On Subjectivity and Psychoactive Substance Consumption

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Summary

Legal or illegal psychoactive substances exist within a non-neutral environment that sets the rules for their production, distribution and sale, as well as builds the representations that culturally define their consumption. In this way, it plays a part in both their use and abuse.

Social groups respond to this action with either acceptation or rejection. The vulnerability that one may have before these pressures, implied in being exposed to these environmental forces, are expressed both personally and as a group.

One finds the necessary spaces to contain social anxiety in these groups, as part of our survival strategy as a gregarious species. These spaces include family, neighborhood and community in its diverse organizations. Its precariousness is related to its structures' incompleteness or to family or neighborhood roles not being able to offer its members' support. In these cases, final resistances to pressures from exposure rely on the individual's personal spectrum and his or her unstableness or consistency to cope in the cognitive and emotional fields.

Introduction

As José Horwitz noted, following the creation of the World Health Organization, its Mental Health section – with Jellinek and Hardgreaves' orientation – began to promote knowledge and health actions destined to control alcoholism. A problem that "*due to its backdrop and constant presence, we accept as an ineludible illness that we get used to, without stopping to consider its existence.*"¹ Alcoholism was at the heart of all disorders resulting from psychoactive substance consumption and was installed as a paradigm of these disorders.

In June 1964, a meeting held by the Pan American Health Organization in San José, Costa Rica, gathered Latin America's main experts on the subject in order to lay de foundations of an alcoholism epidemiology in the region. The resulting document² evaluated the situation in Latin American countries and defined what – up until that moment – were considered the problem's fundamental fields: socio-cultural, psychopathological and physio-patological factors. The elements that shaped all hypotheses at the time covered a wide range that went from Javier Mariategui's theoretic lack of social and moral standards caused by colonization's cultural destruction on altiplano populations, to Guillermo Vidal and Carlos Sluzki's individuation and family problematic and Juan Marconi's physio-patological concepts.

Twenty years later, the Organization of American States takes interest in the drug problematic and creates a specialized organization called the Inter-American Drug Abuse Control Commission (CICAD). This commission's purpose is basically set on acknowledging drug trafficking as an explicative element in the expansion of drug consumption and orienting national organisms within the region. The alcohol, solvent inhalation or psychotropic medication abuse issues would require enormous individual efforts in order to keep them within the region's psychoactive substance agenda.

During the following years, substances or people, harder laws or preventive education, dependency rehabilitation or abuse prevention are installed as opposed pairs when defining resource allocation for local and international action. Paradoxically, the globally dominating geopolitical approach to illegal drug trafficking becomes, however, based on prevention and assistance, an individual approach limited to biological consequences from drug use and familiar dysfunction. Meanwhile, the social world where substance consumption occurs becomes a harder and harder place to live, darkened by inequity, the restrictions amongst which people choose and the limitations in making a solidarity-based culture sustainable. Within this social debt, the problems that have dragged on since the XX century are still there, and are sometimes even worse. And, within these problems, the "drug problem" is no exception.

Consumption Subjectivity

This analysis stems from the meaning that Man himself attributes to psychoactive substance consumption, in order to use them with the deliberate purpose of mediating his relationship with nature, with other men and, even, with himself. In other words, this analysis is oriented more toward the implications of a subjectivity-for-consumption established by culture at a given time, than to the clinical and legal toxicological implications studied in other analyses.

Subjectivity, as a way of being and being in the world, is the result of the interpretation that the subject has of his or her reality and his or her own person as

part of it. It therefore emerges from a continuous transaction with political and social vectors³ pressuring it and, particularly, an economic ordainment that "turns all aspects of life that do not contribute to its constant and continuous reproduction completely irrelevant and ineffective."⁴ In this way, men do not act within a void but within a socio-cultural matrix that, in today's consumerist times, is defined by the rapid circulation of objects that produce intra and inter-subjective meanings. This matrix sculpts representations and influences what one thinks and feels about the world. In this way, subjectivity-for-consumption works as "freedom within a cage"⁵ and contains its own emotional hiatuses brought on by the inequality to access these objects that fill the voids of "I buy, therefore I am"⁶. These spaces are taken advantage of by the supply of psychoactive substances that, from their chemistry, propose to modify the individual's perceptions, moods and behaviors⁷, no matter the situations that determined them⁸. The validity of creating an emotional sham over reality's factual conditions is justified by a continuous supply of "remedial" objects destined to this end. There are no neutral or autonomous subjectivities⁹. In this postmodern world, the Kantian coming-of-age (understood as the capacity to live on one's own intellect without depending on other people's directions) is oriented toward the production of *alterdirected* subjectivities¹⁰, especially from the media, that reach human relationships and tint them with consumerist representations of socialization, associated with success, fun and pleasure as well as with coping with one's afflictions and hopelessness.

Within these representations of psychoactive substance use and abuse, interplay between exposition and vulnerability conditions¹¹ before them is expressed. In other words, interplay between promotion of contact between man and these substances, and the weakness or strength of personal and social resources at his disposal. Exposition and vulnerability concepts are used here to systematize these changing forces through time and for different social groups, and to check how they bond with psychological, social and cultural facts in order to create a subjectivity that considers a deliberate alteration in perception and emotion – induced by use of psychoactive substances – a strategy to be oneself and in this world.

Exposition and Vulnerability

Thinking about exposition to psychoactive substances implies that the environment is not neutral to the subject. This is an environment where economic and commercial interest from alcoholic beverages, psychotropic medication, tobacco and illegal substances exist, configuring a relationship between people and substances in everyday life and assuring their presence and cultural legitimization of their use.

On one hand, exposure forces are exerted on people by imposing concrete or physical availability of the legal or illegal psychoactive substance by its production, distribution and sale. On the other hand, these forces also include its symbolic exposure or supply, represented by the availability of representations or beliefs¹² that legitimize these practices and sculpt consumption, supported by advertising strategies and informal promotion. Commercial supply of these products and their promotional mechanisms do this, using different strategies for the different legal and illegal markets, as well as those markets where legality and illegality merge together.

In regards to the "availability" of substances and representations inducing their consumption, the laws established for production, promotion and sale of legal psychoactive substances are the first considered. After some beer production companies announced to local newspapers¹³ that their supply was targeted to 14-

year-olds in 1993, we no longer hear these *politically incorrect* mentions. The truth is that, today, beer has quintupled its sales since then and is already installed as a natural and inevitable part of teenage socialization. Its naturalization has lead other beverages to renew their own supply, particularly targeting the teenage sector that, at some time, presented less consumption rates than their male peers. For instance, marketing for *alcopops* and – especially – frozen wines have strategies that target teenagers that are similar to those used by beer companies in the 80s and 90s.

Those who promote legal beverages do not consider the collateral effects of their actions. In other words, they are not worried about limiting their advertising reach to specific populations and continue to reach other groups, installing representations and beliefs. The advertising effect of legal alcoholic beverages on, for instance, children of any age, are produced all the time and are part of a construction of subjectivity that, whether this is their intention or not, is efficient on an every-day basis.

Secondly, within the established laws regulating legal substances, one can find consumption methods that are more or less subtlety based on their transgression, or on directly applying them to other illegal ends. This is the case of alcoholic beverage "delivery" systems, that precisely promote the idea of getting past laws regulating alcohol sale. *"Fatta la legge, fatta la trappola"* (Italian expression meaning 'every law has its loophole) was the slogan for one of the first legal companies that appeared offering alcohol beverage home-delivery, at the same time in which the State was trying to control alcohol sale to minors and restrict alcohol purchasing hours. The company considered these measures to be a *dry law* and explained their own appearance as an answer to it.

Thirdly, growing availability of illegal substances has been pointed out by public observatories¹⁴ to the point that it has become an argument for different sectors to insist on legalization of hard consumption based on their opinion that prohibition has been rendered useless. However, in Argentina, not all illegal substances are censored or are at least censored in the same way. Marijuana, ecstasy and cocaine are tolerated in such a way that consumption is being naturalized in graphic media, domestic objects on sale at establishment stores, images and legends reproduced on clothes and in undercover ways on audiovisual media. In the case of cocaine paste or "paco", the social consensus to censor it from these fields is an exceptional fact. One could even argue that censorship is exclusively reserved for "paco" and this, indirectly, hints that these warnings would not be applicable to other illegal substances.

Supply and promotion of legal substances, promoting their unlawful use and the concrete offer expressed by production, supply and promotion of illegal substances configure a current exposure scenario. However, and despite exposure being a necessary condition, it does not explain the emergency in psychoactive substance use on its own. The other term we must consider is the vulnerability that people – and the groups they're in – might present when confronting the effective availability of these substances. The individual, faced with forces of exposure that bind him and an insufficient community to contain him, has a personal reserve before both elements with which he can built a resilient subjectivity that derives from his cognitive and emotional capacity, in order to confront them and make a decision.

Personal and collective vulnerability, when one is before the offer of psychoactive substances, expresses the relative incapacity to sustain autonomy in one's decision-making when faced with legal or illegal economical forces. One's disposition to give in to the promotion of consumptions known to be harmful is the result of great levels of social tension or stress – in the case of substances offered as palliative – as well as lack of cognitive and emotional resources to cope with pressures from exposure.

Psychoactive substance use has been linked to social stress on more than one occasion. Horton's classic studies in the 40s were the first to do so, linking it to danger-originated anxiety, such as external aggressions or lack of food. In other words, and according to this case, the primary purpose behind drinking alcoholic beverages was anxiety reduction¹⁵.

Following this line of thought, Merton later sustained that societies – and the groups that form them – differ when it comes to the quality of life they have. The greater or smaller distance between social expectations of well-being and the resources an individual has to reach said expectations is expressed in different levels of social tension or stress¹⁶. In this way, Merton found consumption to be a "withdrawal" behavior that was produced when the person became overwhelmed by his or her tension situation and did not count with resources to cope with it. A "withdrawal" that is taken advantage of in an economic plain that culturally legitimizes it and makes a profit.

Interests linked to psychoactive substance production and marketing have tried to mediate between the person and his or her problems, in such a way that all roads lead to purchasing the product and forming a habit of alleviating tension through its consumption. This message becomes stronger in those areas with socioeconomic systems that have not considered their environment or people¹⁷, with consequences affecting the habitat structures of human communities, the way families work and the people's psychological well-being. Weakening of the traditional psychological support systems¹⁸, based in groups, has reduced the individuals', the families' and the communities' capacity to stand up against setbacks¹⁹, as well as weakened the vitality with which people advance toward their aspirations²⁰. And in its place – and part of the problem today – some of these young groups tend to channel their need for support from primary anxieties using psychoactive substances as a way to vent or to emotionally bond between each other, showing a greater precariousness for resisting social tension or stress. In this way, the situation presented is not only one where traditional psychological support mechanisms appear deteriorated and where alternative organizations are precarious, but one where coexistence of social and cultural environments is not neutral when it comes to psychoactive substance consumption. And even though it is true that common patterns can be found in psychoactive substance use for different social moments, the difference between what happens today and other historical uses lies in the substance's different production, marketing and communication levels that are, today, most developed and never before so widespread and available.

Psychoactive substance consumption is supported by exposure to a media culture that legitimizes it as an expected and even necessary reaction in order to fulfill

successful lifestyles based on immediacy and frivolity. When faced with this consumerist pressure, the individual's weak or strong critical thoughts will use the resources he or she has available in order to analyze the message from the media, identify the social values that are being tested or omitted and then reach a decision. The strength in this critical exercise on commercial culture is a resource for both individuals and groups before practices that are frequently presented by media as a result of young adults' and teenagers' own judgment²¹.

The objective information available on each substance and the practices associated with each one of them, supports critical thought by does not replace it. This information lets one visualize the magnitude of its supply, of the groups involved, of the profits implied and on who this responsibility falls. However, its mere transcription – without reflection – tends to lead toward naturalizing the consumption phenomenon as a more or less inevitable destiny.

Processing data and representations is a critical thought exercise that is rarely applied in institutional practices. The most widespread preventive messages pay most attention to the biological consequences and pharmacologic effects of substance consumption. And given that these analyses are generally applicable to addicts or those who find themselves depending on these substances, all practicality of their affirmations is lost with users who are not in this situation yet. Vulnerability includes aspects that create cognitive instability as well as affective instability, the latter understood as the inconsistency between one's own emotionality and what culture defines as "politically correct". The truth is that every day life includes primary emotions such as anger, fear, shame, joy, sadness, disgust and surprise that are behaviorally expressed by facial, motor, vocal, endocrine and automatic reactions that human beings recognize beyond racial and cultural differences²². Psychoactive substances act altering the former and covering the latter.

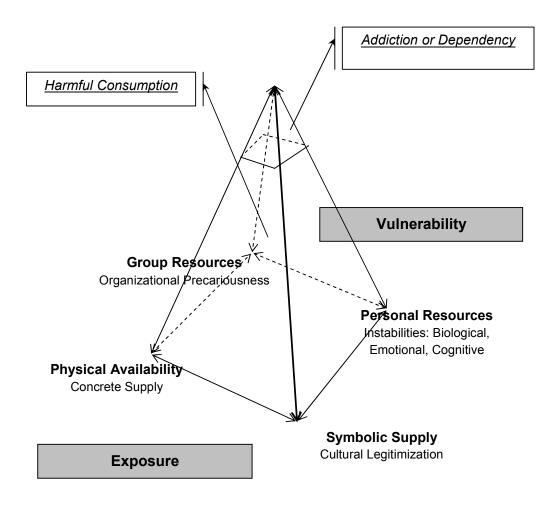
In this way, an emotional expression is understood²³ as a phenomenon "occurring between individuals, more so than in an individual" and that communicates the original or induced emotional state among them. In some cases, emotional expressions are subject to a "social script" imposed by a specific society's demands and pressures at a given time. And in this way, culture purposes controlling, liberating or modifying these emotional expressions by means of manipulation via psychoactive substances for moods, perceptions and/or behaviors²⁴. Autoreification²⁵ of feeling as a *produced emotionality*²⁶ follows "expression rules" that depend on "who can show an expression to whom, what emotion can be expressed and for how long it can be shown." The drug's role is to assure coincidence with a successful cultural model in a society that disputes dominion of some groups over others, all the time.

In this way, assertiveness – understood as the capacity to express what one thinks or feels or wants, in the right way and in the right time – is altered as a personal resource that lets one advance in the solution to one's problems and in the search for alternative paths in order to generate different options to general consumption²⁷. In short, subjectivity in psychoactive substance consumption is born from the interaction between the exposure vector (concrete and symbolic availability) and vulnerability (personally and as a group). This force field can be illustrated as an epidemiological pyramid that becomes worse when growing from harmful consumption to dependency or addiction.

In the graphic model presented with this document, zero is presented as a rhombus or plane where each vector has no magnitude. In other words, it represents a scenario with no availability (production, distribution and sales), no beliefs or representations legitimizing substance use and no precariously organized groups or personal instabilities.

As different magnitudes for its different variables are introduced, the figure becomes three-dimensional, expressing itself in a quadrangular-pyramid form produced by the vectorial transactions between exposure and vulnerability. In short: this document presents the existence of a subjectivity in psychoactive substance consumption as the result of a multiple-force field (concrete-symbolic exposure and personal-group vulnerability) that produces different epidemiological levels of problems due to harmful practices or dependency as a result of its interactions.

Subjectivity in Consumption: Determinants and Emergences



H. Míguez Ph.D. Conicet. 2010

Final Considerations

Social communication on the so-called "addiction" phenomenon is normally circumscribed to consumption of illegal psychoactive substances. This restriction has not only left problems associated with alcoholic beverages, tobacco and psychotropic medication out of the loop but has also restricted the problem to the "addict", to individuals affected by dependency or addiction to one substance. This is how things – for over two decades – have been omitted from public data and from reflections allowing us to think, on one hand, about disorders that are bred from any substance with the power to affect the central nervous system and, on the other hand, to not only be able to define pathologically dependency cases as a problem, but also those cases where a deliberate search to alter psychic functioning by using a psychoactive substance as a prosthesis of subjectivity exists. These blind spots have enabled cultural scenarios that, bred from the economical, have liberated fences that used to obstruct "physical" access to psychoactive substances, while naturalizing their use or abuse, omitting the damage and risk they cause.

The truth is that psychoactive substance consumption is a complex problem that requires attention to each and every one if its fronts, as well as the dynamics resulting from their interaction. This partial outlook on this subject, in practical terms, has resulted in ignorance of the need for a systemic answer that tackles its supply's territorial penetration and tolerance before it. The reductionist individualfamiliar approach that treated vulnerability as a misinformation or social association problem resulted in underestimation of the need for a pedagogy that's critical on consumption and on the current role of formal organizations. Some families might be too disorganized to support their members because of general anomic situations that disarm the collective resources needed to cope with difficulties and to plan solutions. There is no "biographical solution to systemic contradictions" because the risks and contradictions continue to be socially produced and all that would be done would be to load the individual with the responsibility to confront them²⁸. Deliberate alteration of one's emotional and cognitive mechanisms to highlight them in some cases, to modify them in others and to substitute them in some situations, has to do with a set of vectors that include both exposure and vulnerability. Psychoactive substance consumption contributes to the prosthetic architecture of neglecting signs from the emotional field and to act without the need to critically evaluate one's needs and consumptions. A "produced emotionality"29 takes place, where "remedial" use of psychoactive substances is an alternative to cosmetically fix one's moods, perceptions or behaviors according to society's demands. This form of domestic social control therefore limits spontaneous behaviors before one's environment and makes hiding one's natural emotionality toward a real experience, easier. This discomfort is identified with the difficulties in reaching the physical and mental performance demanded by social situations and the solution is to neutralize the situation with psychoactive substance consumption. Subjectivity-for-consumption means to temporarily neutralize personal tension produced by actual fear of uncertainty, insecurity and lack of protection (unsicherheit³⁰), reorienting the search for happiness toward the search for a decontextualized joy and toward achieving a fleeting, elusive and easily attainable primary emotion.

Designing a model that aims to systematically cover the problem – knowing that no favorable results will come from isolated measures – is what guides this paper. Not only to make preventive and welfare action better, but to also map actions, identify error and learn from them.

Bibliography

1 Horwitz, J Honorato, L. – Importancia del alcoholismo y los problemas del alcohol. Quoted by Horwitz, J. Marconi, J. Adis Castro, G. – Epidemiologia del alcoholismo en América Latina. Acta. Fondo para la Salud Mental. Buenos Aires, 1967.

2 Horwitz, J. Marconi, J. Adis Castro, G. – Epidemiologia del alcoholismo en América Latina. Acta. Fondo para la Salud Mental. Buenos Aires, 1967.

3 Paula Sibilia – La intimidad como espectáculo Fondo de Cultura Económica de Argentina S.A. 2009 p21

4 Bauman Zygmunt - Modernidad liquida. Fondo de Cultura Económica. 2006. P 10

5 Heileen Barker - Op. cit.

6 Bauman Zygmunt - Vida de consumo. Fondo de Cultura Económica. 2007. p 32.

7 Nowlis – Op. cit

8 Miguez – Uso de sustancias psicoactivas. Paidos. 1998

9 Feinman Pablo – La filosofía y el barro de la historia. Editorial Planeta. 2008. p789 10 Sibilia Paula – Op. Cit. p28

11 González V, Sepúlveda J, Gaete J. – El alcoholismo social: apuntes para un enfoque integral. Revista Centroamericana de Ciencias de la Salud 1976; 25-54. Costa Rica.

12 Gossop, M. & Grant. – (1990) Prevención y Control del Abuso de Drogas. Ginebra: Organización Mundial de la Salud.

13 Clarín – Referente de moda para adolescentes. Sección económica. 28 de noviembre de 1993 14 http://www.sada.gba.gov.ar/pdf_obs/obs_a0506.pdf 18/05/2010

15 Horton, D. (1943) – The function of alcohol in primitive societies: a cross-cultural study. *Quart.J.Stud.Alc.* 4 199

16 Merton, Robert. K. – (1980) *Teoría y estructuras sociales*. México: Fondo de Cultura Económica-

17 Desarrollo y fortalecimiento de los sistemas locales de salud – Pan American Health Organization (Document CD33/14, August 15th, 1988). (Offers foundations for resolution XV approved by the XXXIII meeting of the PAHO's Executive Committee.)

18 Holtzman, W. Richard I. Evans, Kennedy S. & Iscoe I. – (1988) Psicología y Salud. Contribuciones de la psicología al mejoramiento de la salud y de la atención de salud. Bol. Of. Sanit. Panam. 105 (3) pp. 320-340.

19 Negrete, J. C. Mardones, J. y Ugarte, G. – (1985) Problemas médicos del alcohol. Chile: Andrés Bello. p. 84).

20 Goodstadt, M.S. Loranger, P.D., & Gliksman, L.L. – (1992). Plan Estratégico Nacional contra el Abuso de Drogas. Fundación para la Investigación de la Adicción, Toronto, Canadá Centro Internacional de Investigaciones para el desarrollo. Montevideo: Junta Nacional sobre Drogas de la República Oriental del Uruguay. pp. 1-43

21 Eileen Barker quoted in Hijos de la libertad de Ulrich Beck. Fondo de Cultura Económica de Argentina S.A. 1999. p21.

22 Guajardo Sáinz H., Kushner Lanis D. – Adicción una enfermedad del sentir. Congreso Programa Cambio. Córdoba. 2005.

23 Le Deux, J. - (1999) El cerebro emocional. Buenos Aires. Planeta.

24 Nowlis. H. – La verdad sobre la droga. UNICEF. 1980.

25 Axel Honneth – Reificación. Un estudio en la teoría del reconocimiento. Katz editores. 2007 p.143 26 Miguez – Estilos de vida y Emocionalidad producida en adicciones. Modernidad,

Tecnología y síntomas contemporáneos. AASM - serie Conexiones. 2008.

27 Guajardo H. - Op. cit.

28 Bauman Zygmunt - Modernidad liquida. Fondo de Cultura Económica. 2006. P 40

29 Miguez H - Estilos de vida y emocionalidad producida. AASM. 2008.

30 Bauman Zygmunt - En busca de la política. Fondo de Cultura Económica de Argentina 2009. p13.