## The socio-cultural perspective asks us to look beyond the individual to the wider society

Typically, we think of addiction as an individual problem, picturing a lost soul tormented by his uncontrollable cravings and trapped on a self–destructive "slippery slope" of what some have called "slow suicide." And as we've seen, the disease models and all the psychological models of addiction focus primarily on the individual.

But last week we expanded our view to also take into account the family as a social system. And even beyond that, addiction clearly exists within a wider political, cultural, and historical framework. And although it might seem peculiar to put it this way, addiction is a very *social* behavior, and there is a *culture* of addiction. That's what we will look at this week.

### The Importance of Socio-cultural Factors?

Consider the following quote from Milam & Ketcham's widely used book: ".... while psychological, cultural and social factors definitely influence the alcoholic's drinking patterns and behavior, they have **no effect** [emphasis added] on whether or not he becomes alcoholic in the first place" (as quoted in Thombs's 2nd edition of our text, 1999, p. 237). In other words, the importance of socio-cultural factors in addiction is a focus of considerable disagreement in the field.

What's the evidence for the role of socio-cultural factors?

For example, numerous studies reveal that in the U.S. racial, ethnic, and religious groups show wide variations in alcohol and drug use.

Other studies show that patterns of use and problems vary significantly as a function of age, sex, and socioeconomic class.

The U.S. government compiles many statistics regarding drug use: drug-related emergency room visits, drug-related arrests, drug overdoses, etc.; these statistics reveal wide variations from state to state, city to city, and year to year.

### The Nature of Social Influence

Thombs says that the use and abuse of alcohol and drugs can be seen as serving four functions in society:

- To facilitate social interaction
- To provide a release from social obligations
- To promote group solidarity
- To repudiate, or rebel against, society's values

Among all drugs, alcohol especially has served to promote social interaction -- it has been called a "social lubricant." If you are at a party and your host asks if you want a "drink," what do you assume you are being offered?

Studies of adolescent alcohol and drug use reveal that the social context is a better predictor of their substance use than their personalities or their expectancies. In other words, it appears that they react more to external social influences than to any internal forces.

There is also what has been called the "time-out" hypothesis. This says that in most cultures, allowances are made for people who drink or drug excessively, so that the usual rules may be relaxed and transgressions overlooked. In other words, the occurrences of these and other addictive behaviors are at least in part determined by the rules and customs of the wider society.

For some, the time-out becomes a "chemical vacation," where the individual's substance use now becomes both an escape from and a rejection of a society that emphasizes achievement, providing an excuse for failure.

With respect to group cohesion, substances can create distinct boundaries, as, for example, between "wets" and "drys." When you were in high school, to what extent were the social groups of your peers determined by their use of alcohol and drugs?

Rituals associated with substance use can become defining characteristics of different groups: frat parties, Irish wakes, wine at mealtime for French and Italians and as part of Jewish religious observances.

Cohesive group pressures can lead to the problem of *false norms*, whereby group members begin to believe that some form of substance use is required (typically excessive and/or highly risky use). Researchers report that teenagers and college students typically estimate that other people drinl more than those other people say they do, thus creating an exaggerated perception of what constitutes “normal” drinking.

**Sub-Cultures**

The last of the four functions, rejection of society's values, involves the concept of sub-culture; in the early and mid 1900s, the alcohol and drug subcultures were strongly defined by race, class, and ethnicity: alcohol for whites and the middle and upper classes, drugs for minorities and the lower classes. But since the 1960s the key sub-cultures have revolved around age and drug-of-choice.

Thus, among young people age 15 to 25 there are clear boundaries separating those who prefer alcohol, heroin, cocaine, and marijuana, and it is assumed that users begin to take on distinguishing characteristics (dress, attitude toward school, style of relating to other peers, etc.) based on their drug-of-choice.

The youth drug sub-cultures may also vary as a function of social status, and those of lower status will typically be the focus of much more vigorous criminal justice prosecution -- consider the difference in society's response to crack cocaine versus powder cocaine. Until recently, the criminal penalties for crack (typically used by minorities) were up to 100 times greater than the penalties for powder (typically used by whites); recent legislation has reduced the disparity but has not eliminated it, and

some see this as one of the reasons that as many as 1 in 4 African American males will spend some time in prison.

The alcohol abuse youth sub-culture values excessive consumption, which often becomes the focus of peer interaction.

Such behavior in an older adult almost always leads to the presumption of being "alcoholic," but should we also presume that about the youthful drinker? Should differences in age be linked to differences in diagnostic criteria? In recent years, some experts have proposed a new diagnostic category, to go along with alcohol dependence and alcohol abuse. The category would be "binge drinking disorder," defined primarily in terms of frequent recurrence of episodes of rapid and excessive alcohol consumption. But critics have argued that such drinking, even if risky, is "normal," especially among college students, and that it is unrelated to the development of adult drinking or drugging problems.

The marijuana youth sub-culture flourished in the 1960s and early 1970s, then almost disappeared, but reemerged in the late 1990s in a linkage with moderate alcohol use.

In recent years, professionals have expressed great concern about the poly-drug (i.e., many different drugs are used) abuse youth sub-culture; these individuals often start drug experimentation at an earlier age and typically show more, and more severe, pathological signs.

Other sub-cultures identified are (1) the heroin injection subculture and (2) the crack cocaine sub-culture.

The first has been a focus of concern because of the HIV risk and AIDS, the second because of the connection to urban crime, physical decay ("crack houses"), and prostitution.

For treatment professionals, these socio-cultural concepts are generally disregarded due to widespread acceptance of a disease model--in AA literature, for example, alcoholism is described as an "equal opportunity disease" that can strike anyone. Yes, it *can* strike anyone, but *not* equally--there are huge differences in likelihood based on all these socio-cultural factors.

However, most of these professionals do recognize that treatment always entails the issue of values, and that there often are enormous differences in values between the treaters and those they treat.

Furthermore, most treatment professionals recognize that effective treatment requires that issues related to work, housing, education, welfare, peer relations, etc. must be addressed--increasingly, treatment is becoming multidimensional.

## Another important socio-cultural issue addresses how society chooses to understand drugs and drug problems

Another crucial contribution of the socio-cultural perspective is the focus on how a society chooses to accept a certain construction of addiction; in the U.S. over the past 50 years, addiction has been both "medicalized" and "demonized." Moreover, the concept of addiction has become enlarged. A hundred years ago, only opium and heroin were regarded as truly addictive, but in the past 100 years, we have seen the concept of addiction spread to embrace just about every form of drug, including alcohol. And in recent years, the concept of addiction has spread further, embracing gamblers, overeaters, sexual deviants, shoppers, people who surf the Internet, etc., etc. Are all of these people really "sick"? Do they all suffer from an addictive disease? Are they all powerless over their addiction? Do they all require specialized medical treatment? A large and growing addictions treatment industry now treats hundreds of thousands of patients a year, at a cost of tens of billions of dollars annually.

Stanton Peele takes this argument even further, saying that viewing addiction as a disease has actually added to the problem and not to its solution. Addiction has become a socially-accepted excuse for inappropriate, self-destructive, even criminal behavior.

Peele believes that labeling people as addicts aggravates their problem, and that treatment usually interferes with success. He cites studies that show that the more treatment an addict receives, the *worse* the outcome will be! (But this is a classic correlation-causation problem: does treatment lead to failure, or does failure lead to treatment?)

Peele points to heroin as the classic example, a once legal drug whose use was declining, with no more than 100,000 addicts in 1920 to a now-illegal drug whose use is increasing, with well over 1,000,000 addicts and perhaps twice as many heavy users.

Also, do you remember earlier in the semester when you learned about the 'exposure' and 'susceptibility' versions of the disease models? How is it rational to believe that narcotic drugs are evil and have the power to enslave anyone who is exposed to them, while alcohol only enslaves those who are born susceptible?

And why do we insist on viewing "hard" drugs as so dangerous, when the statistics clearly tell us that the 'legal' drugs--nicotine and alcohol--kill hundreds of thousands of Americans every year?

Society's judgments are often based on racial prejudice and stereotypes. For example, in the U.S, until very recently, Federal drug laws penalized possession of the crack form of cocaine more severely than possession of an equivalent amount of the powder form, by a ratio of 100 to 1! For example, conviction for possession of 500 grams of powder cocaine typically produces a prison sentence of five years in prison, whereas possession of only 5 grams of crack will lead to the same sentence. Just in 2010, President Obama signed new legislation that cut the disparity considerably, but the ratio is still 18 to 1. Why? Is it coincidence that the crack form is more likely to be used by inner-city African-Americans, while the powder form is more likely to be used by whites in the suburbs?

In the 1970s, the war on drugs began with the war against heroin, and in the 20 years since, illegal drug use continues to increase, the supply increases, the price has come

down, the age of first use has declined, the problem has spread worldwide, and the American criminal justice system devotes fully 30% of its resources to continue the fight. Do you read about the violence in Mexico? They say that drugs kill, but is it possible that our war on drugs is killing even more? How many people would be killed each year if drugs were legal? The states and the Federal government take in billions of dollars a year in taxes on cigarettes and alcohol. Perhaps legalizing and taxing other drugs could solve our budget deficit problem!

To put it more simply, Peele says unequivocally that the "supply-side" approach to drug problems has been a total failure.

And if we put emotions aside and try to be purely rational, many have argued that the war simply cannot be run because of an inescapable economic truth, the law of supply and demand. Imagine that the government had a hugely successful year in 2012, capturing and destroying over 80% of the illegal drugs being produced in the U.S. or imported. What will happen to the price as the supply dwindles? It will go up. And what happens as the price goes up? More profit for those willing to break the law, so more people drawn into drug trafficking. And the supply increases, with the decline in 2012 nothing more than a brief interlude.

**Social constructionism** is the view that says that there are no absolute or universal truths, and that knowledge is always dependent on how society chooses to “construct” its concepts and theories. Reflected within any social construction are the norms and labels to be used:

- What behaviors reflect addiction?
- What do we call people with addiction?
- What do we do about them?

Even George Vaillant, who strongly endorses the disease view, agrees that "normal drinking merges imperceptibly with pathological drinking. Culture and idiosyncratic viewpoints will always determine where the line is drawn" (as quoted in Thombs, 2006, p.231).

## How shall we evaluate the socio-cultural perspective?

The socio-cultural perspective has certainly challenged us to take a much broader view of addiction.

But regarding the socio-cultural rejection of disease models, some have noted that rates of asthma, diabetes, sickle-cell anemia, and other diseases vary along social, economic, and racial lines but nobody denies that these are true diseases.

And why shouldn't there be a war on drugs? Yes, legal substances such as nicotine and alcohol might be far more dangerous than illegal drugs, but that doesn't make illegal drugs good, and thousands, even tens of thousands, of lives are still lost, and hundreds of thousands of people injured – emotionally, socially, legally, physically – every year.

Though many might disagree with its assumptions about the nature and causes of addiction, most people agree that a very positive contribution of the socio-cultural perspective has been our increasingly willingness as a society to view addiction primarily as a **public health** problem and to emphasize the importance of **prevention**.

Yes, we do still talk about the evil of drugs, drunk drivers, gambling, sexual predators, and so on, and yes, we do still put many of them in prison. (Indeed, as you might know, the U/S. has one of the highest incarceration rates among "first" (i.e., economically-developed) world countries, with some experts estimating that one-fourth to one-third of those in prison are there for drug-related offenses.)

But we are also beginning to recognize that addiction is a social problem that is perhaps best understood as a matter of personal – and societal – health. In Chapter 3, Thombs describes what this public health approach looks like, with its goal of reducing the *demand* for addictive substances/activities rather than reducing the *supply.*

And he reviews a number of prevention approaches, which he says must be based on scientific evidence of their effectiveness (unlike the Drug Abuse Resistance Education program – DARE – which has been wildly popular in the U.S. despite almost no evidence for its lasting impact).

Much of this effort has been geared toward substance-abuse prevention programs focusing on young people, based on acceptance of the "gateway hypothesis" that describes the progression during adolescence and young adulthood from social and recreational "fooling around" with so-called "softer" drugs into increasingly hard core abuse of and dependence on more destructive drugs and activities.

In summary, based on what you now know about the socio-cultural perspective on addiction, how would you rate them in each of the following areas we identified a few weeks ago as the formal attributes of a good theory or model?

**Clarity**: are the developmental and socio-cultural models clear, well-articulated, easy to understand?
**Comprehensiveness**: do the developmental and socio-cultural models deal with all, or at least most, of the major issues?
**Explicitness**: do the developmental and socio-cultural models use precise definitions in a way that allows for reliable measurement of key variables?
**Parsimony**: do the developmental and socio-cultural models provide a simple way to understand addiction?
**Ability to generate useful research findings**: are there good studies with strong scientific evidence to support the developmental and socio-cultural perspectives?