-product of societal changes over time while taking into consideration collective and individual understandings of health and medicine.

### 2.1. The pharmaceuticalization of society

Changes in recent decades in the amount of attention directed towards pharmaceutical drugs and the pharmaceutical industry (Bell & Figert 2012), as evidenced by the growth in prescription drug sales beginning in the 1980s (Abraham, 2010; Angell, 2004), have led to the development of the concept of pharmaceuticalization. This concept draws from the well-known concept of medicalization, a process in which a non-medical condition comes to be recognized, treated, and understood as a legitimate health issue (Barker, 2008, 2010; Conrad, 1992, 2005, 2007). Busfield (2017) argued that medicalization has explanatory value in contemporary society because it transforms everyday understandings of human behavior, experiences, and problems, and can have major social consequences, including closing off alternative solutions (Busfield, 2017).

While medicalization and biomedicalization have helped us to understand the social and technological ways in which biomedicine has expanded into uncharted territory, they only go so far in explaining the hold that drugs, specifically, have had in shaping treatment models. Although interrelated, pharmaceuticalization is a separate phenomenon from medicalization and biomedicalization since, according to Abraham (2010): 1) treatment regimens do not always include drugs and users do not necessarily have to purchase a medicine with a prescription; 2) pharmaceuticalization can occur without an expansion of medicalization; and 3) pharmaceuticalization can operate without or in opposition to biomedicalization.

As the concept of pharmaceuticalization itself was introduced less than ten years ago (Abraham, 2009), the pharmaceuticalization literature remains relatively nascent and is primarily concerned with macro-level analyses of institutions, structures, and collective actors. Much of this literature has focused on the pharmaceutical industry's regulatory practices (e.g., Abraham, 2010) the unequal distribution of drugs in developing countries (e.g., Petryna, Lakoff, & Kleinman, 2006), governments' contributions to the pharmaceuticalization of society (e.g., Elbe, Roemer-Mahler, & Long, 2015), the industry's investments in research and development (e.g., Fisher, Cottingham, & Kalbaugh, 2015), global drug market innovations (e.g., Sariola, Ravindran, Kumar, & Jeffery, 2015), and the role of law and legal processes in pharmaceutical flows (e.g., Cloatre & Pickersgill, 2014). Less

pharmaceuticalization research has emphasized micro-level aspects of pharmaceuticalization by exploring patient expectations, meanings, and experiences with pharmaceutical drugs (Brown, de Graaf, Hillen, Smets, & van Laarhoven, 2015) and by assessing the norms and understandings of how pharmaceutical drugs become an embedded aspect of everyday life (Thomas, 2016).

With a few minor exceptions (see Pollock & Jones, 2015), the existing literature on pharmaceuticalization has not yet addressed racial variations in patients' relationships to prescription drugs. Therefore, we draw from a second body of literature regarding the social nature of medicine, since this research focuses on micro-level processes and treats patients as active agents in their own health.

### 2.2. The social nature of medicine

While the pharmaceuticalization literature focuses on macro-level processes of pharmaceutical drug production and consumption, a body of work draws attention to pharmaceutical drugs as cultural commodities with social functions and meaning (Nichter & Vuckovic, 1994; Van der Geest, 2006; Whyte, Van der Geest, & Hardon, 2002). For example, Nichter and Vuckovic (1994) note that health ideologies are reproduced through the act of taking medicine, an act that embodies subtle ideas about the self, illness causality, and meanings of sickness (Nichter & Vuckovic, 1994). Modern or traditional values are expressed in consumption behaviors of prescription drugs, which often reflect one's orientation to modernity and certain lifestyles. Therefore, the use of drug alternatives such as herbal remedies may suggest a resistance towards modern western societies and biomedical models of health and the body (Nichter & Vuckovic, 1994). Further, consumption of western medications that offer "quick fixes" to symptoms may alienate some individuals from their own bodies and cultural models of health (Nichter & Vuckovic, 1994).

One of the most prominent themes explored in this literature is the link between medicines and social change. Switching to or using a specific type of medical system might indicate a kind of opposition to power and authority, especially if the established medical system in a society is aligned with the values and beliefs of the dominant group (Nichter & Vuckovic, 1994). Van der Geest (2006) pointed to the fluctuating symbolism associated with medicines in diverse societies or between different groups in societies, where medicines can be used as instruments of domination or freedom, used for harm or for benefit, and used as material objects of possession or as mediums of assertion. Likewise, support for traditional medicines through civic discussions has often been used as a mechanism of struggle against colonial dominance in that it has proven to be crucial in promoting cultural identity in periods of social change (Nichter & Vuckovic, 1994). Although there is increasing prescription drugs usage around the globe, several low-income countries have expressed opposition to a Western approach to medicine and have used medicine to express cultural and political identities (Whyte et al., 2002).

Some scholars have suggested that acceptance of or resistance toward pharmaceutical medicines is associated with differing identities. For instance, Fox and Ward (2006) suggested that health identities develop as particular expressions of physical, cultural, technological, and emotional contexts and found that health identities varied from "expert patient" to "resisting consumer." Therefore, health identities must be recognized in conjunction with the bodily self and its associated physical, psychological, and social contexts. In addition, Collin (2016) highlighted the centrality of pharmaceuticals in the lives of individuals in Western societies and theorized its role in the development of collective identities. For some individuals, taking medicines enables the control of one's body and health; however, for others, this control over body and health is achieved by not taking any medicines (Collin 2016).

Few scholars have explored how individuals' racialized or marginalized identities influence their consumption of medicines. Several

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