"Drugs", an analyser of contemporary societies

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Introduction

In this paper, I take for granted that the different uses of drugs are a structural phenomenon in human societies, which explains why studying them can serve as a very interesting way of making a comparative analysis of the basic aspects of human behaviour. Their study can provide very valuable information not only to the field of Medical Anthropology, but also to the field of Anthropology in general.

From this perspective, my proposal here is limited to the concept of "drugs," as a product of Western 20th century culture and, more concretely, as a product of the social construction of the "drug problem." In this sense, I believe that it can be useful to consider "drugs" to be a potent analyser of contemporary societies.

By "analyser," I mean a phenomenon or device, formed by a group of processes. This group of processes is considered to be equivalent to the constitutive processes of the society in which they are found. The do not stand purely as a formal device; rather they deal with a phenomenon that occupies a strategic position within the society in question, a "total social phenomenon," in Mauss words.

To see how this analyser functions, I suggest looking at two specific and very relevant aspects of the Western model of "drugs." These aspects include the "discussion on drugs" as a form of meta-language, and the identification of "drug dependency," as a form of referring to a constitutive factor of the human being, from a specific, cultural perspective.

Part I

1.1. Some initial points

With the aim of conceptually defining the principal terms used, we encounter our first problem: we are guided by the definitions, or rather by the specific uses, which distinct authors have made regarding these concepts. As stated by Menéndez (2000: 163), «definitions usually express what the categories should be and not their actual uses, even those, which consider the concepts to be provisional and/or group instruments. The meaning of [...] any concept should be looked for in the description, analysis, interpretation, and/or in the intervention of specific processes.»

For the concept of drugs, analysed from the transcultural point of view, I believe that an instrumental definition can be proposed. This definition would be based on their real uses, which are dealt with in different studies of the concept [1]. Moreover, as from the end of the forties and following the sociological orientations derived from the School of Chicago, ethnographic and socio-anthropological studies began to appear about the distinct "world of drugs" in urban/industrial societies [2]. Some researchers have continued the discussion on drugs from different theoretical perspectives [3], and the states of the art by Edwards and Arif (1981), and the European repertory presented by Fountain and Griffiths (1997) [4] are seminal references even from the point of view of social intervention.

May be all human societies have been familiar with and continue to use very different substances to attain various states of stimulation or sedation. These substances are used for pain relief, at social gatherings, for the experience of pleasant sensations, mood alterations, changes in one's field of sensory perception, and for the attainment of some forms of knowledge, which are out of the ordinary, etc. That is to say, in all of these examples, chemical substances that can modify such functions of the human body as perception, behaviour and motor functions are introduced into the organism (normally in small amounts). The effects of these substances, their consequences and functions are conditioned, above all, by social, economic, and cultural definitions, which are generated by the social groups that use them.[5] In other words, the use of drugs is not so much a chemical phenomenon (although it is this, too), but rather a socio-cultural phenomenon in which the handling and the effects of the chemical components is somehow based on the dominant social representations existing in the group using them.

When we make a historical analysis of the construction of the "social drug problem", we observe that it has been gradually building itself up through-

out the 20th century. We can see that this transcultural definition lends itself only to some of the substances defined as drugs, while others are left out. If we look for a definition of "drugs" from the point of view of the prohibitionist paradigm, it can be found at the root of the principal management models of drugs in modern-day society. If we look at the criminal model and the medical model (principally the former) [6], we can immediately verify that the term "Drugs," (as such, and in capital letters), in the most orthodox of discussions, refers indistinctly to a whole group of heterogeneous, illegal substances. These include cannabis, heroin, cocaine, hallucinogens, ecstasy, etc., while alcohol, tobacco, hypnotic drugs, sedatives and tranquillisers are not included. The justification, at least from the point of view of the 1961 Vienna Agreement, is focused on defending public health. As such, using the same scientific rationale that put together the previous definition, we find considerable inconsistency in this objective, not only in the method (the repression)[7] but also in those substances that are inside and outside the boundaries of "Drug." Such is the heterogeneity of the characteristics, which exist on both sides of the established limits. So, it is difficult to find coherence between the concept of "drugs" and their (supposed) empirical references, beyond the fact that the term, "drugs" refers to all those substances that are on the corresponding lists in the international treaties.

Actually, apart from the prohibitionist arguments, which hide behind their scientific appearance and try to affirm the contrary, this is not at all important. What stands out, once the previous corroboration has been made, is that drugs are a symbolic construct with several meanings, which revolve principally around themes such as desire, pleasure, performance, anxiety, addiction, sociability, risk, exploration, the unknown, the forbidden, pain or death. Its basic empirical references would be various designations, which carry the image of (implied) substances, above all heroin and marijuana. Some of these designations carry the image of activities such as "smoking" and "shooting up," as well as the ambivalent figure of the "drug addict." It is important not to forget that this symbolic construct also constitutes a material reality throughout the social processes in which it is involved.

1.2. *"Drugs," a total social phenomenon*

As pointed out in the introduction, drugs have become a total social phenomenon within our contemporary societies. I believe that they are socio-cultural phenomena, which allow anthropologists privileged access to the societies they study (much in the same way as sacrifice for Mauss (1968), persona for Leenhardt (1995), or religion and relationships for many other

anthropologists). In this way also, the concept of drugs is useful for studying our societies. They are so situated that the analysis of social practices and the discussions revolving around them (and particularly the interrelationships between them) are a way of attaining information. This analysis allows us to reach the central aspects of contemporary societies, as they are forms of construction, erected by the subject. These constructions are also the result of social control and its institutionalisation, economic and political domination, social communications, as well as the basic, cultural orientations and values of a society, such as the myths that revolve around pleasure or death, etc.

Thus, it is a total social phenomenon, «... which is manifested, not only through opinions, but also through attitudes and behaviours, which influence the intervention of diverse institutions in our society. These interventions by executors (parents, medical experts, etc.) cause an uncountable number of problems in questions such as personal and family relationships, learning, health, adaptation, or to get basic needs» (Comas, 1986: 4).

From a methodological point of view, the discussions on the social representations on drugs, have been hegemonic untill now. These discussions talk of the "drug epidemic," which is invading our society, and involve related feedback and social practices (police actions; judicial, educational, sanitary and social interventions; informal social interactions, etc.). On the other hand, there is the actual practice of using drugs, the real use of drugs by specific individuals, which is a different phenomenon from the above-mentioned point (although with some areas of contact in evidence). These concrete uses are in some way also influenced by these discussions. The "drug problem," therefore, involves basic, distinct levels of reality, which grant it significance and help to culturally direct social interaction in one direction or another.

1.3. Strategic social processes, drugs and "Drugs"

I will now point out some of the basic levels at which "drugs" are strategically placed. For expository reasons, I will refer to each one separately, however, it is important to remember that they are inter-related by a series of dynamic processes. In addition, I will refer to drugs using the transcultural (scientific) concept, whenever necessary, but in places I will refer to the concept of "drugs."

At a personal level, many uses of drugs, which are assumed to have been established by the social conditions of existence, represent a form of subjective adjustment,. This is so at both the individual and social level, when

dealing with either institutionalised uses or non-institutionalised uses. These are often enveloped in a certain mythology (though sometimes negative) created around the substance being used or the practice being carried out [8]. Varied uses of drugs are involved in social relationships, both instrumentally and symbolically. As such, it is possible to identify oneself by using a substance, which has some sort of prestige and is found to be useful for an established relationship or for a relationship in the process of being established. The construction of specific associations, linked to how some (non-institutionalised) drugs are circulated in our societies [9]), has had negative social consequences for many people and social cohesion itself. These negative associations have resulted in the over-exploitation and the "criminalization" of groups that occupy subordinate (or already marginalised) social positions. We should also note the "marginalization" of individuals and groups from social sectors that are initially "better off" than those mentioned above. On the other hand, the people suffering the consequences of drug use have prompted various pressure groups to be created, some of which have sufficient power to be noted at the world level.

From an economic point of view, the businesses that deal in drugs (e.g., pharmaceuticals, tobacco companies, wineries and illegal traffickers) generate a considerable volume of direct and indirect profits. These businesses are of such importance within the sphere of the world's economy that their capacity for power and influence is not to be scorned. In this "package" we should also include the softening effects that the middle and lower levels of production and illegal trafficking often have on the economic crises within the framework of the informal economy. There is also another sector that cannot be forgotten: the professions related to the drug culture in the broad sense of the term. Perhaps it may not be as economically powerful as those mentioned above, but the decisions taken by this sector can interfere to a certain extent in the dealings of the other groups. These professions include bureaucrats and the administrators of control organisations, police, lawyers and judges, sanitary workers and researchers, etc. In addition, we should also mention the dividends, which the "drug businesses" can provide for other industries, such as agents, record companies, or "show-business," in general.

At an ideological level, drugs are involved in various processes of rationalisation, and in particular politics. These processes create certain visions of the world, which revolve around the "drug question," and ideological illusions and political manipulations, which can distort and disguise other, more fundamental problems and, therefore, be more compromising for the maintenance of the "status quo" at certain critical moments. Also to be

noted is the authorisation of forms of social control, using the "drug ques-tion" as an excuse. (The relations between the United States and Latin America in the eighties, and in particular the Colombia Plan, would be a good example of this). The "repressive pretext" offered by "drugs," with respect to certain socio-political dissidence or the great political/electoral profitability of the subject, is also notable. To sum up, the drug discussion provides a series of arguments and explanations, which help people and groups to decide to act in one way or another. All of this occurs from more elaborate positions (where the previously mentioned conduct is more or less explicit, though not overtly stated, since the participating parties would lose their capacity for influence), as well as from much more experienced and direct positions.

1.4. Social representation and drugs

In keeping with the above (principally with the last point), we can deduce that the social representations of drugs are a constitutive and fundamental part of the same phenomenon. In fact, we can consider them to be a nucle-ar element [10].

The social representations tell us what drugs are, what they are used for, and what their qualities are. They tell us what effects they have, how they should be taken, whether they require special preparation and when they should be taken. They provide us with techniques for ingesting the drugs, the necessary doses, etc., and tell us which drugs are the most appropriate. Finally, they tell us what their origins, history and social considerations are. These representations should have a minimum of congruency with the socio-economic base and the cultural inheritance of the society being dealt with (in spite of the fact that the relationship between these two ele-ments is never mechanical). Thus, the tendency towards this congruency means that the social representations of drugs are different in different societies, where their use is a required step (at least at a ritual level) for the population in general and where their management is reserved for only a small group of prestigious specialists. In this type of society, only some drugs enjoy this generalised social statute of necessity, while access to oth-ers is complete taboo.

Currently, in almost all societies the model of drug perception and man-agement is based on two fundamental paradigms: the legal model and the medical model. That is to say, there are some international laws, which are reflected with greater or lesser precision, in the regulations and organisa-tion of drug control in the different states. However, at the same time,

there is also a complete line of thinking and behaviour, which places drugs in the field of illnesses. All of this produces a set of ideas about what drugs are and what their place in life should be. It takes into account the influences of the world view, and also carefully weighs the moral aspects of drugs (in association with what they should or should not be), as well as the set of social devices for managing their appearances, effects, etc.

I believe that it is no longer necessary to discuss, at a general level, the nuclear role of social representation in the drug phenomenon, especially because we have considered it to be a total social phenomenon from the start. However, to finish up, I believe it would be interesting to verify its importance by analysing a specific case.

1.5. The Spanish case

I am interested in showing how the social representations of drugs have affected the group of social representations that have existed in Spain for last twenty-five years and their evolution. Perhaps at one time or another this has also happened in other Western countries, but I believe that the specificity of Spain's case lies in the fact that this occurred in the context of a political transition into democracy. The so-called "drug problem" constitutes a social problem that built up in Spain from the end of Franco's dictatorship (mid seventies) to the end of the eighties. At that time, drugs were already part of the repertory of basic problems in our society. In reality, during the fifteen years between 1975 and 1990 the problem developed around what would end up being the drug paradigm; that is to say, the personal and political conflicts, which would be protagonised by heroin and heroin addicts.

More concretely, after 1973-74 heroin began to circulate throughout Spain and it travelled through the social networks, where cannabis products were already predominant (forming part of the old counter-culture core). It then began to spread and in 1979-80 it reached the young sectors of the general population. Among these young people, the older ones had already had social, militant and/or political experiences (from the end of the Franco regime to the transition). However, these young people were still outside the game, in the new situation that was consolidating, and other even younger people were plainly beginning to develop what we call, in classical terms, "deviated" practices of socialisation. They were on the outskirts of their schools, experienced difficulties in entering and keeping jobs, had problems with their families, and became progressively immersed in delinquent activities. They practised using drugs other than cannabis and alco-

hol, such as amphetamines and intravenous routes (see Comas, 1985, Funes and Romaní, 1985, and Gamella, 1990).

Until that moment, the "drug problem" had been secondary to the big questions raised by the end of Franco's regime and the development of democracy. But once the eighties had begun, this social problem became one of the heavy "leit-motifs" in the social conscience, and it accompanied and contributed to the consolidation of the democratic system that we are familiar with today.

In effect, the drug problem always appears at the top of the general opinion polls, as well as the polls regarding victimisation, sharing importance with unemployment and terrorism. Moreover, in 1983-4, there was great political conflict surrounding a small reform in the Penal Code instigated by the Minister of Justice of the then new socialist government, which had the "drug question" at its epicentre [11]. Later, there was a certain institutional reaction with the creation of the *National Plan on Drugs* in 1985, and the progressive extension of socio-sanitary services during the second half of the decade. This phase, where drugs were the great protagonists, ended around the beginning of the nineties, at a time when "anti-drug" citizens' movements began to take shape, with considerable media impact in numerous neighbourhoods of our cities (about the time of the municipal elections in 1991) (Romaní, 1999).

I believe that this historical picture illustrates the fact that the predominant social representations in the Spain of the eighties came close to its vision of the world, where "drugs" occupied a central place. A place that, right now, «forms a part of the basic cultural heritage, which allows contemporary Spaniards to communicate and to act, thus allowing them to orient themselves within the social context of where they live, rationalise their actions, explain relevant events, and defend their identities.» (Megías, 2000:7).

Part II

2.1. "Drugs" as a meta-language: a metaphor for society

In order to ensure their own continuing existence, various social groups and society at large continuously define reality using mechanisms that strive to reconstruct this reality both socially and dynamically. This reconstruction consists of cultural images and stereotypes, some of which, within the

broader context of the social representations, have managed to symbolise, either actively or passively, the basic aspects of our social life.

The socio-cultural phenomenon of drugs has been built up in such a way that it contains a series of stereotypes that refer to the nuclear aspects of our existence. We refer to specific ancestral fears, related to our own social and natural natures, to the difficulties we experience in controlling our emotional bases, difficulties we have in understanding ourselves and in accepting our places in a continually changing world, etc. It may be thought that the popular success of the social construction of "drugs" is based on the prohibitionist paradigm (one of the elements that permitted the consolidation of this construction to become the dominant perception and management model that we are familiar with today). This was not only due to the fact that the prohibitionist paradigm knew how to integrate various (more or less powerful) interests into its model. It was also because it knew how to manipulate the flow of information, in such a way as to permit it to mobilise the deepest emotions of broad sectors of the population.

It was not the act of taking some type of drug. And, in particular, it was not these aspects that were behind the intense movement for control over drugs. Rather, it was the fact that there was a kind of emotional contamination, which made this topic one of mixed and extremely powerful sentiments. People were afraid and frustrated because they perceived that their vision of the cosmos and social world were being threatened (see Cloyd, 1985).

The effects of drugs, from the point of view of their instrumental and expressive uses, can be considered to be an extension or a prolongation of our own bodies. In this way, controls over drugs would be justified as necessary to preserve our own "selves" (since many of the effects, or potential effects, of different drugs can induce states beyond the known limits of our reality and cause the non-differentiation between ourselves and our environment). In this respect, they become vehicles of contamination, precisely because they do not define their own limits (see Douglas, 1991). The "drug problem" carries all of these fears and anxieties, which focus mainly on the fear of the unknown, or what is thought to be uncontrollable. They become what they embody, the "outsider," and in this sense, they become a concrete, historically collective variation on a basic structural-kind of theme. They have other homologous manifestations, which are often encouraged, such as certain kinds of sexual taboos or xenophobia and racism. To sum up, the social construction of the drug problem has created another "Judas goat."

"Drugs" and the discussions they generate have become a metaphor – with all its ambivalence – which allows us to understand reality and intervene in a specific way. This allows us to manage the real problems to a certain extent but the problems still remain hidden. The fact that the "drug myth" occupies a central position in our society means that everything related to it becomes the object of attention almost immediately. There is a whole series of problems, many of which are structural, at the root of the difficulties and existential anxieties of large groups of the population. These remain "unspoken," due to the difficulty of finding a language to explain them: e.g., permanent unemployment, generation conflicts, the redefinition of distinct gender roles and life together in domestic groups. Also to be noted are the difficulties that many young people experience when they enter the social world (as well as those experienced by older people), socio-economic instability and the tensions created in urban environments, which have arisen as a result of human necessities. Migrations and the difficulties generated by inter-cultural relationships, as well as the impotence provoked by established routes of conflict resolution, are also some of the anxieties that the population experiences. So "drugs" (a fundamental part of the broader framework on "discussions regarding security"), through simple and overwhelming stereotypes, is a way of "explaining away" these problems and, above all, a way of behaving and calling attention to oneself. However, paradoxically the "solutions" adopted under this perspective leave the system at the root of all the untouched conflicts (including the problem with the drugs themselves!) In addition, the system prevents political and technical measures from being adopted to resolve these problems more effectively [12].

2.2. "Drugs" as dependence: a metaphor for life

The current configuration of the "drug problem" reveals the principal contradictions in the role assigned to general addictive behaviour within consumer societies. That is to say that there are cases of encouraged consumption, which are presented as desirable and even necessary if we are to achieve balance in our personal lives and success in our social undertakings. On the other hand, there are also certain kinds of consumption, which are restrictively regulated and also censored. Transgressions in these regulations (formal and/or informal) can end up having serious consequences for those who participate in violating them.

What is conflictive about this situation is not so much the relative arbitrariness of the regulations themselves (which is a constitutive element, either large or small, in all aspects of social life). Rather, it is the fact that from the

point of view of the socio-cultural heterogeneity that characterises contemporary societies, the areas of arbitrariness of the regulations are at times perceived to be just that – arbitrary. Different social sectors perceive these regulations to be arbitrary and, therefore, they are seen to be impositions, put upon them by other, specific social groups. That is to say, there is no consensus regarding these regulations. The conflict provoked by this situation should not be surprising, bearing in mind the importance which "consumption" has acquired in our societies, not only from a strictly economic point of view, but also from a cultural one (as an element of identity).

From the prohibitionist paradigm a key element in the dominant discussion on "drugs" is the identification between "drugs" and "dependence." It is said that the mere contact with drugs will leave an individual a prisoner to them. If the criminal model is stressed, then the criteria for discerning this illicit step are established using legality. So, the first "joint" opens the door to heroin or crack addiction, without entering into digressions regarding patterns of alcohol or tobacco consumption, for example. These may or may not make access to other drugs easier, and pose many other possible questions. What is important is that the limit of "forbidden" has been crossed, which leads inexorably to addiction. Of course, at this level, it becomes more and more difficult to find developments, which so explicitly define the questions (in the manner in which I have summarised here). However, in keeping with the specific uses that, along with Menéndez, we have pointed out in our introduction, this focus can still be found in the official documents of the International Committee on Narcotics Control of the United Nations [13].

If the focus stressed is that of the medical model, we must bear in mind the absolute hegemony of the biomedical perspective. When the use of a substance by an individual is analysed, what can be noted are the effects of that substance on his/her conduct. That is to say, the interpretation of his/her conduct will be reduced to and explained by a sort of manufactured argument – based on a specific, standardised clinical practice – about the pharmacological effects of a substance on the central nervous system.

Whether the option is criminal or medical – or different combinations of the two – they are both destined to the fatality of dependence, expressed by the metaphor "drug slavery," which points towards a certain kind of determinism. In one case, this would have to do with bad will perversion or the social conditions that lead a subject to deviation. In the other case, the determinism is attributed to pharmacology. But in both cases, and under different guises, what exists in reality is a negative moral assessment of the

conduct of that individual, of his/her values, or in other words, to certain hegemonic interpretations that deal with socially accepted values. He who has strayed from the path will not, supposedly, acquire either liberty or health for himself. These qualities represent the great values of the game, in this case. For this reason, the individual should be treated by correctional facilities, until he demonstrates the ability to re-enter society and, even then, the shadow of the stigma will hang over him for the rest of his life.

This way of looking at things omits what, from a socio-cultural perspective, is a basic, methodological element: that in order to realise the complexity of reality, we must bear in mind the multiple, varied and sometimes contradictory relationships among the contexts, the subjects, and the drugs. In this theoretical framework, it is possible to verify that there are in fact positive uses of drugs for the subject and/or for the group, of which the subject may form a part. There are other uses, which the subject/group attempts to manage to the best of their ability, and by promoting some uses they have to hold back on others. And, of course, there are other uses, which are frankly negative, for the subject and/or the group. (And the interests of the two and/or the evaluation of the conduct do not always coincide.)

It is clear, then, that an important element in the field of drugs is drug dependence, which I defined, inspired by Cancrini (1982), in another text. I stated that, «it consists of a group of processes, through which certain uneasiness, either of a serious or not very serious nature, is expressed, and which may have diverse causes (as well as other manifestations). However, its principal symptom would be the organisation, by an individual, of the complete group actions in everyday life around the rather compulsive, consumption of determined drugs. It can be confirmed that as a social phenomenon relevant to society, drug dependency appears in a characteristic form within central, contemporary urban/industrial societies. It also appears to be due to the influence and/or imposition of the same, in generally sub-alternate (though not necessarily) societies, associated with the processes of urbanisation, as only in these do the conditions which allow this to occur arise» (Romaní, 1999).

In some drug users these circumstances of drug dependency can be seen to depend on the combination of the three basic, cited factors. But this is what the prohibitionist paradigm does not admit: from its perspective, the equation "drugs equal drug dependency" is unquestionable and a given universal (such as all of the positivistic principals on which it prides itself). What we can understand, using this equation, is a determinist idea of hu-

man life which, in order to be socially fruitful, should adapt to those requirements that have been discovered by positive science in either its legal/criminal version or in its neurological one. Certain tendencies, impulses, actions, etc., promoted by drugs (or those which are induced by them) should be corrected, also scientifically, in order for the individual to be able to develop his or her life, according to the hegemonic, cultural models that society does not question.

This suggests another equation, that of "dependence equals pathology," under which we can perhaps find the negative result of recognising certain limits to human life. Positivism began to believe that these failings could be scientifically controlled. I am referring to the "modern-day Utopia," which offers a better life through scientific planning, through the intervention of the corresponding professional specialists [14]. This has not turned out to be as easy as was expected. And, from there, contemporary science has continued to build its distinct, epistemological reconsiderations. However, sticking to the concept of dependence, what paradoxically appears not to be tolerated are limitations to "free will." This concept was derived from Cartesian rationality, a model that turns out to be too rigid to work with all of the complexities that we now know constitute the principal characteristics of life [15].

To sum up, what the model does not seem to include is the role of dependency in human life, in general, and in drugs, in particular [16]. This role has been cited previously in the text, and I shall summarise here, by stating that «man is a dependent being by nature, and I say by nature, not only as an expression, but in a precise manner, for his biological constitution. Man is an animal with open genetic programming, and with a very general orientation towards his instincts, who is moulded in a decisive manner by his culture. He then incorporates this culture into himself ("embodiment") through social interaction and learning. This is due principally to the long period of growth time, which characterises him. This dependence on his socio-cultural environment is a radical aspect (also in the strict and strong sense of the word) of his life. For this reason, what would seem more sensible (and surely, more effective) is to consider how to manage, in the most positive way possible for the individual and the society, the little and not so little dependencies, which make up part of our everyday lives as human beings.

Of dependencies "with a name", there are many. There are dependencies to drugs, gambling, work, order, sex, etc., which for some individuals and in determined conditions, we can define as pathological. And, what doubt can there be, from our current level of knowledge, when we can confirm

that certain medicines can precipitate, enable, fix, etc., these pathological processes of dependence. Therefore, I believe that it is more appropriate, in spite of all of the limitations, to approach dependence in relation to what we call a determined "lifestyle." We should do this, above all, in order to point out that it does not only and principally have to do with the pharmacological effects of a substance over an individual. Rather, it is that we are faced with a socio-cultural construction, in which processes of identification, construction of the self, strategies of interaction and the negotiation of roles come together. That is to say, it is a complete framework of social relationships and cultural expectations that contribute to the construction of the subject, and through which the subject can direct his existence (although in this case it might be in the middle of substantially conflictive areas). These are situations, of course, where the pharmacological world plays a role, but where it cannot be considered a causal factor of these same situations (as the biomedical model has tended to do in a simplistic manner). But rather, it must be articulated to the rest of the levels, which make up this phenomenon» (Romaní, 1999:59-60).

Notes

[1] As basic references, I recall the first work done on modern synthesis (Lewin, 1927-1970), the ethnographic and historical works on alcohol (Heat, 1975, Menéndez, 1990 and 1991, Cottino, 1991, and Campos, 1997), and the anthropological monographs, which focused mainly (although not exclusively) on hallucinogens and the shaman complex, developed in the seventies (Levi-Strauss, 1979, Harner, 1976, Furst, 1980, and Reichel-Dolmatoff, 1977).

[2] See Lindesmith, Becker, Finestone, Hughes, Blumer, *et al.*, etc. See the analysis and the references of Dan Waldorf, 1980.

[3] Among others, Agar, 1973, Rubin, 1975, Hugues, 1977, Romaní, 1983, Adler, 1985, Biernacki, 1986, Parker, *et al.*, 1988, Bieleman, *et al.*, 1993, Bourgois, 1995, Pallarés, 1996, Díaz, 1998, Fernandes, 1998, MacRae, *et al.*, 2000, and Gamella, *et al.*, 2001.

[4] For empirical support to this paper, see section b) monographs on drugs, and a more extensive list of works in the final bibliography.

[5] Menéndez (1990) inspires the last part of this definition.

[6] In the criminal model, drug = crime, and in the medical model, drug = illness. The medical model, with its biological and positivistic orientation, does not question prohibition, but rather has continued, over the course of many years, to work in an articulated manner towards its premises. For an analysis of these models and their relationships, see Romaní (1999).

[7] Even though in progressive agreements, international meetings and similar accords, assistance and educational aspects are now being added, they are always in keeping with the repressive prohibitionist paradigm. This only serves to increase the inconsistencies cited.

[8] Examples of this can be seen in the iatrogenic use of hypnotic drugs and tranquillisers, induced by confidence in doctors, or in the intravenous use of heroin, in the context commented upon by Lou Reed in his song, "Heroin".

[9] I refer to its cultivation and/or manufacture, as well as its trade through the structure of the so-called "Black Market."

[10] Here I take material published in a collective book edited by Megías (2000).

[11] The Ministry of Justice attempted to make changes to Spanish Penal Code about drugs, to adapt it to the most elementary demands of constitutional democratic guarantees. However, there was a social reaction within the country and in international circles against it. In 1987, the Spanish government gave in to all of these pressures. They proposed a counter-reform, which meant returning to the arbitrariness, which had characterised the laws on drugs before. See "Legal Aspects", by Carlos González, in Grup Igia (2001).

[12] For a more extensive analysis on this point, see the last chapter of Romaní (1999).

[13] See the annual reports of the ICNC (1997, 1998, and 1999), "literary jewels" of Western scientific, legal fundamentalism.

[14] I recall here some of the characteristics of modern life, with relation to the development of rationality and the processes of bureaucratisation, specialisation, and professionalisation, according to Weber (1992).

[15] We also know this, at least in part, thanks to distinct contributions in positive science.

[16] For this reference, it is worth looking at the article by Peele (1990).

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