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This paper is an expression of my views based on the available research.

It does not necessarily reflect the opinions of other Departmental personnel.

Loretta Perry.
OVERVIEW:

To explore the topic "The Sociology of Drugging" an historical review of legal and illegal drug consumption, the socio-political forces which determine the legality of drugs and the marketing of drugs has been outlined.

The main focus of the paper will be to examine the threads which link advertising and consumerism to government (particularly capitalist government) drug policies. For example, drug problems are generally understood to be problems which arise for the individual user or importer of the drug, rather than the complex social issues relating to the individual's consumption or trade. Not only are the long-term consequences, be they health related, or criminally linked, individualised, but real, and controversial information is manipulated to reinforce the dominant ideologies which maintain the status quo.

As part of this discussion, it is necessary to allude to the historical factors which have governed and sanctioned our known taboo drugs and previously prohibited some of the substances now legally consumed and daily ingested in the western world. By tracing the history of how various substances have been regarded as illicit, illegality can then be understood to be culturally and politically determined, rather than pharmacologically founded on the chemical properties of a particular substance.
Following an analysis of historical factors, the major sociological issue of marketing strategies used for drugs and their contribution to consumption is addressed, with particular reference to marketing in relation to the substances opium, morphine, and heroin. In addition, it is necessary to argue the societal effect of prohibition in conjunction with the individual consequences of legislation against substances, which a demand for drugs has not only created, but manipulated for profit.

McCoy (1980) believe by drawing attention to the existing societal structures which support the mass marketing of illegal substances, there can be a more informed understanding of how this society "provides" the means for drug consumption and trade to flourish at a domestic and international level" (1)

In conclusion, the paper encourages some thought in relation to the so-called good intentions of drug prohibition, be they political intentions, or the demands and expectations of what Davies (1986) calls "the ancillary industries, such as the health, welfare and criminal justice systems" (2)
INTRODUCTION:
Illicit drug use, more often than not, is considered to be the problem of the individual. By individualizing the problem, the focus confirms his/her sole consumption, or money making venture, to be either an immoral or criminal undertaking.

Inherent in such an interpretation, is a labelling, or blaming process which guarantees a legitimate role for the ever-increasing numbers of social control agencies, treatment centres and paid personnel to administer, rehabilitate and halt behaviours which supposedly undermine the fabric of society.

The notoriety and influence of the drugs themselves and allegations in regards their destructive properties, is mythical when confronted with the facts. There is no real evidence to suggest the pharmacology of any drug to be a satisfactory guide to the diverse effects that drugs have on their users.

Rather, it seems the individual deterioration found amongst drug casualities to be related to many more complex factors than chemical properties alone can boast. Such realities as: availability, accessibility, social persuasion/pressure, individual characteristics, social, cultural and political factors all play important roles.

DRUG RELATED DEATHS:
As a 1985 CEIDA Report has stated "One indicator of drug usage in any country is the statistical data on drug-related deaths. In Australia in 1985, and representing 18% of all recorded deaths, it is estimated that there were 22,059 drug-related deaths. Of these, 80.6% were tobacco-related, 15.67% alcohol, 1.28% opiate, 0.38% barbiturate, but only 3.46% was attributed to all other drugs". (3)

Therefore, from a public health point of view, illicit drug use on its own hardly matters at all. However, for diverse reasons (including recently the the possibility of syndromes such as AIDS), which have little to do with
with factual information on the chemical properties on the drug and appropriate interventions, it does matter. Bell (1982) has summed this up by saying ... "If the hedonistic spontaneity of illegal drug use continues to be emphasized in images of non-productivity and self-indulgence, then the use of alcohol and tobacco can remain widely accepted as consistent with formal work and other societal values". As a consequence, alcohol and tobacco will rarely be understood to be dysfunctional and constituting a problem to the mainstream of society, or as an attack on its central values.

MEDIA/ADVERTISING:
The marketing media in all their forms are major contributors to perpetuating incorrect and exploitative information to sustain the mass legal consumption of alcohol, tobacco, prescribed drugs and over the counter pharmaceuticals. Much media time is concerned with their promotion and the understanding of their inter-dependence is important because of the threads which link advertising and consumerism, to government policies and capitalism.

Stewart (1979) has provided some perspective on the aspect of advertising. He states: "that the total advertising expenditure in Australia in 1979 was $900 million. Of this, liquor promotions ranked ninth, pharmaceuticals tenth and tobacco advertising rated thirteenth. The world-wide advertising expenditure on cigarettes equalled a fourth of the global military budget, ensuring the ongoing incestuous relationship between drug companies, media industries and legislation". Whilst no easily defined marriage between media, political parties and illicit drugs can be made, Sargent believes they remain more complex and insidious forms of profit-venturing. She has argued (1979) that, "The interests of the dominant groups are involved with the interests of liquor and other drug-related industries. This happens when those industries play a significant market role in relation to other industries. The government becomes economically dependent on them and because of revenue from excise,
and other drug-related industries. This happens when those industries play a significant market role in relation to other industries. The government becomes economically dependent on them and because of revenue from excise, other government interests are also involved". (6)

In addition to this, and as well as the financial gains for those directly involved in the drug distribution networks, are the other groups who support and perpetuate the status quo. As Davies has explained, "whilst the heroin trade is one of Australia's most profitable businesses, its financial work pales by comparison with its ancillary industries. Such sectors as health, welfare and criminal justice systems also have vested interests in keeping the illegal drug-use extravaganza alive and well". (7) It therefore appears that any serious study of drug use must question our present day drug problem by addressing the so called good intentions of drug prohibition.

HISTORY OF DRUGGING:

"Every culture throughout history (with the exception of the Eskimos), has had its acceptable drugs and taboos, or prohibited drugs" Says Davies (1986) (8) By and large, the difference between the two categories (of acceptable drugs and taboos) has been economically and therefore, politically determined. Australia has not been an exception, and since the nineteenth century, has sanctioned a diversity of drugs: opium, cocaine, morphine, amphetamine, heroin, tobacco, alcohol and innumerable pharmaceutical and patent medicines.

This same period has also seen these drugs fall prey to the controls of legislation which acknowledge and legitimize a consumer demand for some, medicinal intervention of others, but draws the line at individual procurement and use of those substances declared illegal.

McCoy (1980) believes that "only three drugs have played any considerable role in the history of Australia's illicit traffic: cannabis, cocaine and opiates, like morphine and heroin". (9)
These three however, have not been the only drugs in history to suffer prohibition on either religious, cultural or moral grounds. Tobacco and coffee in their time, were just as notorious as the opiates. In sixteenth century Europe, tobacco smoking produced just as much hysteria as a narcotic binge today. Davies explained "Smoking then was observed to be a custom loathsome to the eye, hateful to the nose, harmful to the brain and dangerous to the lungs". Whilst James I in 1604 imposed a tax on it, other ruling bodies had less tolerance. Iranians poured molten lead down smoker's throats, Germany executed them and in China, smokers were beheaded. "The Russians, concerned at the organized spread of the tobacco habit ruled that anyone in its possession be tortured until he revealed the name of the supplier".

During this same era, coffee drinking also attracted similar fates. "The women's petition against coffee, claimed it made men unfruitful and interfered with business". Cairo, Mecca and Constantinople had prohibitionist policies, and in parts of the Arab world, the offenders were executed. Almost in spite of the penalties, "the coffee habit flourished; to the point where coffee houses became the hub of these same societies and were later referred to as schools of wisdom"

Conversely, this period saw the legitimate use of our current illicit substances: opium, marijuana and cocaine. Davies said, "not only was the principle value of such drugs seen as cultural, medicinal and religious, but members of the tribe, village or family had been reared to understand the limits and normalities of drug use".

Whether it was opium seeds or capsules eaten by the Chinese, cocoa leaf chewing by Andean Indians or ganja smoked by the Indians, the day-to-day societal machinations took absolute priority - gathering, hunting, building, defence and religious ceremonies. Any digression from, or negation of these responsibilities, which could be attributed to drug abuse, incurred the wrath of the elders. "In societies where members had to work the fields from dawn to dusk, the use of stimulant drugs was a crucial aid. Davies suggested,
"in societies where members had to work the fields from dawn to dusk, the use of stimulant drugs was a crucial aid. In times of famine, these same drugs reduced the appetite, and often meant the difference between survival and extinction". (15)

HISTORY OF OPIUM

Historically, opium caused few, if any social problems, having been used without challenge for centuries (first recorded use in 5000 B.C.). Problems relating to abuse were not documented until the seventeenth century when the British began to actively market the smoking of opium for pleasure.

In the late eighteenth century, the British, through their East Indian Company, had exported some 60,000 kilos of opium each year in exchange for Chinese silk and tea for their own and American markets. The magnitude of this marketing has been noted by Ellard (1984) as a rising trade which in 1938 rose to "2,400,000 kilos or 2,400 tonnes, as compared to an Australian Commonwealth bust in 1983 which seized 97.1 kilos of heroin". (16)

Britain, in trying to force a reluctant China to legalize opium importation, fought, and won two wars, and finally achieved legislation in 1858. As a consequence, the commercial trade peaked at 5,240 tonnes per annum with the United States of America being one of the principle profiteers. So great was the profit-margin, the taxation revenue from opium singularly financed the western colonization of Indo-China, Malaysia, Taiwan and Singapore. With respect to Australia McCoy (1980) outlined, "Although Australia avoided government monopolies, in the late nineteenth century, colonies like Victoria and New South Wales, with their large Chinese population also derived considerable revenue from an import duty of smoking opium". (17)

MORPHINE, HEROIN

McCoy has commented: "If opium is a drug of venerable antecedents, then morphine and heroin are products of an emerging pharmaceutical industry: (18)

Although scientists first extracted morphine, the opium poppy's active
chemical ingredient in 1805, its commercial manufacture was slow to gain popularity. However, when used in conjunction with the hydodermic syringe (1860's), its use as an anaesthetic was spontaneous and profitable. "This early medicinal use of morphine was responsible for the discovery of its addictive properties and inspired a search for non-addictive morphine cure and substitute". (19)

In 1874 a scientist "chemically bonded morphine with acetic acid, a common industrial chemical, to produce diacetylmorphine. In 1898, the Bayer Company, Germany coined the name heroin and began mass marketing". (20) Heroin was purported to be a non-addictive panacea, a cure for morphine addiction and a suitable medicinal substitute. Although a decade passed before the addictive properties of heroin came to light (far more addictive than morphine), another ten years lapsed before this reality was translated into legislation. "Together with the 1931 Limitations Convention, the Geneva Accord effected a major reduction of the world's total legal heroin, from 9,000 kilos in 1926 to about 1,000 kilos of 1931". (21)

FACTORS CONTRIBUTING TO CONSUMPTION POST-INDUSTRIAL SOCIETY:

In addition to the mass marketing campaigns which could be considered exploitative and deceitful, other factors contributed to the ever-increasing individual drug consumption. Wider social change also affected this process as McCoy (1980) has written, "As the popoulation shifted from country to city, and farm to factory, so did the means and needs to transform the working man's diet". (22)

By 1900 the staple diet of milled grains had been replaced by beef (protein), coffee (stimulant) and sugar (energy rush). "The consumption of sugar jumped from twenty pounds per person in 1850 to eighty pounds in 1900, tea increased threefold, from two to six pounds". (23)

While consumer industries encouraged the artificial stimulation of worker's minds and bodies, pharmaceutical companies mass marketed their products to counteract the side effects of the stimulants. "Cocaine based drugs were
promoted to overcome fatigue, morphine to soothe worn nerves and heroin was publicized as a cure all". (24) See Appendices 1.2.3.

ALCOHOL AND PROHIBITION:
Alcohol has its own long history of abuse and consequential problems for each of the societies sanctioning use. However, up until prohibition (1920's), few, if any controls inhibited production and distribution. Today, Australia can boast one of the highest per capita consumption figures in the world. Dr. Sargent advances a theory that "the production of alcohol and the social pressures on individuals to drink, are closely related to the power structures within our society" (25)
The prohibitionist drug laws of the 1920's, designed to eliminate widespread narcotic and alcohol use, social problems, crime and corruption, created and stimulated the very problems they were supposed to solve. Whilst the prohibition of alcohol was repealed in 1932, narcotics were abolished permanently. Individuals, unable to procure their drugs legally were faced with either withdrawal, abstinence, or criminal dealings. As a consequence, criminal syndicates were guaranteed a steady stream of paying customers demanding a variety of illicit substances. At that time, Australia condoned only partial prohibition which helped keep at bay the amount of custom available to drug distribution networks. With the exception of cocaine, which was completely eradicated, a modicum of drug trade continued, but unlike other European countries, Australia emerged from World War II with no drug problems to speak of.

THE 'DRUG' PROBLEM
Why do people take drugs? Researchers analysing the diverse reasons for drug taking have concluded that there are as many reasons as there are people and personalities. It is suffice to say that some form of drug taking is a fairly normal pattern of behaviour and has been for many centuries.
The changing legality of various drugs in different cultures is an issue of social policy rather than pharmacology.

Where can use be defined as abuse or addiction? A handbook on drug use (1984) indicates "That these concepts are associated with consumption levels, patterns, length of use, style of use, problems with use and legality. (26) Definitions of use and any analysis of problems associated with use, depend on many interacting factors.

The Australian Medical Society on Alcohol and Drug Related Problems has developed the following terminology to describe problematic drug use.

Unsanctioned Use: Use of drug that is not approved by society or a group within that society.

Hazardous Use: Similar to 'at risk' behaviour.

Problem Related Use: The use of drugs when they are causing psychological, social or physical health problems.

Dependent Use: A subjective awareness of compulsion to use a drug(s). A relative stereotypical drug habit. The drug taking behaviour taking priority over other important behaviour". (27)

Therefore before problematic use or behaviour can be assessed, it is essential as the handbook on drugs suggests, to consider the following:

"* drug (its type and effects)
* context (social or cultural setting)
* person or persons using it
* how it is used
* why it is used
* consequence of their use" (28)

As previously indicated elsewhere in this paper, many factors persuade in favour of drug taking. Some of these are listed in the handbook of drugs and are as follows:
1. **Availability**

2. **Accessibility**

3. **Chemical properties of the drug:** Most psychoactive drugs act on the central nervous system and so alter our state of consciousness.

There are a number of reasons people wish to alter their state of consciousness. These include the desire to relieve:

- pain;
- anxiety;
- fear;
- enhancement of pleasure or self confidence;

4. **Social Pressure:** There are a number of factors in the environment these contribute to an individual's stress level and anxiety. For example, lack of job opportunities, money.

5. **Curiosity:** It is natural for all people to experiment with drugs, to try and discover by personal experience the effects of different drugs, particularly those which have some stimulant or depressant effect.

6. **Example:** This is particularly important if the drug used is shown as the main way of coping with stress or other life problems and other coping skills are not learnt.

7. **Social Custom and Cultural Factors:** Customs and habits develop through the centuries and social concerns about the real or perceived harm of various drugs used are reflected in the different drug laws adopted by different cultural groups.

8. **Persuasion:** Some people find it difficult to gain acceptance amongst their peers. Such people may be attracted to the stereotype of drug users' values and
may want to be a part of such a group.

9. Religion and Mystique: Certain religious rituals incorporate the use of drugs.

10. Protest: There is often a strong desire to use a drug just because it is illegal or because one's told not to.

11. Advertising: Advertising models behaviour by presenting powerful images on how to act to be accepted in our society.

12. Boredom: Lack of interesting or purposeful activities may allow time and give motivation to experiment with drugs.

To summarise, drug using behaviour is learnt within social and cultural settings and is influenced by a broad range of interconnected factors. (29) It seems feasible to suggest that a percentage of drug users will go on to experience problems associated with their drug use. But what the society has constructed as problems today can change, and so can the drugs it refers to as problematic. In particular, the increased notoriety of any given drug is always influenced by domestic and international trends and politics.

McCoy (1980) suggested "that the sudden emergence of heroin and marihuana use in the 70's and cocaine in the 80's to be a unique mix of the international and the indigenous. (30) He believed that the international and indigenous influences succeeded because of "the five basic requirements a society needs to sustain mass marketing of illicit substances". The availability and accessibility aspects of drug use can be understood in the context of factors which may initiate and promote drug using behaviour. These five requirements are:

1. a reliable source of supply
2. a potential group of consumers
3. a tradition of political tolerance for some sort of organized crime
4. a modicum of police corruption
5. an informal alliance between drug syndicates and some influential leaders of established political parties, senior servants and skilled professionals". (31)

An expansion of information on these five requirements is detailed below.

1) **A RELIABLE SOURCE OF SUPPLY:**

When the American troops were withdrawn from Vietnam, South East Asian and Chinese syndicates supply of heroin exceeded the demand. Looking to continue their profit margin, the syndicates began exporting to Australia and Europe. Once they established links with the Australian organizers of criminal activities, this country's supply of heroin has also continued to exceed its demand. The Australian heroin plight was not however entirely the responsibility of syndicates. Without a potential group of consumers, importation would not have been economically financially viable.

2) **POTENTIAL GROUP OF CONSUMERS:**

In addition to enjoying a dependence on a wide variety of legal drugs, Australia boasted the heaviest per capita consumer of heroin and cocaine in the English speaking world (1920-1930). As McCoy (1980) has indicated, at any given time, up to 20% of women and 10% of males used heavy psychotropic drugs. (32)

"So by the early 1970's Australia had both the affluence capable of sustaining an expensive addiction and a prospective group of consumers - marginal youth affected by structural employment and the general malaise which has come to characterize post-industrial society". (33)

Australia's history of drug abuse then, is more "how and why some drugs have been allowed to remain on the legal market, whilst others are blackmarketed, either by government
license, or by defective law enforcement efforts". (34)

3) **A TRADITION OF POLITICAL TOLERANCE FOR SOME SORT OF ORGANIZED CRIME:**

Australia's partial prohibition in the 1930's forced the organized syndicates out of an otherwise guaranteed profit-making drug trade. Professional criminals had to survive on S.P. bookmaking and prostitution rackets with on a modicum of sly grog and opiate dealing. However, post World War II, profits increased from the Black-market demand in rationed consumer goods and alcohol.

As a consequence of the boom, McCoy (1980) says "a second generation of crime figures emerged with police and political contracts to expand into new enterprises, such as baccarat and gambling. By the time heroin infiltrated our shores, Sydney syndicates as both the international and domestic connections to arrange substantial cannabis and heroin imports". (35)

4) **A MODICUM OF POLICE CORRUPTION:**

It goes without saying that any drug distribution network has a need for police protection, and that this protection must be matched with financial means. Such is the profit margin, that at every stage of a drug transaction, a bribe consistent with it pharmaceutical quality and quantity can be guaranteed.

Inherent in the processes of investigative police methods are many opportunities for corruption. As a consequence, corruption if viewed along a continuum and in the following forms:

- "the acceptance of bribes (one off)
- the acceptance of regular retainers
- those in authority licensing selected criminals to commit regular violations
- corruption being highly formalized and often involving a strict system of profit-sharing according to rank". (36)
5) **AN INFORMAL ALLIANCE BETWEEN DRUG SYNDICATES AND INFLUENTIAL OTHERS:**

"The final requirement for the long term survival of a major drug distribution network is some political corruption. Unless police corruption is comprehensive and narcotic networks perfectly protected, there is a high probability that major traffickers or significant crime figures will be subject to at least occasional arrest and indictment". (37)

To ensure against, or decrease such a likelihood, networks need some bargaining power in the Courts, and with the ruling political parties. Political contacts are also crucial in minimizing large scale police offensives. It is often the case, and therefore questionable that concerted offensives against the syndicates, net only the dealers and users, and not the organizational heads.

**CONCLUSION:**

In conclusion, it seems that the society's understanding of drugs and current policies relating to drugs says a lot about the way in which the society is constructing and managing this social issue. Management refers not only to the symptomology (drug use), but the underlying problems: poverty, unemployment, racism, sexism, housing, education, political party conflicts and political dependence on revenue from legitimized drug industries.

In intentionally emphasizing and victimizing illicit substance abusers, public furore, hostility and fragmentation is created. In so doing, the real issues - the probable causes and effects, the historical and sociological considerations, are negated. Ellard (1984) describes it in this way: "the more a regulatory agency, be it government, or an agency of the government, carries on in a sensational or punitive way, the more it demonstrates clearly and publicly its interest in ignoring history and the lessons contained therein". (38)
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