

Drugs as Political Weapons used against the people

By

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Zinberg's 'three determinants' of illicit drug use.

Zinberg's three determinants of illicit drug use comprise of Drug, Set and Setting.

Norman Zinberg pioneered the study for the control of various substances as a function of drug, set and setting. He helped to orientate a public health approach to illicit drugs in general. His work and that of others questioned the perception of illicit drugs as inevitably addicting and destructive.

Zinberg's Theory:

- Drug: 'the pharmacological action of the substance itself'
- Set: 'the attitude of the person at time of use, including his personality structure' (N.B. individual attitudes are influenced by social expectations)
- Setting: 'the influence of the physical and social setting within which the use occurs'

Drug: pharmacological action of the substance itself. This describes the mechanisms by which the drug takes effect.

Set: attitude of the person at time of use and the user's personality structure. 'Some people suffer with psychokinetic disorder, they are susceptible to suggestion. If they are told they will have a bad reaction to a certain drugs, whether it causes a reaction or not, they will suffer a bad reaction.'

Setting: social sanctions (informal values or rules shared about the drug of choice), social ritual. Clubbing etc... Rituals surround certain drugs such as; always have a guru and all will be good.

A critical examination of the theory that cannabis is a gateway to hard drug use:

This paper examines the subject of Cannabis and if it is a Gateway Drug.

This would depend upon specific personality types, mind set and/or environment. If a person has a predisposition toward the imbibition of harder drugs such as Heroin, then cannabis could become a gateway drug. If a person lives within a 'Drug Culture,' then the environment would assist in the creation of a gateway for cannabis to become the stepping stone to harder drugs, as Cannabis is cheaper, or can be self grown. If the environment is entirely drug dependent, then lacing of Cannabis with harder drugs, to create harder drug users, creates an environment of the wealthy and their slaves.

E.g. Upon the pyramid sits the creator of drug slaves, as we slide down the pyramid slope, some are sellers and nothing more, some are users and sellers to which creates a dichotomy. This dichotomy is best explained as such;

It's easy to get a credit card, and each year, without application, the credit company will give you an extra \$2,000 or \$5,000, it's your choice. So, as this offer arrives around Christmas, you say, 'I'll take the \$5,000 and all of a sudden, you find that you are indebted to the Credit Card Company, for the rest of your life and each year upping your credit limit is the only way to survive.

That is what the dichotomy creates in the drug world. And so, these user/sellers, sell harder drugs as they pull in more money. To get more money, they lace cannabis with harder drugs such as Heroin, to create harder drug users, so that they can sell harder drugs to make more money, to pay for their own addiction and their supplier, who does not imbibe and makes a nice profit, who then, forwards to the person sitting on the top of the pyramid, their large profit as these people, knowing what poisons they are selling, do not imbibe, yet profit from the blood of their slaves.

Hall and Lynskey state that: 'Alcohol and Tobacco are generally used before Cannabis.' (Hall and Lynskey. 2005) Thus implying that unless Cannabis is smoked, ingested, etc..., in the family home and, there is a common statement utilised by most 'new age' (new name for Hippyism) parents; 'I would rather they do it at home, where I am able to control the situation,' as their three year old is given a Cannabis cup cake before bed to 'help him sleep,' So, whilst it is most often recognised that Alcohol and Tobacco could produce a gateway to Cannabis use, Cannabis use can be assumed to be a gateway to harder drugs only if the mind-

set, personality type and environment are all pre-set to assist in the production of a drug user/abuser.

Manderson meaning of 'double-sidedness' of drug symbolism.

Manderson's idea on the double-sidedness of drug symbolism is aptly described using 'War' as the symbolic actor. 'War is not merely the exertion of sheer force, but a symbolic act, in which human bodies and death itself, are the raw materials.' The preceding quote assists in the understanding, recognition and symbolism of the double-sidedness of drugs. Yet humans who imbibe drugs do not view their addiction/disease as a patriotic act which will inevitably lead to the freedom of their peoples or countries. Merely the latter part of the quote: 'human bodies and death itself are the raw materials,' describes the constant that is reiterated concerning the 'War on Drugs.'

A War on drugs is really a War on drug; governments, users, sellers, growers, etc.... This being the case, there isn't really a War on drugs; there is a War on people who amalgamate to bring together those with needs. The need for the drug, the money, the power etc... so, Manderson's double-sidedness of drug symbolism is the; human body and the raw materials which lead to death. 'The war on drugs is a civil war fought out on the level of the symbol with the social meaning attributed to images as tangible as the needle, incorporeal as consciousness and as all-consuming as sex.'

Harm reduction approaches to drug use. And how Alex Wodak views that this approach will help to achieve better outcomes from illicit drug policy.

Royal Commissions and major official enquiries have taken place over the last 25 years on the subject of illicit drugs. There appears to be a constancy of debate and concern encircling harm reduction policies and legislations, yet real world, tangibility's are far and few between. Not only has there been Governmental thought and money thrown into the ring to 'make it go away,' but there has been a Global rise in drug rings, use etc... There was a United Nations general assembly special session on drugs in New York, in June of 1998. At this meeting, the international community committed itself to the goal of eradicating consumption of heroin and cocaine within a decade. Seen as implausible to the objective, was the time set when; global heroin production had trebled and, global cocaine production doubled in the previous decade.

In Australia, 1988, an evaluation of a National Drug Strategy, endorsed a National policy of Harm Minimisation and was defined to include three goals: supply reduction, Demand Reduction, Harm Reduction.

High levels of official corruption was widespread and linked to the enforcement of laws relating to illicit drugs. There is now increasing national and international evidence for the view that support for draconian drug policies is becoming a political liability rather than an asset. If our national drug policy was designed fundamentally to:

- Decrease the drug use:
- Decrease deaths:
- Decreased crime,
- Decrease corruption,

The strain of this drug policy in the latter decades of the 20th century is clearly not achieving these objectives (Wodak and Owens 1996)

Harm reduction does not dictate, or require a specific legal control regime. It eschews the false dichotomy between legalisation and prohibition. Rather it asks: Which policies are effective for reducing specific drug related harms. A plus to an introductory decriminalisation of the drug, 'marijuana,' would assist in the reduction of diseases spread through the common use of injectable drugs such as Heroin, as it is impossible to inject Marijuana as Dr Paul Cohen states in lecture 16. This also being the reason Marijuana was removed from medical treatments, as injecting medically approved herbs, such as the Coca leaf, provided(s) quick, easy, and was/is meterable for measuring the dose a patient could receive and how much they could be charged. As Marijuana is something hard to 'meter,' the best way to control procurement or vegetativeness of this 'weedy' herb, is to proclaim it to be an illegal substance, whilst the aforementioned problems can be controlled before legalising and not just decriminalising, Marijuana.

'Harm Reduction: Robin Room argues, 'is a conceptualisation like minimisation, which legitimises small steps and half measures, and will tend to be more useful than a conceptualisation which implies the total eradication of the whole congeries of alcohol problems.' He then goes on to cite his 'own words from the past,' 'The recognition of the public health implications of widespread cannabis use, would open the door for the

development of various strategies to minimize harmful use.' 'Even the old promise of 'safer cigarettes,' which proved illusory, implied a less harmful product or means of administration, fulfilled more effectively and safely through the current provision of nicotine patches.'

The major differences between ethnographic and clinical approaches to drug use.

Ethnography is the practice of observing community through participation. Generally an Anthropological practice described as; 'the process of observing, recording and describing another people's way of life (culture), through intimate participation in the community studied.'

Clinical observations are controlled studies performed with permission of each particular participant and are generally presumed to represent, in this case, the drug-using population as a whole.

There are major differences between Ethnographical and Clinical studies. In a clinical study, results cannot, with any accuracy, address an entire countries drug-using population because many drug users are invisible to authorities, surveyors etc... Of those who participate in a clinical study, there may only be 30% that will tell the truth concerning their drug habit(s). Those conducting a clinical study may offer rewards for trial participants which would corrupt a study from the get go.

An Ethnographic approach to understanding drug cultures, users, sellers etc... Is long and slow. Yet the information collected is much more reliable as the Ethnographer has participated in the culture, under examination, without offering rewards for information. The information they collect is through participatory actions and observations.