**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).