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# Illicit Psychoactive Medication Use: Experiences of Medicalization and Normalization

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ILLCIT PSYCHOACTIVE MEDICATION USE: EXPERIENCES OF MEDICALIZATION  
AND NORMALIZATION

By  
MARK PAWSON

A dissertation submitted to the Graduate Faculty in Sociology in partial fulfillment of the  
requirements for the degree of Doctor of Philosophy, The City University of New York

2019

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Illicit Psychoactive Medication Use: Experiences of Medicalization and Normalization

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Mark Pawson

This manuscript has been read and accepted for the Graduate Faculty in Sociology in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

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## **Abstract**

Illicit Psychoactive Medication Use: Experiences of Medicalization and Normalization

By

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This dissertation explores illicit psychoactive medication use among young adults.

Overwhelmingly, the literature on this drug trend, particularly among this population, is grounded in a study of pathology. However, my research demonstrates that this obscures a significant portion of how youth practice and make meaning of their consumption of these controversial medications. The following phenomenologically based dissertation presents and unpacks the experiences, practices, and perspectives of young adults who illicitly consume psychoactive medications. Through analyzing 162 interviews of 18-29 year olds who report recent misuse of a prescription stimulant, tranquilizer, sedative, and/or opioid, I present the ways youth medicalize and normalize particular consumption practices and context. By taking seriously the ways youth experience these drugs in day to day life this phenomenological study highlights how youth construct socially responsible practices of illicit drug use. The focus and timing of this research is significant as it relates to gaining a more comprehensive social and cultural understanding of a well-known drug trend ubiquitously framed as one of today's major social problems in U.S. society.

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## **Chapter 1- Introduction**

Much has been written about the history of mind altering drugs here in the United States. A great majority of this work has focused on studying drug addiction as well as various aspects of the war on drugs. Significantly less attention has been paid to analyzing some of the licit roles psychoactive substances play in American society. Medicines containing chemicals that affect the central nervous system rank among some of the most successful selling pharmaceuticals in U.S. history. However, the market for psychoactive pharmaceuticals has been notably volatile and the labelling of many of these medications as social problems has at times led to steep declines in production, popularity, and sales.

Institutions like the American Medical Association (AMA), the Centers for Disease Control and Prevention (CDC), the National Institute of Health (NIH), as well as the President of the United States, and the U.S. congress have all at one time or another made claims that pharmaceuticals containing substances like cocaine, cannabis, alcohol, opioids, amphetamines, barbiturates, or benzodiazepines are socially problematic. Many federal laws have been passed in hopes of controlling these substances and limiting the social problems they may cause. For instance, the Harrison Narcotics Tax Act, the Volstead Act, and the Controlled Substances Act have all sought to limit the availability of these drugs. Furthermore, institutions like the Federal Drug Administration (FDA), the National Institute on Drug Abuse (NIDA), the Office of National Drug Control Policy (ONDCP), and the Drug Enforcement Administration (DEA) have been created to monitor and control the production and consumption of many of these substances.

Despite these laws and those agencies tasked with enforcing them, psychoactive medications remain among the most popular and top selling medications on the U.S. market. Sales for prescription stimulants and sedatives have more than doubled and the sale of prescription opiates has more than tripled since the 1990's (SAMHSA, 2015). As with past booms in psycho-pharmaceutical sales, these medications popularity has been met with controversy as the illicit use of these medications has come to be labelled by health organizations and government institutions as a social problem. Concerns regarding the increasing availability of these psycho-pharmaceuticals are primarily not problematized in and of themselves, but only in their relation to corresponding rates of their "misuse". The misuse of these medications has been defined by NIDA as using them in ways other than those specifically prescribed to you by your doctor for a medical condition (NIDA 2016). This may include using psychoactive medications obtained from a non-medical source, using more than the prescribed dose, as well as using them for a recreational purpose. Important to medical definitions of misuse is the distinction that misuse can occur whether or not one has a prescription for a particular psycho-pharmaceutical. According to this definition, the most recent National Survey on Drug Use and Health claims that 15 million Americans age 12 and up reported misusing a psychoactive prescription drug at least once in the past year with an estimated 6.5 million having done so as recently as the past 30 days (SAMHSA 2015). Placed in the larger context of illicit drug use in the U.S., more people report the illicit use of a psychoactive pharmaceutical than use cocaine, heroin and methamphetamine combined (DEA 2017). In fact, psychoactive medication misuse is second only to marijuana when it comes to illicit drug use. As all practices of psychoactive misuse are in fact illicit drug behaviors, these two terms "misuse" and "illicit use" will be used interchangeably throughout much of the dissertation.

Similar to rates of drug use overall, rates of illicit psychoactive medication use have consistently been found to be highest among young adults. The most recent national data continues to report that they are twice as likely to engage in this behavior when compared to their counterparts in other age cohorts (SAMHSA 2015). Subsequently, youth also experience high rates of negative consequences associated with the illicit consumption of psychoactive medications. In 2014, nearly five young adults died each day from prescription drug overdoses, outnumbering those for both heroin and cocaine combined (SAMHSA, 2015). Deaths from psychoactive pharmaceutical overdose now also outnumber those killed in auto accidents (CDC 2017). For every death due to overdose 119 youth were sent to the emergency room and 22 entered some form of addiction treatment (SAMHSA DAWN 2014). While these rates dwarf the numbers of older adults overdosing and seeking addiction treatment for prescription drug misuse, their numbers are increasing (Scholl et al. 2018).

As youth represent a high risk group for illicitly consuming psychoactive medications, they also represent a group whose involvement in this drug trend commands a lot of attention from media, law enforcement, politics, and public health. In fact, most all forms of substance use have been commonly framed as a social problem when engaged in by youth (Ferrell et al. 2004; Ferrell and Websdale 1999; Young 1972). However, drug scholars increasingly note the significance of recreational drug use among young adults as a common and unremarkable feature of their leisure time activities (Duff 2005; Measham and Shiner 2009; Parker, Aldridge and Measham 1998; Pennay and Moore 2010). These drug normalization scholars note that the transitional life cycle of young adulthood in late modern societies results in the deferment of many adult milestones for many youth. As such, they claim that time spent within leisure spaces become important sites within which youth accumulate different valued forms of social and

cultural capital (Measham, Aldridge and Parker 2001; Parker, Aldridge and Measham 1998). It is within this context of leisure, recreation, and pleasurable consumption that drug use emerges as a normalized aspects of young adult's lives. While studies have yet to specifically analyze the normalization of psychoactive medication misuse among young adults, the concentration of prescriptions and corresponding high rates of illicit use among this particular generational cohort reveal a need to better understand how youth make meaning of these medications within their day to day lives.

The vast amount of academic research studying illicit psychoactive medication use focuses on charting prevalence rates and correlates among youth as well as reporting on negative health outcomes of misuse such as addiction, overdose, and death. While these findings are no doubt useful epidemiological data, by narrowly focusing on addiction, overdose, and death researchers disregard the vast majority of misuse, which does not involve the medically defined attributes of addiction or incidence of overdose or death. Furthermore, as a result of its largely epidemiological focus, much of this research has been especially lacking in theoretical work. Analysis of the ways these substances are made meaningful within the everyday lives of those who illicitly consume them remains sorely under-researched. As this drug trend stretches on for more than two decades in the U.S., this dearth of knowledge is significant and there remains a dire need for medication misuse to be understood as a social and cultural process instead of just an epidemiological pattern to be measured. As such, this study sets out to present and unpack youth's accounts of the social and cultural forces that inform and influence particular illicit use patterns and practices.

## **Dissertation Overview**

This dissertation explores experiential accounts of illicit psychoactive medication use among young adults. Overwhelmingly, the literature on this drug trend, particularly among this population, is grounded in a study of pathology. However, my research demonstrates that this obscures a significant portion of how youth make meaning of these popular pharmaceuticals. Through analyzing 162 interviews of 18-29 year olds who report recent misuse of a prescription stimulant, tranquilizer, sedative, and/or opioid, I present the ways youth medicalize and normalize particular consumption practices and context. By taking seriously the ways youth experience these drugs in day to day life this phenomenological study highlights how youth construct socially responsible practices of illicit drug use. The focus and timing of this research is significant as it relates to gaining a more comprehensive social and cultural understanding of a well-known drug trend ubiquitously framed as one of today's major social problems in U.S. society.

Chapter 2 of this dissertation will provide a historical overview of psychoactive medications within U.S. society. More specifically, I examine the ways these drugs have been produced, defined, legislated, marketed, and consumed in the U.S. throughout the 20<sup>th</sup> and 21<sup>st</sup> centuries. The cycle of psycho-pharmaceuticals popularity as well as the re-occurrence of it being constructed as a social problem across the modern and late modern era will be discussed as they provide important insight into the key players driving and responding to these reoccurring drug trends in American society. Attention to history also allows me to identify more effectively what is distinctive about the popularity of psychoactive medications today and to think more carefully about how this informs the ways they are illicitly consumed as well as how they are made meaningful as socially problematic.

The third chapter provides the theoretical underpinnings of this project beginning with an overview of the social constructionist and symbolic interactionist perspectives. Blending the complimentary approaches of social constructionism and symbolic interactionism, studies of medicalization, drug scares, and drug normalization are presented as analytic examples from which to make nuanced meaning of psychoactive medication misuse. Chapter 4 covers the methodological and analytical research conducted while also providing an in depth description of the study sample. The empirical chapters of the dissertation are grounded in a constructionist and interactionist framework for analyzing social problems (Holstein and Miller 1993; Loseke 2011; Spector and Kitsuse 1977). As such, the micro level experiences and beliefs described by youth are presented and made meaningful primarily as claims making activities on the topic of psychoactive medications and their illicit use.

Chapter 5 will take a critical look at how youth go about constructing psychopharmaceuticals as socially problematic. The specific context and conditions in which these medicines are framed as deviant and dangerous are detailed, discussed, and made meaningful, particularly as they relate to larger criticisms of U.S. medical practice and medical culture. By analyzing the micro level social problems work performed by youth, this chapter also highlights how not all patterns and practices of illicit psychoactive medication use are framed as problematic. Specifically, youth demonstrate how they construct responsible and socially acceptable forms of illicitly consuming these medications. The ways youth draw moral distinctions between practices of illicit consumption provides insight into how youth go about challenging aspects of medical authority. This boundary work also draws attention to the ways in which distinctions between deviance and medicine are constructed and enacted in everyday life.

Building on the study of patient centered processes of medicalization, chapter 6 explores the ways youth make meaning of illicitly consuming psycho-pharmaceuticals through the use of medical discourse. Youths practices of self-diagnosing illness and self-treating them through the illicit use of psychoactive medications are presented and unpacked as nuanced ways in which medicalization is experienced and enacted outside of the authority and control of a medical professional. In chapter 7 I analyze the claims making activities youth engage in when constructing these medications and their illicit consumption as a normative feature of their lives, especially within the social institutions of higher education and employment. While previous drug normalization trends have all been grounded within a context of leisure and pleasure, these youth make claims that reveal the normalization of illicit medication use for purposes of productivity. The expansion of drug normalizing trends from a leisure consumption practice to a work performance practice highlights the growing significance of psychoactive substances across many different aspects of everyday life.

By interpreting the experiences of youth through constructionist and interactionist frameworks this dissertation reveals unique insight into how this drug trend is made meaningful as a valued cultural practice embedded within certain social context. These findings also draw attention to the pervasive ways in which youth challenge aspects of medical authority as they exert greater control over the management of their own health, illness, and wellbeing through their illicit use of psycho-pharmaceuticals. Through analyzing social problems work as it is performed at the micro level, this body of work also highlights the norms and values that shape specific understandings of these medications and their consumption as a social problem. In this way, this dissertation demonstrates the contested meanings afforded to these controversial medications. Most importantly, this analysis reveals the normalization of illicitly consuming

these medications within everyday dynamics of constructing and performing the self in situations of productivity.

## Chapter 2- Literature Background

The role of psychoactive medicines in American society has fluctuated over the past century. Their consumption trends are shaped by economic, cultural, and political forces. Pharmaceutical companies produce new psychoactive medications or identify new uses for old ones. Advertising, marketing, and media coverage enhance their popularity. And governments pass legislation that can ban or limit the availability and use of these substances. This chapter provides a brief historical account of the medicinal use and regulation of psychoactive substances, including amphetamines, barbiturates, benzodiazepines, cocaine, cannabis, and opioids. It then summarizes the larger impacts of their medical use on American culture.

The vast expansion of the medical field is one of the most profound changes in modern American society (Clarke et al. 2009; Conrad 2005; Foucault 1973; Zola 1972). The development and proliferation of psychoactive medications played a pivotal role in the medical field's evolution, which can be divided into three distinct eras. In the post-civil war America, the "patent medicine era" by and large covers the last three decades of the 19<sup>th</sup> century as well as the first two decades of the 20<sup>th</sup> century and is characterized by the wide availability of psychoactive medicines and by the first wave of government interventions aimed at curbing the prevalence of these medicines. The post-World War 2 era is characterized by the soaring popularity of amphetamine and barbiturate medications. This postwar boom for psychoactive medications was brought to a close by yet another wave of legislation and regulation, which later came to mark the start of America's "war on drugs." Finally, from the 1980's to current day, the late modern era saw the rise of benzodiazepines and the resurgence in popularity of amphetamine- and

opioid-based pharmaceuticals. By detailing the histories of these psycho-pharmaceutical drug eras, I highlight the various political and economic players driving these cyclical trends and reveal understudied aspects of medical expansion. These medications are important in American culture as both a mundane means of managing health and illness and as a source of deviance and problematic drug use. The history of psycho-pharmaceutical usage in the U.S. provides a foundation within which to contextualize youths' current experiences of these controversial medical commodities.

### *Patent medicine*

During much of the 1800s, the U.S. essentially had an unregulated medical market where any medicinal commodity produced could be sold directly to the public (Tomes 2016). A significant component of the rising pharmaceutical industry was a subset of products commonly referred to as “patent medicines.” Patent medicines were one of the first commodities promoted by the burgeoning ad industry (Tomes 2016; Young 1961). Advertisers transformed the drugs into iconic symbols of health, healing, prowess, and virtue in order to gain the attention and loyalty of customers to particular pharmaceutical brands (Tomes 2016; Young 1961). Many patent medicines were marketed with the promise of curing or relieving a wide range of relatively common conditions such as headaches, sore throats, gastrointestinal discomfort, fatigue, and sleeplessness (Tomes 2016; Young 1961). At the time, patent medicine manufacturers were not required to disclose any of the ingredients in their products, so consumers were ignorant of the components in the remedies they purchased. While some patent medicines were innocuous and succeeded because of large marketing and advertising campaigns, others contained some of the most powerful intoxicants: alcohol, morphine, cannabis, and cocaine (Booth 2015; Courtwright 2009; Hodgson 2001; Musto 1999; Tomes 2016; Young 1961).

During the patent medicine era, opioids were found in hundreds of medications that were readily available to the general public without a prescription and marketed as safe and effective (Courtwright 2009; Hodgson 2001; Musto 1999; Young 1961). “Mrs. Winslow’s Soothing Syrup,” for example, contained morphine and was advertised to calm colicky and teething babies through the use of idealized images of nurturing mothers and serene infants (Tomes 2016). Heroin began as a brand name by Bayer Pharmaceuticals who patented, trademarked, and began selling diacetylmorphine as heroin hydrochloride in 1898 (Booth 2013; Courtwright 2009; Musto 1999). At the time, it was advertised as an over-the-counter cough suppressant and a safer, non-addictive alternative to morphine (Courtwright 2009; Hodgson 2001; Musto 1999). Competing pharmaceutical companies mixed heroin with a variety of other substances in order to achieve a unique patented product marketed as cure-alls for pneumonia, asthma, and whooping cough (Booth 2013; Courtwright 2009; Musto 1999; Young 1961). Laudanum, a tincture containing opium and wine, had been used throughout much of the 19<sup>th</sup> century to treat dysentery and yellow fever, but was also promoted during the patent medicine era as an over-the-counter remedy for common ailments such as diarrhea and menstrual cramps (Booth 2013; Hodgson 2001). Similarly, cannabis extracts were sold as treatment for stomach pains, bowel problems, and sleeplessness (Booth 2013). Cocaine was commonly sold as an “instant cure” for toothaches, headaches, hunger, and exhaustion (Musto 1999; Rasmussen 2008b; Young 1961).

Patent medicine companies became very profitable businesses in the first two decades of the 20<sup>th</sup> century, and their enormous market success was met with moral outrage by an emerging class of medical professionals, who, in their quest to become more professionalized and institutionalized, sought to distinguish their scientifically efficacious medicine from those dubiously sold directly to the public (Tomes 2016; Young 1961). As a means of establishing

distinctions between medicines, the American Medical Association (AMA) began to set strict rules and regulations for drug advertising in medical journals (Tomes 2016). These rules set medical standards that barred drugs that did not disclose their active ingredients or provide evidence of the clinical testing that scientifically proves its effective usage for treating a particular medical condition (Rasmussen 2008b; Tomes 2016). This move was seen by the patent medicine companies as an attempt by doctors and other medical professionals to discredit the sale and usage of patent medicines. In addition to the professional association of doctors, consumers were increasingly framing the unregulated market of psychoactive patent medicines as a social problem and pushed for regulations that would prevent unintentional poisoning and drug addiction, and prohibit deceptive and fraudulent advertising (Courtwright 2009; Musto 1999; Tomes 2016). As a result, the federal government created the Food and Drug Administration and the Federal Trade Commission, the first ever federal government action to protect consumers. In the first federal law passed requiring certain substances to abide by specific rules and regulations, the Food and Drug Act of 1906 ordered that the contents and dosages of all products containing alcohol, cocaine, heroin, morphine, or cannabis be accurately labeled (Courtwright 2009; Musto 1999; Tomes 2016; Young 1961).

Despite the new regulations, the availability to the public of opioid- and cocaine-infused patent medicines remained largely unchanged, and was therefore framed in medical journals and the media as socially problematic (Courtwright 2009; Musto 1999; Tomes 2016; Young 1961). An AMA publication claimed, for instance, that Mrs. Winslow's Soothing Syrup was responsible for infant mortalities resulting from morphine overdoses (Musto 1999; Tomes 2016). Amid rising concerns that the sale of opium- and cocaine-based medical products were causing addiction, crime, and death, Congress passed the Harrison Narcotics Tax Act in 1914

(Courtwright 2009; Musto 1999; Young 1961). The act banned the over-the-counter sale of opioids and cocaine. It also drew legal lines between acceptable and unacceptable forms of advertising, and restricted the drugs' use to prescription only. Finally, the new law required pharmacists to keep detailed records of all prescriptions filled for this new class of controlled substances. Not long after the Harrison Act was passed, other substances that were similarly being framed as social problems were also regulated. The Volstead Act of 1919 banned the sale of alcohol, except under the supervision of a licensed physician. The final federal law regulating psychoactive drugs to be passed during the patent medicine era was the Marihuana Tax Act of 1937. Similar to the Harrison Act, this new law made marijuana use illegal outside of the supervision of a licensed physician. Thus, both the Harrison Act and Marihuana Tax Act sought to regulate intoxicating drugs like opioids, cocaine, and marijuana by placing their use solely under the control of medical professionals. As such, these laws mark the end of the patent drug era, a time during which psychoactive medical products could be accessed without professional permission.

There were social, cultural, and financial interests involved in regulating the availability of these controversial medicines. The medical and pharmaceutical professions saw the easy access of psychoactive patent medicines as a threat to their interests, and wanted to consolidate their control over these popular substances (Starr 2008; Tomes 2016). Legislation granted them such authority, and led to the emergence of cultural distinctions between the “doctors’ drugs,” which came to be seen as serious, powerful, and highly sought-after substances, and those that continued to be made easily available to the general public over the counter (Courtwright 2009; Musto 1999; Starr 2008; Tomes 2016). After these laws were passed, a major reason American patients decided to visit doctors was their desire to gain access to psychoactive medicines that

were now only available by prescription (Courtwright 2009; Musto 1999; Starr 2008; Tomes 2016). Consequently, these laws designated doctors as gatekeepers and enabled the medical profession to gain sole command over highly sought-after psychoactive pharmaceuticals (Tomes 2016).

The interwar period of American history saw a rapid expansion of the medical field as it grew to encompass one of the largest industries in the U.S. economy: psychoactive pharmaceuticals (Tomes 2016). Interestingly, this happened at a time in which government intervention into medical consumer markets resulted in a precipitous decline in psychoactive pharmaceutical sales, but also consolidated the medical profession's control over dispensing them. Thus, while the age of patent medicine demonstrates the powerful synergism between consumer capitalist forces like advertising and marketing with the sale of psychoactive pharmaceuticals, it also provides a preview of the ways governments will seek to legislate and regulate those forces in order to rein in the accessibility of these medications. This era also presents the first instances of framing psychoactive substances as social problems as the availability and use of cocaine, opioids, cannabis, and alcohol was demonized and used as a scapegoat for other larger societal issues at the time like crime and poverty. Craig Reinerman (1994b), whose work focuses on the historical reoccurrence of drug scares in American history, argues that the end of the patent drug era marks the start of this cyclical social trend. Furthermore, these laws mark moments in history when certain substances would be forever transformed from marketable medicines to "dangerous drugs" whose use is illegal outside of the supervision of medical professionals. Finally, and most importantly, this era demonstrates the beginning of a successful synergistic relationship between psychoactive medicines and consumer capitalism.

### *Postwar Era*

By the time of the second World War, advances in the medical sciences and increased professionalization of the medical field in the U.S. had significantly altered the ways in which medicine was experienced (Foucault 1973; Silverman and Lee 1976; Starr 2008; Tomes 2016). The synthesis of new psychoactive medicines is a prime example of the advances that drove the expansion of the medical field into more and more aspects of American life (Grinspoon and Hedblom 1975; Rasmussen 2008b; Silverman and Lee 1976). New drugs like amphetamines and barbiturates expanded the medicalization of mental health as depression and anxiety were constructed as medical conditions that the AMA approved to be treated with psychoactive medications. These new drugs were viewed extremely favorably by doctors, providing them means to address common human conditions that previously were not medicalized and therefore lacked pharmaceutical remedies (Rasmussen 2008b; Smith 1988). The use of amphetamines and barbiturates to treat depression and anxiety was widely hailed as a significant advancement in modern medical science, and the drugs became immensely popular and profitable medicines throughout the postwar years (Grinspoon and Hedblom 1975; Rasmussen 2008a; Rasmussen 2008b; Smith 1985; Tone 2008; Wesson and Smith 1972).

The rise of amphetamines begins with the Benzedrine inhaler, which was medicinally sold as an over-the-counter decongestant starting in the early 1930s (Rasmussen 2008b). Benzedrine tablets, however, remained in the unique predicament of essentially being a medicine without an illness to treat, and therefore unable to be advertised in medical journals (Rasmussen 2008b). In its search for medicinal marketability, Benzedrine pills were first unsuccessfully tested as a mental performance enhancer before finally being endorsed by the AMA in 1937 as the first pharmaceutical product designated to treat depression (Rasmussen 2006; Rasmussen 2008b). Within a decade, the use of Benzedrine for depression would soar in popularity and

accrue over two million dollars in annual sales (Grinspoon and Hedblom 1975; Rasmussen 2008b).

A decade later a new and different amphetamine—methamphetamine—was introduced to the medical market as brand name Dexedrine. This type of amphetamine was approved by the AMA to be advertised as a treatment for weight control (Grinspoon and Hedblom 1975; Rasmussen 2008b). This not only expanded the list of diagnoses for which amphetamine-based medications could be prescribed, but was also a major force in establishing the medicalization of obesity (Rasmussen 2008b). By the end of the 1940s, Dexedrine sales more than doubled to account for around six million dollars in annual sales (Grinspoon and Hedblom 1975; Rasmussen 2008b). As a result of their popularity for treating obesity and depression, amphetamine production more than quadrupled throughout the 1940s (Grinspoon and Hedblom 1975; Rasmussen 2008a; Rasmussen 2008b). By the mid 1950s, sales of Benzedrine and Dexedrine would double yet again with the introduction of new time release capsule technology that reduced reported side effects of taking large doses of the CNS stimulant (Grinspoon and Hedblom 1975; Rasmussen 2008b). The popularity of amphetamine-based medications peaked in the late 1960s when nearly one in twenty Americans had an active prescription for some version of the drug (Grinspoon and Hedblom 1975; Rasmussen 2008b). The profound success of amphetamine-based pills not only benefited drug companies, but also served to expand the role that medical professionals played in diagnosing and managing symptoms of depression and obesity (Conrad 2008; Rasmussen 2008b). In this way, amphetamines were key innovations that helped to expand the medicalization of mental health conditions and normalize their treatment with psychoactive medications (Conrad 2008; Conrad and Schneider 1980; Tomes 2016).

The medicalization of mental health throughout the postwar era was mainly driven by the expansion of psychiatry's role in the medical field (Conrad 2008; Conrad and Schneider 1980; Silverman and Lee 1976; Starr 2008; Tomes 2016). In addition to amphetamines, barbiturate-based medications also saw their consumption increase as a result of mounting concerns over mental health in the postwar era. Barbiturate medications developed in the 1920s and are considered to be the first psychiatric medication as they were routinely prescribed to treat schizophrenia (Smith 1985; Tone 2008). However, barbiturates' availability without a prescription also led to their common use as a sleep aid (Dundee and McIlroy 1982; López-Muñoz, Ucha-Udabe and Alamo 2005). By the time of the Second World War, Americans were consuming over a billion barbiturate pills a year (Dundee and McIlroy 1982; Rasmussen 2008b). By the time the war ended, drug companies seeking to capitalize on the drug's popularity had introduced more than 500 new formulas and brands of barbiturate-based medications (Rasmussen 2008a; Rasmussen 2008b; Tomes 2016). One new and unique formula combined both amphetamines and barbiturates into a single medication. These nuanced stimulant and sedative drug combinations not only drove increases in production and sales of both psychoactive substances, but also widened the scope of treatable psychological conditions as these combination drugs came to be the first anti-anxiety medications (Rasmussen 2008b; Tomes 2016). The most successful barbiturate-amphetamine combination drug was trademarked as Dexamyl (Grinspoon and Hedblom 1975). Advertisements marketed the drug's ability to enable adults to better deal with stress commonly experienced in both domestic and work life, thus establishing its suitability for a wide range of potential patients (Rasmussen 2008b; Smith 1985; Tomes 2016; Tone 2008). Dexamyl was enormously popular in the postwar era; sales rivaled those of top-selling Dexadrine (Grinspoon and Hedblom 1975; Rasmussen 2008a; Rasmussen

2008b). While Dexamyl continued to be a wildly popular psychoactive medication well into the late 1960s, barbiturates in general saw their sales peak by the end of 1950s, as their usage was increasingly framed as socially problematic (Gabe and Bury 1988; Rasmussen 2008b; Smith 1985; Tomes 2016).

Throughout the 1940s and 50s, hospitals across the country reported steep increases in the number of barbiturate overdoses and deaths (McLaughlin 1973; Rasmussen 2008b; Wesson and Smith 1972). High profile celebrity deaths due to barbiturate overdose like Judy Garland and Marilyn Monroe were covered extensively by the media strengthened perceptions of these drugs as harmful (Gabe and Bury 1988; Tomes 2016). Consequently, barbiturates became the first psychoactive pharmaceutical since the patent medicine era whose use was labelled as a social problem. U.S. politicians held several congressional hearings discussing barbiturates as a significant social problem impacting the American public (Wesson and Smith 1972). One committee, assembled by President Kennedy to deal with drug dependence, estimated that pharmaceutical companies in the U.S. produced enough barbiturates to provide 30 pills per year to every U.S. citizen, and that a quarter million Americans were addicted to these medications (Wesson and Smith 1972). Politicians and the media both highlighted how the ubiquity of barbiturates was fueling their misuse and abuse among youth, who were increasingly being labeled by both political and media claims makers as America's most "dangerous" drug using population (Fort 1969; Wesson and Smith 1972; Young 1972). Subsequently, some politicians were seeking immediate legislative action in order to significantly reduce the production and prescription of barbiturate drugs like Seconal and Nembutal (Rasmussen 2008b; Smith 1985; Tomes 2016; Tone 2008; Wesson and Smith 1972).

Like barbiturates, amphetamine-based medications like the Benzedrine inhaler became characterized as social problems and as medicines whose availability was in need of government regulation (Jackson 1971; Rasmussen 2006; Rasmussen 2008a; Rasmussen 2008b). When used as directed, these over-the-counter inhalers provided a small dose of amphetamine to treat nasal congestion (Jackson 1971). However, if the inhaler was deconstructed, the significant quantity of amphetamine inside could instead be “misused” in one concentrated dose (Jackson 1971; Rasmussen 2008b). This practice of medicinal amphetamine misuse was made popular in jazz subcultures, but also spread to others such as the beatnik and mod subcultures (Becker 1963; Cohen 1972; Rasmussen 2008b; Young 1972). Medicinal amphetamines’ emergence as a popular recreational drug within subcultures significantly contributed to the reframing of amphetamines as a social problem, particularly among youth (Fort 1969; Young 1972). In the late 1960s, amphetamine misuse was labelled as the nation’s leading drug problem (Grinspoon and Hedblom 1975; Rasmussen 2008a; Rasmussen 2008b). Moreover, the media, lawmakers, and law enforcement declared that the United States was in the midst of a health crisis brought on by increases in psychoactive drug use; the high volume sales of both barbiturates and amphetamines was identified as a key component of that larger problem (Gabe and Bury 1988; Rasmussen 2008b; Smith 1991; Tomes 2016; Wesson and Smith 1972). Congressional hearings held throughout the late 1960s and early 1970s exposed drug marketing that politicians claimed encouraged the overprescribing of psychoactive medications (Bowes 1974; Pekkanen 1973; Wesson and Smith 1972).

In response to claims that psychoactive medications were overprescribed and fueling problematic drug use, the federal government set out to solve the problem by regulating and restricting amphetamines and barbiturates. 1970 marked a watershed year for psychoactive

medications, as congress passed and President Nixon signed into law the Comprehensive Drug Abuse Prevention and Control Act. This piece of legislation created a classification system for controlling psychoactive substances. Specifically, the Controlled Substances Act created five different levels of scheduling based on a substance's potential for abuse, accepted medical use, and potential for addiction. Schedule 1 drugs are those considered to have a high potential for abuse with no established medical purpose. Schedule 2 drugs are those with an established medical purpose whose use is recognized as being at high potential for abuse and the development of physical and psychological dependency like opioid medications and amphetamine medications. Schedule 3 drugs are those with a medical purpose identified as having a low to moderate potential for abuse and dependency like ketamine and steroids. Schedule 4 drugs are those with a medical purpose with a low potential for abuse and low risk or dependency like benzodiazepines. Schedule 5 drugs have a medical purpose with a very low risk of abuse or dependency.

Drugs in certain categories are subject to stricter and more enforceable rules, restricting their production to only meeting a justified medical demand (Rasmussen 2008b; Tomes 2016). As a result, once popular psycho-pharmaceuticals like barbiturates, which were defined as Schedule 2 under the new system, now faced production quotas and strict restrictions on prescribing practices. Barbiturate use declined precipitously throughout the 1970's, and their usage has shifted from being prescribed for common conditions like anxiety and insomnia to more exceptional conditions like epilepsy (Rasmussen 2008b; Smith 1988; Tone 2008). Amphetamines, on the other hand, were originally classified as Schedule 3, allowing their availability and use to remain high until they, too, were moved up to Schedule 2 and forced to adhere to stricter production and sales quotas (Grinspoon and Hedblom 1975; Rasmussen

2008b). Once rescheduled, the number of prescriptions written for these medications decreased tenfold from only a few years earlier, and amphetamine sales dropped by more than 60 percent (Rasmussen 2008b).

While the criminalization of many psychoactive substances and the subsequent impacts of “the war on drugs” on incarceration rates have been exhaustively covered in academia, much less has been written about the impacts the Controlled Substances Act had on the country’s consumption of psychoactive pharmaceuticals. Just as the Harrison Narcotics Act led to a significant decrease in the consumption of opioid based medicines, new federal government regulation enacted in the early 1970s were able to decrease the availability and use of amphetamines and barbiturates (Rasmussen 2008b). However, some scholars point out that the decrease in the availability of medicinal amphetamines simply resulted in a sharp increase in black market amphetamine production and trafficking to meet users’ demand for the drug (Rasmussen 2008b). The emergence of a more potent, smokeable form of amphetamine, known as crystal meth, is largely attributed to the surge in production and consumption of black market amphetamines throughout the 1970s and 1980s (Rasmussen 2008b).

The patent medicine era and the postwar pharmaceutical era share many commonalities in terms of the rise and fall of certain psychoactive substances. Just like the ads promoting cocaine, cannabis, and opioid use during the patent medicine age, media advertising for amphetamines and barbiturates during the 1940s, 50s and 60s focused on their ability to treat common conditions of everyday life (Rasmussen 2008b; Smith 1985; Tomes 2016; Tone 2008). However, an important distinction between the patent drug era and the postwar pharmaceutical era lies in how the success of barbiturates and amphetamines was largely enabled by those within the medical profession rather than outside it, as had occurred with opioids and cocaine earlier in

the 20<sup>th</sup> century (Rasmussen 2008b; Tomes 2016). The medical field's embrace of psychoactive pharmaceuticals in the postwar era is part of a broader set of changes in the practice of medicine during this period (Conrad 2008; Conrad and Schneider 1980; Silverman and Lee 1976; Starr 2008). Specifically, the medicalization of mental health, advances in pharmaceutical technology, and innovations in pharmaceutical advertising promoted and encouraged the consumption of psycho-pharmaceuticals as a normative way in which to treat relatively common problems related to depression, insomnia, and anxiety (Conrad 2008; Smith 1991; Tomes 2016; Tone 2008). The increasing encroachment of medicine into daily life that emerged during the postwar years continued throughout the later part of the 20<sup>th</sup> century. In fact, despite tighter federal rules and regulations, it wouldn't take long before a new cycle of psychoactive pharmaceutical consumption emerged within U.S. medical markets.

### ***The Late Modern Era***

#### ***Benzodiazepines***

As new federal rules and regulations restricted the production of barbiturates, sales of a less restricted psychoactive tranquilizer prescribed to treat insomnia and anxiety began to climb. Benzodiazepines, such as Valium, whose classification as a schedule 4 controlled substance made it much easier to produce and prescribe, soon gained immense popularity among both doctors and patients (Smith 1991; Tone 2008; Waldron 1977). In fact, Valium was initially promoted as a safer, non-addictive alternative to barbiturates (Greenblatt and Shader 1972; Greenblatt and Shader 1974). Aided by an aggressive marketing campaign, Valium quickly became the most prescribed brand of medicine in the United States during the 1970s (Herzberg 2006; Smith 1988; Smith 1991; Tone 2008). By 1975, more than 70 million prescriptions were

filled for the medication (Blackwell 1973; Blackwell 1975). A prominent researcher on benzodiazepines noted that broad industry-defined indications for Valium's usage, coupled with a lack of medical distinction between "normal" and "pathological" anxiety, was largely responsible for the high prescribing rates in the 1970s (Blackwell 1973; Blackwell 1975). By the late 1970s, patients and prescribers grew increasingly concerned about Valium's claims of addictiveness (Herzberg 2006; Marshall, Georgievskava and Georgievsky 2009; Smith 1991; Tone 2008). Driven largely by the media and politicians, David Herzberg (2006) argues, the public response to Valium's addictiveness was largely embellished when compared to actual rates of reported dependency, overdose, and death. Regardless, the construction of Valium as a social problem led the drug's sales to plummet throughout the late 1970s. By 1980, sales of Valium had been cut in half from its peak sales in 1975 (Herzberg 2006; Marshall, Georgievskava and Georgievsky 2009; Smith 1991; Tone 2008).

In her book on the history of tranquilizers in the U.S., Andrea Tone (2008) argues that rather than treating the Valium backlash as a defeat, its manufacturer, Upjohn, introduced a new benzodiazepine, which they marketed as a safer alternative to Valium called Xanax. During the 1980s and 1990s, Xanax and other benzodiazepines like Ativan and Klonopin, which remained a class 4 substance, were marketed to treat a range of new and increasingly diagnosed psychiatric conditions (Conrad 2008; Tone 2008). Supported by diagnostic expansion in the DSM-III, there was tremendous growth in the diagnoses of anxiety-related disorders such as Generalized Anxiety Disorder (GAD) and Social Anxiety Disorder (SAD) (Conrad 2005; Conrad 2008; Conrad and Potter 2000; Tone 2008). Horwitz (2002) notes how small changes in the wording of criteria for anxiety-related disorders resulted in a steep increase in its diagnosis. Correspondingly, rates of prescriptions for benzodiazepines also rose to treat the symptoms of

these diagnoses (Tone 2008). During this time period, Xanax also became the first medication approved to treat panic attacks and panic disorders, whose prevalence among Americans also increased throughout the late 20<sup>th</sup> and early 21<sup>st</sup> centuries (Lembke, Papac and Humphreys 2018; Olfson, King and Schoenbaum 2015; Tone 2008).

Drug companies producing and selling benzodiazepines invested millions in promoting the visibility of panic- and anxiety-related disorders (Meier 2018; Tone 2008). Also contributing to the growth of sales was a shift in those writing prescriptions for benzodiazepines from psychiatrists to general practitioner physicians (Bachhuber et al. 2016; Tone 2008). By the turn of the century, benzodiazepines had become one of the most widely prescribed drugs in the United States, and the number of people prescribed the drug only continued to grow, increasing from 8 million at the turn of the of the century to over 13 million just a decade later (Bachhuber et al. 2016; Lembke, Papac and Humphreys 2018; Olfson, King and Schoenbaum 2015). Meanwhile, benzodiazepine production and sales tripled during this period, indicating that it wasn't just that more people were being prescribed these drugs, but that larger doses of the drug were being prescribed as well (Lembke, Papac and Humphreys 2018). Speaking to the drug's relevance to pop culture, Bloomberg News noted that Xanax was listed alongside car companies and alcoholic beverages as the most frequently-mentioned brands in Hip Hop music from 2014-2017.

Rates of fatal benzodiazepine overdoses have increased sevenfold in the past 20 years, and admission for benzodiazepine addiction treatment during this same time period grew six fold (Bachhuber et al. 2016; Lembke, Papac and Humphreys 2018). Drug overdose deaths involving benzodiazepines rose from 1,135 in 1999 to 11,537 in 2017(CDC 2017). Similar to the celebrity deaths resulting from barbiturate overdoses that caught the public's attention in the postwar era,

benzodiazepine overdoses were to blame for more recent high-profile deaths, including Heath Ledger, Whitney Houston, and Tom Petty. As these medications began to be framed as socially problematic both outside and within the medical field, benzodiazepines prescribing practices now advise the drugs only be used for short term treatment of anxiety, panic disorders, and insomnia (Lembke, Papac and Humphreys 2018). However, despite these changes in prescribing guidelines, the U.S. has yet to see a decline in the ubiquity of benzodiazepines use (Lembke, Papac and Humphreys 2018).

### *Amphetamines*

Mirroring trends in sedative use, medical stimulant use also bounced back after its initial decline in the early 1970s. Before tighter restrictions were placed on psychoactive stimulant medications, they were mainly prescribed to treat weight loss and depression among adults (Conrad 1975; Rasmussen 2008b). In the late modern era, psychostimulant medications instead focused on treatment of what once was a rare condition found among children initially called hyperkinesis (Conrad 1975; Grinspoon and Singer 1973; Gross and Wilson 1974). The disorder was characterized by the presence of a short attention span, impulsivity, and hyperactivity among young children (Gross and Wilson 1974). Most criteria for diagnosis came from a child's experience at school, where evidence of disruptive behaviors and difficulty concentrating on tasks was observed (Gross and Wilson 1974). In 1962, methylphenidate, a chemical cousin of amphetamine marketed as Ritalin, was approved for prescription to children to treat hyperactivity (Grinspoon and Singer 1973). By the mid-1970s, hyperkinesis had become the most common childhood psychiatric problem (Conrad 1975; Rasmussen 2008b). Subsequently,

the consumption of the psychostimulant commonly prescribed to treat it increased 200 percent (Conrad 2008; Rasmussen 2008b).

With the publication of DSM-III in 1980, the American Psychiatric Association renamed the disorder “Attention Deficit Disorder” (ADD), further emphasizing a focus on medicalizing attentiveness (APA 1980; Conrad and Potter 2000; Karsch 2017). The disorder’s symptoms were also expanded beyond the context of school behaviors to cover areas of interpersonal relations and interactions (APA 1980; Conrad and Potter 2000; Karsch 2017). These updates not only broadened the range of symptoms and expanded the ways a diagnosis could be identified, but also expanded the population it could now be applied to, as a diagnosis without symptoms of hyperactivity were seen as the continued symptoms of the condition into adolescence (Conrad 2008; Conrad and Potter 2000; Karsch 2017; Newcorn et al. 1989). In 1987 an updated version of the DSM again broadened the definition of the condition by expanding the context of inattentiveness and impulsiveness from the classroom to include the workplace (APA 1987; Conrad and Potter 2000). As such, the new diagnosis of Attention Deficit Hyperactivity Disorder suggested that the condition could persist into adulthood (Conrad and Potter 2000; Elia, Ambrosini and Rapoport 1999; Hallowell and Ratey 1994; Zametkin and Ernst 1999). As a result of diagnostic expansion, the number of patients taking Ritalin more than doubled throughout the 1980s (DeGrandpre 1999; Rasmussen 2008b).

Parent and advocacy groups emerged throughout the 1990s, such as Children and Adults with Attention Deficit Hyperactivity Disorder (CHADD), which sought to expand the visibility and understanding of the disorder (Conrad 2008; Conrad and Potter 2000; Jaffe 1995; Rasmussen 2008b). National conferences, publications, and advertising campaigns were sponsored by advocacy groups like CHADD to raise awareness of ADHD (Conrad 2008; Conrad

and Potter 2000; Diller 1996; Rasmussen 2008b). Much of this advocacy work also sought to officially alter and extend the diagnosis of ADHD into adulthood by framing it as a lifelong neurobiological disorder (Conrad 2008; Conrad and Potter 2000; Diller 1996). In 1997, the AMA announced that ADHD was not exclusively a childhood disorder that disappeared with age, but rather a chronic disorder that often persisted into adulthood (Conrad and Potter 2000). One researcher even went so far as to say that ADHD was the most common chronic undiagnosed psychiatric disorder among adults (Wender 1998).

Treatment of ADHD with psychoactive stimulant medication increased eightfold during the 1990s, largely as a result of its expanded use among adults (Elia, Ambrosini and Rapoport 1999; Zametkin and Ernst 1999). Methylphenidate production grew by 700 percent; meanwhile a new amphetamine-based medication—brand name Adderall—was introduced to the market in 1996 and increased the production of amphetamines by over 200 percent in ten years (Rasmussen 2008b). Interestingly, despite the restrictions put in place at the height of the last peak in psychostimulant medication use, the DEA moved to increase production quotas for methylphenidate and amphetamine by over tenfold in order to meet the rising medical demand for psychoactive stimulant use throughout the late 20<sup>th</sup> and early 21<sup>st</sup> centuries (Rasmussen 2008b). Diagnoses for disorders treated with amphetamines increased from tens of thousands in the early 1970s to tens of millions today (Rasmussen 2008). In fact, some have stated that today’s consumption of medical amphetamines rivals that of the “amphetamine medication epidemic” of the late 1960s (Rasmussen 2008b). Similar to the postwar era, as the production and prescription of amphetamines increased, issues related to the misuse of these medicinal amphetamines began to emerge. Between 2006 and 2011, Adderall misuse rose 67 percent, and ER visits went up 156 percent, with family and friends serving as the primary source (NIDA

2016). Particular attention has been directed at youths' incorporation of these medications into college life and nightlife scenes (Kelly and Parsons 2007; Kelly et al. 2012; Kelly et al. 2013; McCabe et al. 2005; Teter et al. 2010; Teter et al. 2005; Teter et al. 2006).

### *Opioids*

Following the passage of the Harrison Act in 1914, the presence of opioid medications on the American medical market had remained relatively low and stable until the 1980s, when medical professionals began claiming that the risks of addiction were minimal within the context of treatment for chronic pain (Portenoy and Foley 1986; Porter and Jick 1980). New time-release opioid pills, commonly referred to as long-acting opioids, soon became the gold standard for pain management in hospice care, particularly among cancer patients, as it allowed them to sleep through the night without the use of an IV (Meier 2018). Throughout the 1990s, pain advocacy groups, such as the American Academy of Pain Medicine, and pharmaceutical companies sought to expand the scope of chronic pain diagnoses beyond of end-of-life care to include it as a symptom to be regularly checked at every doctor's visit (Booth 2013; Manchikanti, Atluri and Hansen 2014; Meier 2018). Further, managed care organizations that provide health insurance recognized the cost-saving potential of opioid medications when compared to other pain management therapies (Meier 2018; Schatman 2011). Subsequently, some health insurance companies decided to only provide coverage for treating chronic pain with opioid prescriptions (Schatman 2011). As a result, prescriptions for opioid medications skyrocketed during the 1990s, and some claim that the monitoring of pain has become the fifth vital sign of medicine (Booth 2013; Manchikanti, Atluri and Hansen 2014; Manchikanti, Fellows and Ailinani 2010; Meier 2018).

From the 1990s until the end of the first decade of the 21<sup>st</sup> century, opioid prescriptions grew by more than 500 percent (Manchikanti 2007; Manchikanti, Fellows and Ailinani 2010). One of the highest-selling opioids at that time was OxyContin, which was federally approved in 1995 when prescribing strong opioids for the relief of chronic pain was becoming more acceptable within the medical field, particularly among primary care physicians (Manchikanti, Atluri and Hansen 2014; Meier 2018). Between 1996 and 2001, the number of OxyContin prescriptions in the United States surged from about 300,000 to nearly six million (Meier 2018). Sales continued to rise until its peak in 2010, earning \$3.5 billion that year and ranking as the fifth-highest selling pharmaceutical brand for that year (Mack et al. 2010; Van Zee 2009). Additionally, during this period a new medication that combined hydrocodone with acetaminophen was classified as a Schedule 3 substance, thereby making it easier to produce and prescribe than other opioids, which remained categorized as Schedule 2 substances (Meier 2018). For much of the first decade of the 21<sup>st</sup> century, hydrocodone, used in combination drugs like Vicodin, became the top prescribed medication in the United States (Hernandez and Nelson 2010; Meier 2018).

Accompanying the rise in opioid use were corresponding increases in rates of overdose, death, and addiction treatment for opioid dependency (Hall et al. 2008; Manchikanti, Atluri and Hansen 2014). In fact, research would later show a direct correlation between prescription volume in an area and rates of abuse and overdose (Manchikanti, Atluri and Hansen 2014; Meier 2012; Meier 2018). From 1999 to 2017, over 215,000 people died in the United States from overdoses related to prescription opioids, which is more than the combined number of U.S. service members killed in Afghanistan, Iraq, and Vietnam combined (CDC 2017). Overdose deaths involving prescription opioids were five times higher in 2017 than in 1999, with more

than 40 people dying of drug overdoses involving prescription opioids (CDC 2017). Moreover, throughout the first decade of the 21<sup>st</sup> century, unintentional overdose deaths involving opioid medications outnumbered those resulting from heroin and cocaine combined (Manchikanti, Atluri and Hansen 2014; Manchikanti, Fellows and Ailinani 2010; NIDA 2016).

As the availability of prescription opioids was increasingly framed as a social problem, there was an increase in media coverage on the aggressive promotional advertising certain pharmaceutical companies engaged in. Specifically, Purdue Pharmaceuticals' questionable marketing of OxyContin has been extensively covered in the news media (Meier 2007a; Meier 2007b; Van Zee 2009). Some claim that in its first year on the market, they spent over \$200 million on advertising that claimed the medication was less likely than other opioid medications to be abused or cause dependence (Van Zee 2009). The DEA investigated the pharmaceutical company's activities and in 2007 filed charges that the company had misbranded the drug with the intent to defraud or mislead medical practitioners and patients (Meier 2007a; Meier 2007b). Purdue pled guilty to felony charges, admitting that it had lied to doctors about OxyContin's abuse potential (Meier 2007a; Meier 2007b). The company paid over \$600 million in fines and its three top executives at the time pleaded guilty to misdemeanor charges. It was one of the harshest penalties ever imposed on a pharmaceutical company to date (Meier 2007a; Meier 2007b). Furthermore, at least twenty-five government entities, ranging from states to small cities, have filed lawsuits against Purdue Pharmaceuticals to recover damages resulting from the opioid epidemic (Meier 2018).

In an attempt to curtail the misuse of opioids, in 2014 the DEA, FDA, and CDC recommended reclassifying hydrocodone combination products from Schedule 3 to 2 (Manchikanti, Atluri and Hansen 2014; Meier 2018). It was rescheduled, and prescriptions for

hydrocodone subsequently dropped significantly from 120 million in 2014 to 93.5 million in 2015. Similarly, prescriptions for OxyContin fell 33 percent between 2012 and 2016 (Meier 2018). Overall, today's opioid prescription rates are around 30 percent lower than at their highest level in 2011, and much of that reduction is due to tighter regulations and the implementation of prescription monitoring programs (Green et al. 2012; Manchikanti, Atluri and Hansen 2014; Meier 2018). However, even with this reduction, rates of opioid prescriptions filled today are still approximately three times the number filled in 1999 (Guy Jr et al. 2017; Meier 2018). Highlighting their continued ubiquity, opioids were recently found to be the third most commonly prescribed class of medications in the United States with over 10 billion hydrocodone and oxycodone pills distributed to patients in 2016 alone (Meier 2018).

The embrace of psychoactive pharmaceuticals by the medical community throughout the 1990s and 2000s shares numerous similarities with both the patent medicine and postwar eras. Like both eras before it, the late modern boom in psuchoactive pharmaceuticals was driven in large part by pharmaceutical companies' large investments into advertising and marketing their new psychoactive medications. The expansion of marketing these medications to consumers through the mediums of television and the internet, approved by the FDA and commonly referred to as "direct-to-consumer" advertising, greatly increased the presence of these pharmaceuticals in everyday life (Conrad and Leiter 2008; Donohue, Cevasco and Rosenthal 2007; Figert 2011; Myers, Royne and Deitz 2011; Wilkes, Bell and Kravitz 2000). Additionally, the late modern era represents a return to the popularity of prescribing psychoactive mediations to children. The dramatic increase in the number of youths prescribed psycho-pharmaceuticals throughout the 1990s and early 2000s has led to a generational cohort some have referred to as "generation Rx" or "the medication generation" (Quintero, Peterson and Young 2006; Sharpe

2012). Throughout the 1990s and early 2000s the percentage of twelve- to seventeen-year-olds taking psychoactive medications increased six fold (Quintero, Peterson and Young 2006; Rafalovich 2004; Rasmussen 2008b; SAMHSA 2012). This generation of youth has grown up with a significantly higher proportion of their parents actively seeking diagnosis and treatment for their children's as well as their own behavioral symptoms related to anxiety, depression, and hyperactivity (Loe 2008; Loe and Cuttino 2008; Rafalovich 2004; Rasmussen 2008b; Tone 2008). In fact, recent findings indicate that all patients are acting more like medical consumers as they play a more active role in the construction of both diagnoses and treatment (Timmermans and Oh 2010; Tomes 2016).

The impacts of coming of age in an era in which psycho-pharmaceuticals are advertised as common medical commodities have yet to be researched as they relate to perceptions and practices of psychoactive medication misuse. While research has addressed the misuse of these medications obtained through networks of friends and family members who are prescribed them (Ford 2008; Garnier-Dykstra et al. 2012; Inciardi et al. 2007; McCabe and Boyd 2005; McCabe et al. 2014), the ways the misuse of these drugs are made meaningful as an embedded feature of everyday life is in need of empirical analysis. In many ways, the health care system in the U.S. places the burden of making well-informed decisions about identifying and treating illnesses on individuals (Timmermans and Oh 2010; Tomes 2016). This burden may inform and influence individuals' decisions to use psychoactive medications that are not prescribed to them, and to use those that are in ways other than directed. While the misuse of psychoactive pharmaceuticals in American society has generated heated medical and moral debates, the discipline of sociology has largely been absent from this discourse. Constructionist and interactionist perspectives on health, illness, deviance and drug use provide ideal frameworks for drawing out the contentious

and competing ways in which patterns and practices of psycho-pharmaceuticals are made meaningful. The next chapter provides a thorough review of the sociological literature on social constructionism and symbolic interactionism.

## **Chapter 3- Theoretical Background**

This chapter develops social constructionist and symbolic interactionist perspectives to provide the theoretical foundation for studying the role of psychoactive medications in society. The complimentary use of constructionist and interactionist theories facilitates exploration of both the macro-level processes that define and ascribe meanings to these medications, and the micro-level applications, performances, and experiences of those meanings. This chapter details constructionist research into the medical field and its expansion, as well as interactionist studies that examine how illness informs identity and selfhood. It also traces symbolic interactionism's rich history of studying deviance, drug use, and drug users, and outlines the constructionist approach to studying drug use as a social problem.

### **Social Constructionism**

The social constructionist perspective is one of the major schools of theoretical thought in the discipline of sociology. Social constructionism focuses on the ways in which human actors legitimate, participate in, and reproduce the social worlds they inhabit (Berger and Luckmann 1966). This phenomenological approach highlights the taken-for-granted reality and commonsense knowledge of everyday life and calls attention to the significance of these phenomena (Belgrave et al. 2004). Social constructionism critiques the positivistic assumption that objective knowledge of social conditions is obtainable through employing the scientific method. This is evident in the radical constructionist approach that conceptualizes all forms of knowledge as human products whose social existence not only influences human behavior, but also informs the meanings individuals within a given society apply to people, situations, objects,

and experiences (Berger and Luckmann 1966; Freidson 1972; Holstein and Miller 1993; Loseke 2011).

In their seminal book *The Social Construction of Reality*, Berger and Luckmann claim that realities are in a constant process of creation and maintenance through the interplay of history and social interaction. They argue that reality construction consists of three stages: externalization, objectification, and internalization. Externalization occurs when individuals or groups create a cultural product. This is followed by objectification, the process by which these cultural products become institutionalized and understood to be part of a society's objective reality. Finally, internalization details the ways in which individuals are socialized into accepting these cultural products as taken-for-granted objective facts of reality (Berger and Luckmann 1966). Through this process, cultural products are created and integrated into the available "stock of knowledge" within a particular society, becoming part of the taken-for-granted vocabulary of everyday life (Berger and Luckman 1966).

### *Constructionist Perspectives on Health, Illness, and Medicine*

Constructionist studies provide important insights into the cultural production of health, illness, and medicine as social attributes. Constructionism states that conditions of health and illness do not socially exist without being identified and described as such (Brown 1995; Conrad and Barker 2010). Similarly, substances recognized as medicine are not inherently medical, but rather become labelled as such (Freidson 1972). Health, like disease diagnoses, is a socially negotiated state of being whose meanings are culturally and historically specific (Brown 1995; Conrad and Barker 2010). As such, medical sociologists applying a constructionist framework

tend to focus on studying the processes through which certain behaviors and experiences come to be known as medical conditions.

Goffman's (1963) work on stigma made significant contributions to constructionist understandings of medical aspects of social life. He showed that stigma is not inherent to any particular medical condition, but rather an attribute obtained through social interaction. By approaching the drastically different social meanings applied to illnesses with a critical lens, Goffman demonstrated how the assignment, experience, and enactment of stigma are social and cultural processes. Freidson (1972) took constructionist understandings of medicine a step further by examining "how signs and symptoms get to be labeled or diagnosed as an illness in the first place" (p. 12). Freidson analyzed the construction of medical knowledge and authority and showed that the institutions of medicine held a unique social monopoly over treating illness as they were solely authorized to define and label illness in society (Freidson 1972). Similarly, Foucault's concept of the medical gaze revealed how the process of diagnosis is a means by which the medical field can exert its power and authority over society as it controls who and what is defined as "normal" and "abnormal" (Foucault 1973). In this way, constructionist studies reveal medicine to be a powerful mechanism of social control (Zola 1972).

The medical field's expansion during the latter part of the 20<sup>th</sup> century became a popular topic of research for many medical sociologists. Scholars observed a profound societal transformation as medicine increasingly permeated everyday life, defining more and more "conditions" in need of "treatment" (Foucault 1973; Freidson 1972; Zola 1972). Constructionist scholars referred to such expansion of medicine's role in social life as the "medicalization" of society (Conrad and Schneider 1980; Zola 1972). Medicalization is defined as "the dynamic set of processes by which medical authorities, institutions, and ideologies come to (re)organize,

(re)define and (re)structure our everyday experiences, culture, and social life” (Simonds 2016). Though he did not use such terminology, Goffman (1968) first looked at the medicalization of mental illness in his study of insane asylums. Following Goffman’s initial research into the medicalization of deviance, Conrad and Schneider (1980) sought to demonstrate the continued expansion of the medical field to encompass behaviors such as alcoholism, opiate addiction, and child disobedience. Their work on the medicalization of deviance also recognized that medical institutions are not the sole drivers of medical expansion—advocacy groups like Alcoholics Anonymous played an important role in the paradigm shift from framing drug addiction as a medical rather than a moral problem. (Conrad and Schneider 1980). The claims-making activities that lay populations engage in demonstrates how patients are not merely passively labelled by medical institutions, but rather can be active agents in pressuring medical authorities to reframe particular behaviors or conditions as medical conditions that deserve medical treatment (Conrad 2005; Conrad 2008; Conrad and Leiter 2004; Conrad and Potter 2000; Conrad and Schneider 1980).

The sociology of diagnosis expands the scope of constructionist studies of health, illness, and medicine by demonstrating that diseases are not simply a biological event of the body, but are also cultural products of medical discourse (Turner 1992). Phil Brown (1995) argued that a constructionist study of disease diagnosis is needed because disease diagnosis is the social process through which health and illness are defined, classified, and made meaningful. From this perspective, we can understand the diagnostic process itself as a cultural practice that draws boundaries between medically acceptable and unacceptable states of being (Brown 1995). The sociological study of diagnosis also highlights the diverse range of interests involved in gaining the label of a medical diagnosis (Jutel 2009). For example, patients may seek out or reject the

legitimization and treatment associated with receiving a diagnosis (Brown 1995; Jutel 2009). Meanwhile, pharmaceutical companies can profit by marketing drugs to treat a new disease diagnoses (Jutel 2009).

Constructionist sociological research is critical of how diagnoses are socially constructed. They are also interested in identifying who benefits from medical expansion and how these expansive medical forces impact society (Abraham 2007; Busfield 2006; Busfield 2007; Fox and Ward 2008). Introduced as a more specific focus of medicalization studies, the concept of pharmaceuticalization “denotes the translation or transformation of human conditions, capabilities and capacities into opportunities for pharmaceutical intervention. These processes potentially extend far beyond the realms of the strictly medical or the medicalized to encompass other non-medical uses for lifestyle, augmentation or enhancement purposes amongst ‘healthy’ people” (Williams, Martin and Gabe 2011). Most studies on pharmaceuticalization are critical of how these biotechnologies medicalize more and more aspects of everyday life, and argue that consumerism is producing an over-medicated society (Abraham 2010a; Fox and Ward 2008). In this way, a particular processes of medicalization is framed as a social problem (Abraham 2010a; Abraham 2010b; Ballard and Elston 2005; Bell and Figert 2012; Fox and Ward 2008; Williams, Martin and Gabe 2011).

### *Constructionist Perspective on Social Problems*

Paralleling constructionist work on topics such as deviance and illness, the constructionist approach to studying social problems introduced a radical new way of understanding how society makes meaning of problems as cultural products (Best 1995; Loseke 2011; Spector and Kitsuse 1977). Like diseases, social problems do not socially exist until they are identified and

defined as such through processes of interaction (Spector and Kitsuse 1977). With regard to the sociological study of social problems, Blumer notes that “it would seem logical that students of social problems ought to study the process by which a society comes to recognize its social problems” (Blumer 1971) p300. In line with this critique, constructionist studies of social problems focus on how people, objects, and behaviors come to be socially defined as problematic (Best 1995; Loseke 2011; Spector and Kitsuse 1977). Constructionist studies of social problems are fundamentally concerned with uncovering the moral evaluations society makes about particular people, objects, or behaviors (Becker 1963; Best 1995; Loseke 2011; Spector and Kitsuse 1977). Building on Becker (1963), Cohen (1972), and Young (1972), which studied the ways in which certain social problems were produced and proliferated by politicians, the media, and other organizations, Spector and Kitsuse (1977) demonstrated the importance of studying the processes of constructing social problems. Constructionist scholars demonstrate through empirical research that particular behaviors are labelled as social problems when they are believed to be both common and troublesome, and that something can and should be done to change that (Spector and Kitsuse 1977). Constructionist approaches focus on those involved in identifying, defining, and resolving a particular problem. While Becker (1963) and others referred to those involved in social problems work as “moral entrepreneurs,” the social constructionist literature now commonly refers to these actors as “claims makers” (Loseke 2011; Spector and Kitsuse 1977).

Drug use has been a common topic of study in social problems research. Labelling theorists such as Howard Becker (1963), Troy Duster (1970), and Stan Cohen (1972) studied drugs and drug users, and societal reactions to them. Specifically, they focused on the roles official agents of social control, such as the media, medicine, and law enforcement play in

developing definitions that stigmatize and marginalize drug users. Labelling theorists also note how social reactions against drug use are grounded in moral condemnation that frames drug users as pathological (Becker 1953; Becker 1963; Cohen 1972). Jock Young's (1972) work examined the socio-historical contexts of drug use as well as particular substances' attendant social meanings. Young (1972) noted that "one must not focus on the drug per se but the culture within which it is used and within which its use becomes intelligible"(p137). Zinberg (1984) built on Young by highlighting the importance of social factors such as set and setting to the construction and experience of drug use. He argued that it is not simply the physiological properties of a particular substance, but the mood of the user and the social context that give meaning to drug experiences. Additional constructionist work on drug use shows how contextual factors frame and shape not only the meanings of drug experiences, but also specific use patterns and practices (Duff 2007). Likewise, both Gusfield (1996) and Levine's (1978) work on alcoholism articulates how the larger cultural and social context informs and influences the construction of specific substances as problematic at particular times in history.

Craig Reinerman's work highlights the consistent ways in which substances like alcohol, opium, cocaine, and cannabis have all been defined as socially problematic over the course of different time periods (Reinerman 1994a; Reinerman 2005; Reinerman and Levine 1989; Reinerman and Levine 2004; Reinerman and Levine 1997). Reinerman (1994a) claims that the rise and fall of public concerns regarding intoxicants are never solely about a specific substance, but instead reflect larger cultural, political, and historical factors. For instance, drugs are commonly framed as causing or exacerbating other larger social problems such as unemployment, crime, poverty, and indecency. Furthermore, the problematic aspects of drugs have repeatedly been blamed on marginalized populations, such as Chinese and Mexican

immigrants and African Americans (Reinarman 1994a; Reinarman and Levine 1997). Youth represent another population commonly problematized in terms of drug use, particularly those involved in subcultural music scenes (Young 1972; Young 2007). Reinarman (1994) refers to the cyclically reoccurring framing of psychoactive substances as social problems as “drug scares,” which are distinct from drug problems. Reinarman and Levine’s (1997) constructivist study of crack as a social problem showed how a drug whose use was low among the American public was framed as a national health and crime epidemic. They drew attention to the ways in which the media, law enforcement, and government incited and exacerbated the social problems surrounding the sale and consumption of this particular form of cocaine, particularly among low income urban minorities (Reinarman and Levine 1989; Reinarman and Levine 2004; Reinarman and Levine 1997). Importantly, research studying the construction of drugs as a social problem has highlighted the ways in which the criminalization of drug-using populations itself creates its own set of unique social problems (Bourgois 2003b; Bourgois and Schonberg 2009; Levine 2003; Reinarman and Levine 2004; Reinarman and Levine 1997).

While constructionist studies of drug use as a social problem have provided deeper understandings of how and why drugs are framed as socially problematic, much of this work analyzes social problems work at the institutional level. Many constructionist studies do not fully take into account the interactional and experiential aspects of social problems work (Gergen 1991; Gubrium and Holstein 2000; Holstein and Gubrium 2007; Holstein and Miller 1993; Weinberg 2005). Applying a symbolic interactionist approach to studying social problems provides a micro-level analysis of how social problems work is practiced in daily life. Similar to social constructionism, the symbolic interactionist approach is deeply concerned with the centrality of meaning and understanding as they relate to human behavior and experience. The

differences between these theoretical approaches lie in their analytical foci. Whereas constructionism studies the definitional process and the macro- and meso-level players involved in these processes, symbolic interactionism focuses on the actions and experiences of individuals involved in the meaning-making process as it occurs in everyday life (Fine 1993). I now turn to a discussion of symbolic interactionism for an analysis that takes seriously the day-to-day experiential and interactive aspects of health, illness, medicine, deviance, and social problems.

### **Symbolic Interactionism**

The theory of symbolic interactionism focuses on how the meanings we apply to objects, individuals, groups, events, and experiences are products of human interaction (Blumer 1969). Interactionist perspectives presuppose a reciprocal process in which actions, experiences, and meaning making inform and influence each other (Blumer 1969; Fine 1993; Snow 2001; Zerubavel 1991). Blumer outlined three premises upon which the theory of symbolic interactionism is built: (1) that human beings act towards things on the basis of the meanings those things hold for them; (2) that those meanings are created, modified, and maintained through social interaction; and (3) that meanings are also a part of an interpretive and experiential process at the level of the individual (Blumer 1969:2). Symbolic interactionism also elevates the importance of studying and theorizing selfhood and identity as social processes. Meade (1934) stated that the self is actively formulated in ways that permit individuals to cope with the ongoing demands of daily life, and thus is actively responding to the lived conditions of its constructions (Gubrium and Holstein 2000). Therefore, while emphasizing the constructed character of social reality, symbolic interactionism focuses on the processes of constructing

identity and performing selfhood as human accomplishments achieved through social interaction (Blumer 1969; Goffman 1959b; Snow 2001; Zerubavel 1991).

Erving Goffman was among the first to highlight how individuals participate in the construction of their own social worlds, including aspects of identity, via ongoing interaction (Goffman 1959b). Goffman's dramaturgical approach draws our attention to the performance of selfhood through the enactment of social roles (Goffman 1959b). In other words, by framing face-to-face interactions as carefully managed and staged performances, Goffman demonstrates how the socially-constructed self is actively involved in defining and managing social reality (Goffman 1959). His theoretical approach situates the self as a strategic manipulator, playing culturally-contextualized parts that conform to modes of socially acceptable comportment in order to avoid experiences of embarrassment and shame (Goffman 1959b; Goffman 1967). Moreover, dramaturgy also provides a framework for understanding how the body and experiences of embodiment are produced as it details how one does not simply have a body, but instead actively performs a body (Turner 1992). The performance of one's body takes on additional pressures and meanings related to conforming to specific social roles and expectations within particular contexts (Goffman 1959b; Turner 1992).

### *Labelling Theory*

Early applications of the interactionist framework focused on producing critical sociological accounts of deviance. By considering deviance to be a cultural product, like all other designations of social behavior, this radical approach sought to study the process through which individuals "become" deviant as well as the impacts of that label on presentations of self, identity work, and action (Becker 1963; Goffman 1963; Matza 1969). Howard Becker (1963) famously

stated that “[d]eviance is not inherent in an action but a quality bestowed upon it...it is created by society and is essentially the reaffirmation of moral meaning in everyday life...as such deviance requires interaction...it is social” (6-9). By combining theories of social constructionism and symbolic interactionism, labelling theorists called attention to the social construction of deviance as well as the significant meanings attributed to both the performances of deviant behavior and the development of deviant identities (Becker 1953; Matza 1964; Matza 1969; Matza and Sykes 1961; Sykes and Matza 1957). Labelling theorists also drew on the social learning theory of deviance by articulating the concept of deviant careers in which an individual’s deviant identity and behaviors mature and evolve over the course of one’s biography (Becker 1963; Goffman 1959a; Goffman 1968; Matza 1969). This concept of career was also used to describe involvement in drug use and drug using subcultures (Becker 1963; Schur 1965; Young 1972).

### *Symbolic Interactionism and Drug Use*

The sociological study of drugs was pioneered by Alfred Lindesmith (1938) who argued that the meanings people confer upon a drug’s effects shape how it is experienced and practiced. Becker (1953; 1963; 1967) expanded upon this work by stating that a drug’s effect is mediated by the symbolic interpretations that individuals bestow upon them. In other words, the meaning of drug use is embodied in the discourse and symbolic representations of these experiences (Weinberg 1997). Becker (1953) examined the ways in which people learn to get high and articulated the process through which people learn to identify and appreciate the high produced from smoking marijuana. He also showed how drug users develop a repertoire of drug slang,

practice, and meanings in accordance with their socialization into particular drug using subcultures (1963).

Interactionist studies were among the first to produce richly detailed descriptions of drug subcultures that uncovered the meanings that drug use holds for those involved in its everyday practice (Becker 1963; Cohen 1972; Finestone 1957; Johnson 1973; Young 1972). Ethnographic studies of drugs provide insight into the social settings in which drug use occurs as well as the ritualized patterns and practices performed by drug users (Bourgois 2003b; Bourgois and Schonberg 2009; Johnson 1973; Sterk 1999; Thornton 1995; Williams 1990). Interactionist studies have also focused on analyzing how identity work and selfhood are informed and influenced by drug use. For example, Ray's (1961) interactionist study of drug relapse focused on how adhering to past and current drug using identities can shape decisions to abstain from or engage in drug use. Similarly, Denzin's (1987) theory of the alcoholic describes a divided self in which one's former identity as an alcoholic is in conflict with one's recovery identity. It is this conflict over the loss of one's past self that shapes cycles of relapse and recovery for former drug addicts (Denzin 1987). Kathryn Hughes (2007) builds on these studies and argues that practices of addiction can be crucial addicts' processes of affirming and reaffirming aspects of their identity. The body of interactionist work on drug use and drug users provides significant contributions to our understandings of how these substances contain a complex set of social and cultural meanings for both users and non-users.

### *Symbolic Interactionist study of Health and Illness*

Much like the interactionist studies that critically examined at how deviance is defined, labelled, experienced, and made meaningful, medical sociologists embracing the interactionist

approach also sought to analyze how individuals become labelled as “sick” and how sickness is then enacted and experienced. The symbolic interactionist approach to studying health and illness has led researchers to ask certain kinds of analytic questions about the day-to-day experiences of being labelled ill and how having a “sick” body is made meaningful in terms of embodiment, self, and identity (Charmaz 1993). While Parson’s (1951) concept of “the sick role” highlights the norms and values that society places on the ill, work from an interactionist approach takes the actual lived experiences of those suffering from particular illnesses as a serious analytic endeavor in meaning making (Charmaz 1999). Goffman (1961) embraced this approach as he explained the social experiences of patienthood and the ways individuals participate in the illness experience. He also articulated the social construction and performance of stigma as it relates to illness (1963). By being critical of the drastically different social meanings applied to a variety of illnesses, Goffman demonstrated how the assignment, experience, and enactment of stigma are social and part of cultural processes (Goffman 1963).

Sociologists have since studied the experiences of those labelled with a vast variety of diseases, from diabetes to dementia (Belgrave et al. 2004; Rajaram 1997). Those whose work most notably influenced the interactionist study of health and illness focused on contributing general understandings of how illness is experienced and enacted in terms of one’s identity, social roles, and sense of self. One of the most notable interactionist studies on health and illness is Michael Bury’s (1982) work, which focused on the experience of illness as a biographical break in one’s life. His study of those suffering from rheumatoid arthritis demonstrated how the onset and escalation of an illness can be experienced not only as disruptive to one’s sense of self, but also to one’s relationships, routines, and the meanings attributed to aspects of day-to-day life (Bury 1982).

Similarly, in her studies of those with debilitating chronic illnesses, Kathy Charmaz highlights how people learn new definitions of self and relinquish old ones as they enact their diagnosis and endow it with meaning (Charmaz 1983; Charmaz 1993; Charmaz 1999). Charmaz's concept of the loss of self captures not only the changes in identity and selfhood, but also experiences of social isolation as those suffering from chronic illness are unable to fulfill previous social roles (Charmaz 1983). Gareth Williams' (1984) concept of narrative reconstruction shows how people make sense of their condition in terms of the positive actions taken in response to one's illness. Williams' (1984) work also brought attention to the ways in which a current illness is framed in terms of one's past actions and environment, thereby adding a moral component to how illness and suffering is experienced and made meaningful. Charmaz (1999) would later build upon this as she unpacked narratives that outline the ways the sick are made meaningful in terms of their position on a moral hierarchy of suffering in which some are distinguished as deserving of care and sympathy while others are deserving of stigma and isolation, or are unrecognized as even experiencing legitimate suffering.

### *Medicalization*

Sociological studies of medicalization lack an interactionist analysis of how this societal trend of medical expansion is experienced and made meaningful in everyday life (Figert 2011). The symbolic interactionist approach is well suited to analyze the ways in which processes of medicalization may become common resources for constructing meaning for many aspects of our social lives (Crawford 2006; Holstein and Gubrium 2007). For instance, some note that social practices related to health and illness are even embedded in everyday activities that extend beyond medicine to include aspects of lifestyle and embodiment (Conrad 2008; Crawford 2006).

In late modernity, health is a fundamental cultural value whose pursuit serves an ever-expanding economic sector that manufactures, advertises, and sells health products, knowledge, and services (Conrad 2008; Crawford 2006). From an interactionist perspective, the consumer turn in medicalization enables new forms of agency, subjectivity, and empowerment (Clarke et al. 2009; Conrad 2008). Within the context of an increasingly medicalized social world, managing one's health also emerges as a new personal responsibility and American value (Clarke et al. 2009; Conrad 2008; Conrad and Leiter 2004). In a society that highly values health, identities, and beliefs, behaviors related to health are social practices that can draw symbolic boundaries marking status (Bourdieu 1984; Crawford 2006). In this way, we can understand the construction of health consciousness and the development of health management strategies to be core demands of adhering to American values, which is similar to Laureau's (2003) concept of concerted cultivation, or what Loe (2008) adapted to the study of medicine and refers to as concerted medicalization.

Building off of the meaning-making work uncovered in the analysis of illness narratives and identities, more recent studies have examined how individuals make meaning out of medical treatment as it relates to identity construction and presentations of selfhood (Davis-Bearman and Pestello 2005; Frank 2018; Karp 2006; Loe and Cuttino 2008). Medicine can be experienced as both a source of social control and as a mechanism of self-empowerment, and thus its influence over constructions of identity and selfhood are complex and multifaceted (Davis-Bearman and Pestello 2005; Karp 2006; Loe and Cuttino 2008; Zola 1972). One study on antidepressant use notes how these medications are constructed as either enabling or constraining the performance of one's authentic and ideal self (Karp 2006). Similarly, Davis-Berman and Pestello's (2005) work on psychiatric medication use among college students highlights how these medications

were thought to negatively affect one's performance of self: students articulated a preference for their non-medicated self, which was described as a more natural and authentic self (Davis-Bearman and Pestello 2005). Elaborating on the impacts pharmaceuticals can have on identity and selfhood, Loe and Cuttino's (2008) work on youth who are prescribed psychostimulant medication highlights how these medications are experienced as integral to their identity as college students and their ability to conform to the social expectations of that institutional role. The concept of the medicated self, whether it be constructed as having a positive or negative impact on one's practice of selfhood and construction of identity, takes seriously the notion that identity and individual worth is formed in relation to the consumption of particular medications (Davis-Bearman and Pestello 2005; Loe and Cuttino 2008).

### **Implications for Study**

Building upon constructionist and interactionist work on health, illness, deviance, and drug use discussed above, I examine the meanings youth apply to various practices of their psycho-pharmaceutical use. Surprisingly, the individuals who misuse psychoactive medications are still largely neglected by academic inquiry, particularly as it relates to the growing presence of these medications and their misuse in daily life. As such, I explore and unpack the ways in which youth involved in this drug trend frame some patterns and practices of psychoactive medication misuse as a social problem and others as a normalized medicalized strategy for navigating a variety of common problems in their everyday lives. Finally, as I deal with young adults socialized into a highly medicalized culture, I pay particular attention to the ways misuse is made meaningful in terms of one's presentation of self and identity within specific social contexts.

Medicalization research needs to be extended to better understand how medical forces shape lay perceptions and practices of medicine that take place outside of the purview of medical authority, particularly amongst those who have come of age in a highly pharmaceuticalized milieu (Barker 2008). Academic studies of psychoactive medication misuse do not pay enough attention to the sociality of drug use, despite no evidence indicating that these practices of misuse are any less social than the use of illegal drugs. Furthermore, the meanings afforded to the misuse of these complex medical commodities remains poorly understood and sorely undertheorized. The narratives of medication misuse presented in this dissertation help us to better understand how the boundaries between health, illness, and deviance are defined and negotiated in late modern life. Medical narratives allow us to study the “links between identity, experience, and ‘late modern’ cultures” (Bury 2001). Through an in-depth constructionist and interactionist analysis, I will demonstrate how youth make meaning out of the everyday cultural artifacts of psycho-pharmaceuticals.

## Chapter 4: Methodology

This dissertation was developed from a larger study funded by the NIH investigating the patterns and contexts of prescription drug misuse and its associated risks among young adults (ages 18-29) who are socially active in nightlife scenes. I was part of a team of researchers working on this project and served many different roles throughout the 5 years it was conducted, ranging from being an ethnographer during the initial formative phase of the study to eventually becoming the director of the project. The principle investigator for the project, entitled “Prescription Drug Abuse among Young Adults: Contexts and Risk”, Brian C. Kelly, Associate Professor from Purdue University, serves as an outside reader on my dissertation committee.

This project consisted of three distinct research phases. Phase one consisted of a yearlong ethnographic study of illicit psychoactive medication use in nightlife scenes. Phase two consisted of brief surveys completed on drug use administered in nightlife scenes. Phase three consisted of a longitudinal mixed methods study of young adult’s illicit use of psychoactive medications. This dissertation is based off of the qualitative interviews conducted as a part of phase 3 of the project. 214 participants were qualitatively interviewed and the data drawn upon for this dissertation are derived from a subset of 162 participants who report illicit use of prescription opioids, tranquilizers, sedatives or stimulants. The qualitative interviews for this project were conducted between 2011 and 2013 and I was involved in conducting 25% of the interviews (N=41). All interviews analyzed for this project were digitally recorded and transcribed verbatim. Participants that were interviewed also completed computer assisted surveys, which provide the demographics used to describe specific characteristics of the sample.

### *Sampling*

This project was funded to explore the illicit consumption of psychoactive medications by young adults. This age group is of particular concern as their illicit consumption of these medications is significantly higher than other age groups (SAMHSA 2016). While most prior research of this age group has been conducted on college campuses, this particular project instead focused on youth involved in subcultural nightlife scenes. As nightlife is a significant site for youth drug use generally, the project sought to specifically study the integration of psychoactive medications within this context. The ethnographic phase of the project focused on embedding researchers within specific nightlife scenes throughout New York City. Upon the conclusion of a yearlong ethnographic investigation into illicit psychoactive medication use in nightlife, the ethnographic team identified a list of viable venues to be used to recruit research participants for the longitudinal study.

In order to recruit a sample of young adult illicit medication users active in nightlife, the research team utilized a sampling method referred to as time-space sampling. Time-space sampling (TSS) was originally developed to capture hard-to-reach populations like marginalized minority communities, (MacKellar et al. 1996; Stueve et al. 2001), but is also useful for generating samples of location-based populations (Groves, Kelly and Parsons 2009; Muhib et al. 2001). Venues included bars, clubs, lounges, as well as performance venues were considered to be viable for recruitment on the days of the week they were regularly frequented by young adults, the general target population for the study. In order to construct the time space sampling framework, venues and the days/times that they were considered viable for recruitment were enumerated and randomly selected each month to produce recruitment shifts. Research recruiters were sent out on the days randomly selected to the venues randomly selected. At each venue, staff approached as many individuals as possible, aiming to achieve saturation within the venue.

Individuals were asked to complete a brief five minute screening survey for which they received no compensation. To be eligible for the study, individuals 18-29 years of age who live in the New York City area must report illicit use of a prescription opioids, stimulant, tranquilizer, or sedative at least 3 times in the previous 180 days with at least one of those times occurring in the previous 90 days. If an individual was eligible, staff explained the project, and interested individuals were asked to provide contact information. Those eligible were contacted at a later date, rescreened for eligibility, and then scheduled for their baseline assessment. The baseline assessment entailed consenting participants into the study, the completion of a computer assisted survey, and the completion of the qualitative interview.

### *Sample Characteristics*

The study team's quest to obtain a diverse sample informed the creation of enrollment cells based on gender identity and sexual identity. Four cells were utilized to enroll the final sample: straight men, straight women, gay and bisexual men, and lesbian and bisexual women. As a result of this enrollment structure the sample of those interviewed is very diverse. 28% of those interviewed identified as gay or bisexual men, meanwhile 24% of the sample identified as straight men. 22% of those interviewed identified as lesbian or bisexual women and 26% of the sample identified as straight women. 68% of the sample identified as white. Class diversity was also present in the sample as 35% identified as either rich or upper middle class, 40% identified as middle class, and 26% identified as either working class or poor. Class information was gathered based on a question about their parents' social class background. This was done as many 18-29 year olds income may not accurately reflect the class background they were socialized within. The sample was well educated with 64% of the sample reporting having at

least a 4 year college degree, meanwhile 35% stated that they were either currently enrolled in college or had at least some college experience. The average age of those interviewed was 25.

### *Measures*

The semi-structured interviews utilized critical incident techniques to draw out specific narratives about participants' prescription drug misuse practices by probing for detailed stories about the first and last times they had engaged in these behaviors. Critical incident techniques help reduce recall bias, provide context for behaviors rooted within specific events, and are widely recognized as effective exploratory and investigative social science tools (Leonard and Ross 1997). Critical incident techniques are also ideal qualitative tools for accessing the profundities and complexities of human social and cultural life as the use of narratives grounds particular behaviors within a specific set of circumstances and situates them both in terms of time and space (Butterfield et al. 2005; O'Driscoll and Cooper 1996). As such, this methodological approach also embraces aspects of the sociological imagination as it attempts to explore the intersection of biography, history, and social structure as outlined by Mills (1959), whose work seeks to draw out how personal issues are embedded in particular places and times, and thereby informed and influenced by larger social forces.

Moreover, personal narratives can aid in unpacking the meanings attributed to particular social practices while also revealing the social processes that shape the larger contexts these patterns of practice emerge from (Laslett 1999; Riessman 2000). By grounding actions and experiences within specific social context, narratives also allow participants space to reflect upon past experiences and emotions as they explore areas of personal importance with relation to the topic under study (Butterfield et al. 2005; O'Driscoll and Cooper 1996). As a result of gathering

data on behavior embedded within the details of a personal narrative, researchers are better able to gain a more holistic and deeper understanding of the motivations driving specific social phenomena and the cultural meanings attributed to them (Laslett 1999; Riessman 2000).

The use of critical incident measures within the semi-structured qualitative interview guide were applied to each specific class of prescription drugs that the participant identified misusing in their lifetime (opioids, tranquilizers, sedatives, and stimulants). More specifically, participants were asked to provide stories of the first time that they recall misusing a particular type of prescription drug as well as the most recent instance of misusing it. Additionally, participants were asked their opinions on the prevalence of illicitly consuming psychoactive medications, how they typically access these medications, as well as what they and their peers value most about taking them. Interviews lasted anywhere from 26 minutes to 87 minutes depending on the participants range of experiences misusing different psychoactive medications.

### *Analysis*

An interpretive phenomenological analysis (IPA) was employed to unpack the ways in which youth make meaning of their experiences illicitly consuming psychoactive pharmaceuticals. IPA is an inductive research method utilized to identify and analyze meaning making in the description of particular phenomena and entails a deep immersion within the data (Smith 2015). IPA aids researchers in the interpretive process of identifying how participants make meaning of their world (Larkin and Thompson 2012; Smith 2011). Phenomenological research approaches take seriously the significance of studying individual experiences even when that experience is not directly observed (Smith 1996). As such, IPA is ideal for narrative analysis as the replaying of experience through narration enables researchers the ability to study

participants use of a range of framing strategies and techniques used to signal how these experiences are contextualized, interpreted, and made meaningful (Larkin and Thompson 2012; Smith 2011). This analytic technique also compliments the theoretical approaches of social constructionism and symbolic interactionism. Both theories stress the importance of individual experience as well as the significance of social interaction in the construction of meaning. Additionally, while social constructionist studies direct their focus on more meso and macro level social forces that shape meaning making processes, symbolic interactionist studies focus on the more micro level aspects of meaning making as they relate to constructing identity and performances of selfhood. By making use of these complimentary research approaches, I aim to thoroughly explore how youth experience and make meaning of their illicit consumption of these controversial psychoactive medications. Specifically, I seek to draw attention to the social norms, values, and context that shape how particular patterns and practices of illicit use are experienced as either deviant drug behavior or normative practices of self-care and self-improvement.

IPA was performed utilizing NVIVO software. Several iterations of coding schemes were used as the codebook evolved in response to the data and my understanding of them. Specifically, preliminary coding and analysis focused on identifying themes and patterns in the ways youth experience these medications and made sense of their illicit use. These were important foundational steps in identifying unique experiential domains of illicitly consuming psychoactive medications. A subsequent wave of coding and analysis helped to synthesize a core set of experiential themes and develop relevant theoretical interpretations. A final wave of coding and analysis refined my pragmatic and theoretical understandings of the data and occurred throughout much of the writing process. A consistent return to the data throughout my

interpretation of it has produced a uniquely contextualized and in depth account of it. In the three empirical chapters that follow, I present excerpts of the stories that youth told about their experiences with and beliefs of psychoactive medications. I provide these snippets of narrative in order to demonstrate important patterns and themes in the ways these controversial medical products are socially constructed and experienced by those who are in many ways a driving force behind the perpetuation of this drug trend. These quotes have been edited for grammar, syntax, and clarity where appropriate. For instance hesitation phenomenon (e.g. “uh” and “um”) as well as common utterances in casual conversation (e.g. “like, “you know”) have been removed. General descriptive data of those participants quoted appear alongside their words, providing more contexts and meaning to them.

The following empirical analysis focuses on how the illicit consumption of psychoactive medications are experienced, practiced, and made meaningful by young adults. The first chapter focuses on the contested ways in which youth make meaning of these medications and their illicit consumption as socially problematic. The next chapter sets out to demonstrate how youth go about medicalizing certain practices of illicit consumption. The last empirical chapter details the ways psychoactive medication misuse is made meaningful as a normalized strategy for navigating specific social and intuitional settings.

## Chapter 5: Constructing Problems and Solutions

Throughout the 20<sup>th</sup> and 21<sup>st</sup> centuries, drug use emerged as a reoccurring social problem in the United States. In chapter 2, I cover the social construction of psycho-pharmaceuticals as problematic across three distinct time periods. Within the era of patent medicine, easy access to commodities containing psychoactive drugs like opioids, cocaine, and cannabis were considered socially problematic by institutions of medicine and law (Tomes 2016; Young 1961). To resolve the problematic use of these medicines, federal laws were enacted to restrict their production and place their access under the authority of medical professionals (Tomes 2016; Young 1961).

During the post-war era, journalists, law enforcement, and Congress identified the ubiquitous use of barbiturates and amphetamines as socially problematic (Rasmussen 2008b; Wesson and Smith 1972). Once again, federal laws were enacted to address concerns. This time however, the vast majority of psychoactive substances were classified as controlled substances, and criminalized accordingly, marking the start of the “war on drugs.”

Today, journalists, health organizations, and government agencies consider illicit consumption of psychoactive pharmaceuticals like amphetamine-based ADHD medications, benzodiazepine-based anxiety medications, and opioid-based painkillers as constituting a national health epidemic (Manchikanti, Atluri and Hansen 2014; Meier 2018; Rasmussen 2008b; Tone 2008). While changes in prescribing practices for opioid medications have produced significant reductions in their circulation, prescriptions for opioids, as well as for amphetamines and benzodiazepines, remain at historically-high levels (Lembke, Papac and Humphreys 2018).

Building on previous constructionist work on drugs as a social problem, this chapter focuses on unpacking the ways youth frame psycho-pharmaceuticals and their illicit consumption as

problematic. This chapter details the specific context and conditions in which youth construct the use of these medications as deviant and dangerous. My data reveal how those involved in the illicit consumption of psycho-pharmaceuticals problematize these medications in diverse ways. By analyzing the claims-making activities of young adults, this chapter demonstrates that not all uses of psychoactive medications are framed as socially problematic. Indeed, many young people view the utilization of these drugs as part of normative patterns of medication consumption. By constructing moral distinctions among various practices of consumption, the young adults presented in this chapter highlight the norms and values they draw upon to construct responsible, though illicit, use of psychoactive medications.

### **The Constructionist Study of Social Problems**

The constructionist perspective on social problems focuses its analysis on the social actors and processes involved in defining conditions and people as socially problematic (Best 1995; Loseke 2011; Spector and Kitsuse 1977). While Howard Becker (1963) first referred to those involved in social problems work as moral entrepreneurs. Today, they are commonly referred to as claims makers (Loseke 2011; Spector and Kitsuse 1977). Claims makers are defined as people who believe a particular object, group of people, or set of practices violates their moral values to such an extent that they feel compelled to persuade others that a social problem exists and needs to be corrected (Best 1995; Loseke 2011). In the process of convincing others of the existence of a social problem, claims makers engage in specific claims-making activities and strategies to construct a compelling and convincing social problems story (Best 1995; Loseke 2011).

The strategic ways claims makers frame social problems provides analytic insight into how specific social problems are constructed and made meaningful (Best 1995; Loseke 2011; Spector and Kitsuse 1977). Loseke (2011) articulates three distinct types of frames commonly found in

social problems stories. Diagnostic frames define a social problem and assign blame to particular people for its persistence. Prognostic frames construct solutions for social problems. Motivational frames stimulate audience member's emotions and generate feelings of moral outrage regarding particular social problems.

Constructionist research on drug use as a social problem typically analyzes the themes, discourses, and images of drug users, dealers, and traffickers as commonly depicted in mainstream media (Adler 1993; Hartman and Golub 1999; Reinerman 1994a; Reinerman and Levine 1997; Taylor 2008). Research on the social construction of drug scares highlights media's role in framing particular drugs as dangerous (Altheide 1997; Brownstein 1991; Orcutt and Turner 1993; Reinerman 1994a; Reinerman and Levine 1997). Moreover, media coverage typically presents extreme and rare outcomes of drug use as frequently occurring; a process Craig Reinerman refers to as the "routinization of caricature" (Reinerman 1994a). From a constructionist approach, the routinization of caricature represents a motivational frame as it seeks to persuade others to see drug use as a social problem through sensationalizing and exaggerating their effects. For instance, this framing technique is utilized to define certain drugs as instantly addictive as well as to identify particular drug users as violent predators (Brownstein 1991; Hartman and Golub 1999; Reinerman and Duskin 1999). These frames become tropes relied upon by the public to make meaning of specific drugs and particular groups of people (Brownstein 1991; Hartman and Golub 1999; Reinerman and Duskin 1999; Reinerman and Levine 1997).

Media depictions also commonly construct villains to blame for problems caused by drug use (Adler 1993; Brownstein 1991; Reinerman 1994a; Taylor 2008). Social problems villains are a type of diagnostic and motivational frame that assigns blame for a particular social problem.

They do so by criticizing and condemning particular people and behavior (Loseke 2011). For example, racial and ethnic minority men are frequently framed as social problems villains whose use and sale of illicit drugs are the root cause of other social problems like crime, unemployment, and poverty (Brownstein 1991; Ferrell and Websdale 1999; Hartman and Golub 1999; Reinerman 1994a; Reinerman and Levine 1997; Taylor 2008). In contrast, media depictions of drugs used primarily by whites, such as crystal meth and psychoactive pharmaceuticals, construct users as victims (Jenkins 1994; Orsini 2017; Pedersen, Sandberg and Copes 2015; Rasmussen 2008b). These frames combine to demonize inner city minority heroin and crack users, while they humanize prescription opioid users. We are to fear the former, but have fear for the latter—fear for their health and wellbeing (Hansen and Netherland 2016; Netherland and Hansen 2017; Netherland and Hansen 2016; Orsini 2017).

By emphasizing the definitional processes that frame particular drugs, drug users, and drug behaviors as socially problematic, constructionist studies focus primarily on claims-making activities as they occur at the meso or macro levels (Conrad and Schneider 1980; Gusfield 1996; Hartman and Golub 1999; Herzberg 2006; Reinerman 1994a; Reinerman and Levine 2004; Taylor 2008). In doing so, constructionist studies pay less attention to the individuals involved in performing social problems work in everyday life (Gergen 1991; Gubrium and Holstein 2000; Holstein and Gubrium 2007; Holstein and Miller 1993; Weinberg 2005). Analysis of claims-making activities that occur through routine interactions, enables sociologists to identify how people make meaning of the social worlds they inhabit, including how they maintain and modify symbolic boundaries (Holstein and Miller 1993; Lamont and Fournier 1992; Zerubavel 1991). Thus, stories and opinions shared within a community can be seen to function boundary-making

mechanisms that mark certain behaviors, groups of people, or cultural products as socially problematic (Holstein and Miller 1993; Loseke 2011).

In their constructionist analysis of the medicalization of deviance, Conrad and Schneider (1980) argue that sociologists need to focus more on the claims-making activities of various groups that assert their definitions of medicine and deviance, as well as analyze how these categories are produced and enacted. Given that psychoactive pharmaceuticals are socially defined as both legitimate medicine and illicit drugs, an exploration of how youth make meaning of those distinctions can illuminate how and why they frame psychoactive pharmaceuticals as either a social problem or social problems solution. By formulating social problems stories regarding psychoactive medication consumption, youth make claims that defend and justify their own uptake of these substances. I contend that their claims-making activities reveal an insider's perspective on how symbolic boundaries are drawn, one that distinguishes between the responsible use of psycho-pharmaceuticals and the problematic use of drugs.

### **Competing Constructions of Psychoactive Medications**

Two patterns of framing emerged from youths' accounts of psychoactive medications and their consumption. One frame directs criticism at the medical field; it constructs psychoactive medications as over-prescribed by doctors and dangerously addictive. The second frame makes claims about certain illicit psychoactive medication consumption practices that are constructed as a social problem. These themes demonstrate that youth problematize psychoactive medications in divergent ways. By analyzing the claims-making activities at the micro level, this chapter reveals the norms and values that shape how and when psychoactive medications are problematized, but also how and why illicit consumption is made meaningful as a social problems solution.

### *Frame 1: Psychoactive Medication as a Social Problem*

One component of the frame that constructs psychoactive medication as problematic, and a common theme in participants' social problems talk, is the availability of psychoactive pharmaceuticals. Many young adults interviewed spoke at length about the over-prescription of these medications.

*Way too many people are prescribed them. So, I think that definitely causes a lot of problems now that the accessibility to those drugs is much higher. And I think also like T.V. and everything is just kind of like making it seem like it's okay in terms of them promoting those drugs. (White/Upper Middle Class/Female; 30049)*

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*I think it's [prescription drug misuse] a definite problem and I think people, young people especially, have easy access to these drugs and it's not hard to find doctors that will just write a prescription without the person really needing it. (White/Upper Middle Class/Male; 30029)*

The young woman quoted above links over-prescription of psychoactive pharmaceuticals to their advertising on television. Research on the medicalization of everyday life supports her claims (Bar and Lillard 2014; Conrad and Leiter 2008; Donohue, Cevasco and Rosenthal 2007; Figert 2011; Myers, Royne and Deitz 2011; Wilkes, Bell and Kravitz 2000). A loosened regulatory environment during the 1990s provided pharmaceutical companies more leniency to advertise their products directly to consumers, a practice commonly referred to as direct-to-consumer advertising or DTCA (Conrad and Leiter 2008; Myers, Royne and Deitz 2011; Tomes 2016; Wilkes, Bell and Kravitz 2000). Research shows that DTCA alters how individuals interact with health care professionals (Busfield 2006; Conrad and Leiter 2008; Fox and Ward 2008; Meier 2007b; Meier 2018), with more patients taking an active role in requesting particular medications and frequently receiving them (Myers, Royne and Deitz 2011; Tomes 2016; Wilkes, Bell and Kravitz 2000). In this way, pharmaceutical advertising has contributed to medical expansion by

encouraging patients to be more proactive in assessing illness symptoms and selecting appropriate medical treatments.

Notably, critique of pharmaceutical marketing is largely absent from meso- and macro-level diagnostic work on psychoactive mediations as a social problem. In addition to identifying the advertising of psychoactive mediations as problematic, youth implicate doctors in the over-availability of these medications, particularly those who prescribe psychoactive drugs for those who do not “really” need them. Below are personal accounts from youth that illustrates how and why they construct the availability of psychoactive mediations as problematic.

*I have a lot of mixed feelings about prescription drugs. I have friends that have had real problems with them. So, that scares me. Adderall I think that's like really over-prescribed and can be really detrimental, especially in college when almost everyone around me is using it on a weekly basis... I have plenty of friends that are prescribed Adderall. It's really big on my campus. Our health services just hands them out. It's a really big problem, actually... I just want to reiterate again that I think prescription drugs are way over-prescribed. Especially for people my age that have anxiety problems and depression and don't know any other way to cope with it besides taking drugs. I have a lot of friends that take Xanax and Klonopin; that have been taking it for years and I think that's really not okay. I think the biggest problem is that people think it's going to fix them, and you can't just take drugs, because you're just going to become dependent on these drugs, and it's going to be the only way you think you can deal with your problems and that's just not okay. (Mixed Race/Middle Class/Female; 30080)*

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*There's just so many different kinds of drugs now that are out there to control these weird emotional problems that we have that need to be maintained, but I mean they're really powerful, really addictive, potent drugs that can be abused. So I'm very much opposed to [taking] that as a means to live your life and maintain the things that are happening within you in order to function in the world. I mean people end up abusing those drugs and it just seems like they are more of an issue than a way to solve said problem. (Latinx/ Upper Middle Class/Female 30183)*

The quotations above demonstrate how and why two young women problematize the availability and consumption of psychoactive medications, whether they are legal or not. Specifically, one woman notes how amphetamines and benzodiazepines are problematically over-prescribed to young adults and how this negatively affects their ability to develop healthy coping mechanism. Further, she argues that regularly consuming these pharmaceuticals can be more problematic than the illnesses they are prescribed to treat, particularly because they are addictive. As such, both women were disapproving of taking psycho-pharmaceuticals regularly to treat symptoms of anxiety, depression, and inattentiveness.

Such claims-making activities also highlight how youth problematize aspects of the medicalization of everyday life. This is particularly visible in the comments of one woman who states that new pharmaceutical products pathologize particular human emotions. Furthermore, she notes that by problematizing certain emotions, the medical field advocates medical treatment as a means to treat and resolve common human experiences. As such, this young woman problematized the pharmaceuticalization of mental health in U.S. society. These sentiments are similarly echoed in much of the sociological work that interrogates the expansion of pharmaceuticals into aspects of everyday life (Bell and Figert 2012; Busfield 2006; Fox and Ward 2008; Williams, Coveney and Gabe 2013).

Other participants link the over-prescription and over-consumption of medications to fundamental changes in users' personalities and identities.

*People who regularly take sedatives or stimulants I think are almost as bad as those abusing it. That's the same as misusing it to me. It's changing who you are. It's changing everything about how you think. So, if a parent doesn't want to deal with their child, they put them on drugs at age 5 and is now a drug addict. And it's okay, because the doctor said it would help them, but that's still a 5 year old drug addict. (White/Upper Middle Class/Male; 30093)*

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*I feel like doctors are really quick to medicate people for ADD and stuff like anxiety. It's really common and so a lot of drugs are out there. I sometimes question who really needs it and who just thinks they need it. (White/Middle Class/Female 30072)*

The young man quoted above claims that regularly consuming psychoactive medications negatively alters who one is and how one thinks. Studies on patients taking psychotropic medication, like antidepressants, also detail how they experience their medications as negatively impacting their sense of self, framing their “medicated self” as unnatural and inauthentic (Davis-Bearman and Pestello 2005; Karp 2006). Similarly, interactionist studies of drug addicts, particularly recovering drug addicts, describe being addicted to drugs as a process involving a loss of self (Denzin 1987). Reflective of those findings, this young man constructs psychoactive medications as a social problem by claiming that regular consumption of them creates drug-addicted patients who are transformed and experience a loss of self. This young man assigns responsibility for these consequences to parents and doctors who make decisions to put children on addictive psychoactive medications as a means to control them. As such, this young man not only problematizes psychoactive medications and those who prescribe them, but also the larger culture of relying on medicine as a mechanism of social control (Zola 1972). It is a concern echoed by the young woman who highlights how doctors’ reliance on prescribing medications results in the over-medicalization of society, as many people come to think that they need medication to navigate daily life. These narratives make clear that young people identify medical professionals as responsible for making psychoactive medications a social problem. Doctors, therefore, are constructed as a common diagnostic frame for making sense of psychoactive medications as a social problem.

Another component of the frame that constructs psychoactive medication as a social problem is the construction of medical professionals and pharmaceutical firms as villains. Young adults specifically engaged in social problems work by constructing villains to hold responsible for psychoactive medications being socially problematic. Many participants were critical of doctors who they view as having a tendency to over-diagnose particular conditions and over-prescribe psychoactive medications used to treat them. The following comments detail how youth frame doctors and their prescribing practices as particularly socially problematic:

*It's [painkillers] super addictive. People just really get hooked and I just think a lot of people have huge issues with them right now, because it is a prescription drug and it's so readily available to a lot of people. Doctors are assholes a lot of time and they'll just keep writing prescriptions and then people get hooked and find other ways to get it because it's just everywhere. (Latinx/Middle Class/Male; 30056)*

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*Well I recently attended the funeral, first one I've ever been to, of a friend who overdosed on prescription painkillers. I just see so many bad things from the painkillers and the sedatives. Personally that's the biggest problem I've had, myself. I find them extremely addictive and I think they're prescribed way too freely without the doctors really knowing what they're prescribing. It's really appalling to me. I've gotten Xanax prescribed to me while I was also getting them [prescribed] elsewhere. I'm like "they're really gonna do this to me"? It just seems so easy and the doctors just seem sadly so uneducated about it. Cause I definitely am highly addicted. I get withdrawals and stuff. So, that sucks. (White/Upper Middle Class/Female 30387)*

The remarks above demonstrate how youth engage in both diagnostic and motivational framing when speaking about doctors and their role in making psychoactive medications a social problem. First, they identify doctors as being responsible for over-prescribing highly addictive medications. Second, they assign blame by using language that is intended to elicit revulsion with respect to doctors, their prescribing practices, and the problems that emerge from the over-supply of psychoactive medications. This was particularly present in one young woman's experience of losing a friend to an opioid medication overdose as well as her own experience

receiving prescriptions for benzodiazepines from multiple medical professionals simultaneously while struggling with addiction.

Doctors are not just neutral actors in a medical system in which psychoactive medications are readily available; rather, in the narratives of some young people, doctors create drug addicts by over-prescribing psychoactive medications. Specifically, these youth identify the actions of bad doctors who practice medicine in ways that actually harm their patients. Interestingly though, in this social problems frame these youth do not afford patients the same agency, but rather see them as passive recipients of medical advice and treatments. The following quotations further illustrate how youth focus on constructing doctors as social problems villains, while continuing to frame patients without any sense of agency.

*They've been prescribing more drugs than they've ever prescribed and kids are being prescribed prescription drugs when they're like 5. I mean they're making drug addicts, you know. It's just like a common thing; Pills, pills, pills, and more pills. And it's just money. It's horrible, it's really horrible. So, there's more pills, so much money to be made on kids. (White/Working Class/ Male; 30186)*

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*I just feel like it's so easy to get a prescription out of a doctor. You know some doctors don't even care, but other doctors you can just know what the symptoms are and they'll just prescribe it to you. So if you go to someone who is more liberal about prescribing them it's easy to get it (White/ Upper Middle Class/Female; 30021)*

These claims making activities construct doctors and their unscrupulous prescribing practices as socially problematic. This theme of doctors-as-villains contains larger critiques of the medical professionals and institutions as being immoral actors that can cause harm to patients in their pursuit of profits.

This social problems frame mirrors those frequently used by the media to make sense of illegal drug dealers. Historically, the most common villains constructed in drug-related social problems

stories are those who supply drugs to the public (Bourgois 2003a; Bourgois 2003b; Reinerman and Levine 1997; Williams 1990). In fact, one participant specifically frames some doctors as “*a legalized type of drug dealer*” (30289).

In the claims-making activities of the young adults in this study, we see how they problematize aspects of the U.S. medical profession by relying on other social problems stories of problematic drugs and those who profit from them. The domain expansion of social problem stories from drug dealers to doctors makes clear how successful claims making activities are designed to draw from larger cultural values that typically trigger moral outrage (Jenness 1995; Loseke 2011), like the stigma that surrounds those who profit from transforming people into drug addicts. Moreover, youths’ claims making activities again highlight the unique insight that micro level social problems work provide as we find the structure of medical practice in the U.S. is held responsible for these addictive medications being over-prescribed. A critique wholly absent from meso and macro level constructions of psychoactive medications as a social problem.

Related to youth’s construction of doctors as social problems villains is a focus on their role in supplying addictive medications to children. This attention to prescribing psychoactive medications to children, while absent from macro and meso level analyses, is not historically unique. Children are frequently used in social problems stories about drugs, particularly as they are effective motivational frames for constructing those who take advantage of their innocence and naivety as morally condemnable (Murphy and Rosenbaum 1999; Reinerman and Duskin 1999; Reinerman and Levine 1997). For instance, in the patent medicine era providing certain psychoactive medications to children was a large focus of the social problems work that informed the first wave of legislation seeking to control the availability of psychoactive substances (Hodgson 2001; Young 1961). Additionally, certain drug scares were also

problematized through stories of highly addictive drugs like heroin and crack-cocaine being consumed by children (Ferrell and Websdale 1999; Reinerman and Levine 1997).

Just as some youth constructed doctors as social problems villains, others identified pharmaceutical companies as socially problematic.

*I think it's a massive industry. The drug companies are not sad that people are abusing their drugs because they are making money off of it. We all have emotional problems. People that struggle with self-worth and self-love makes them more vulnerable to using prescription drugs and abusing them and not giving themselves the right kind of care. (White/Working Class/Female; 30198)*

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*I think also the fact that so many people around us take prescription drugs. If it's okay in our society to medicate prescription wise then we're gonna think it's okay that we don't need a prescription...So I think it's a social thing 'cause the ease of getting them comes along with that there's more market. It's a huge industry and I mean the pharmaceutical industry has its tentacles in a lot of different things so it's not slowing down anytime soon. (White/Middle Class/Female; 30139)*

The two young women quoted above cast the pharmaceutical industry as social problems villains that profit from manufacturing and marketing addictive products. In particular, one young woman problematizes how the pharmaceutical industry has marketed its products to more domains of social life. Sociologists refer to this process as the “pharmaceuticalization of society” (Abraham 2010a; Fox and Ward 2008; Williams, Martin and Gabe 2011). Much of this work interrogates the ever-expanding application of pharmaceuticals into ordinary aspects of life, such as sleep and sex (Fox and Ward 2008; Williams, Coveney and Gabe 2013).

Additionally, one young woman quoted above connects the pharmaceuticalization of society to the illicit consumption of psychoactive mediations. Specifically, she asserts that their ubiquitous presence serves to normalize decisions to take psychoactive medications without a prescription. These data reveal how youth criticize the larger medical culture in the U.S. as producing

problematic drug use. Additionally, these claims demonstrate how processes of pharmaceuticalization inform and influence young adults decisions to challenge aspects of medical authority with their practices of illicit psychoactive medication use, as they consume these medications without consulting a medical professional and receiving their tacit approval to do so.

Other participants gave personal accounts that illustrate the ways they see the medical culture in the United States as fueling drug addiction.

*I'm from the Upper East Side and I was in therapy for 13 years, and it was constant giving out prescriptions. It was kind of weird and I mean a lot of kids I knew were on Xanax. A lot of them were on Adderall, and it was like "well, I have high anxiety," and I'm like "do you have high anxiety? Or do you just go in to the shrink and they're like, over-emphasizing about it?" I have this whole thing about marketing and the pushing of the medical companies to the doctors, and how they push them on you like "hey, try this out," and it's like, well, you don't really fucking need this. And there's a lot of pressure coming from the neighborhood that I come from you know? It's just all elitist bullshit where they're really trying to pump out the best kids, but on what [psychoactive medications]? You know, at what cost? Because most of these kid get addicted. (Mixed Race/Upper Middle Class/Female; 30019)*

This young woman recounts feeling a lot of pressure to excel in life while being raised in an upscale New York City neighborhood. Many of her peers turned to psychoactive medications for help, which she frames as problematic because it leads to addiction. This woman's experience illustrates how those from particular social class backgrounds may experience more pressure to make use of psychoactive medications from the doctors, parents, and peers in their social networks. Moreover, because of these pressures, those from advantaged social class background may have social networks that contain more individuals with prescriptions thereby compounding their likelihood of engaging in the illicit consumption of these psychoactive medications. While research has shown that persons from higher socioeconomic backgrounds may be more likely to

be prescribed psychoactive medications than their lower-SES counterparts (Shim 2010; Simoni and Drentea 2016), this research has yet to connect these rates to prevalence of illicit consumption of these medications.

This upper middle class woman is also very critical of the relationship between pharmaceutical companies and doctors. Specifically, she describes cooperation between drug companies and doctors in order to make money from drug-dependent patients. These claims making activities cast the medical field as exploitative and driven by concerns about profit more than the wellbeing of their patients. The corrupting influence of profit motives on the practice of medicine has been covered extensively by both media and academia (Meier 2018; Rasmussen 2008b; Tomes 2016). Referred to as “the doctor’s dilemma,” profit incentives embedded in practicing medicine in the U.S. encourage doctors to over-diagnose and over-prescribe pharmaceutical treatments to their patients (Tomes 2016). Recent research on the pharmaceutical industry demonstrates how certain companies are involved in more than simply marketing medications; they are also marketing the symptoms and diagnoses their medications are approved to treat (Moynihan and Cassels 2008; Moynihan et al. 2002; Tomes 2016). Framed by the pharmaceutical industry as a way to foster a more informed and engaged public, these advertisements are also seen as a way to generate greater consumer demand for its products by “selling sickness” (Moynihan and Cassels 2008; Moynihan et al. 2002; Tomes 2016). While young adults do not explicitly articulate these concepts, they use language that nonetheless problematizes how pharmaceutical companies and doctors push psychoactive medications onto patients. Unsurprisingly, these larger criticisms of the profit incentive embedded in medical practice in the U.S. are decidedly absent from meso and macro level social problems work on illicit psychoactive medication use.

### Opioid Medications as a Social Problem

Within the frame that constructs psychoactive medications as a social problem, many young adults engage in social problems work specifically with regards to the availability of opioid based pain killer medications.

*I think these drugs are obviously a problem. They're not regulated enough, and I think that people are prescribing Oxycodone too much. I know a lot of people that are now heroin addicts because of it. Because it's [Oxycodone] so accessible and it's legal. (White/Middle Class/Female; 30076)*

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*I had gotten my wisdom teeth taken out and we have this family doctor, he's a friend of my dad's, who's a dentist. He loaded me up with painkillers totally unnecessarily. I got hydrocodone and oxycodone, and I mean I was like "this is awesome!", but in retrospect, I didn't need them. So you know, I used them for the first couple of days and after that I had all those left over and so I actually sold some to my friends and I was taking them for fun, like experimenting with them (White/Middle Class/Female; 30139)*

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*I had a minor surgery April of last year; so almost a year ago. And I think that my doctor's a giant wuss and they prescribed me a bunch of painkillers that I never actually needed. So, I had a bunch of Percocet's sitting at my house. (White/Middle Class/Female; 30177)*

These youth villainize doctors for unnecessarily over-prescribing opioid medications to themselves and the American public. Interestingly, one young woman blames institutions tasked with regulating opioid medications for their over-availability. She even questions whether such medications should be legal due to how dangerously addictive they are. These claims making activities highlight how some participants identify the medical field as in need of greater oversight and regulation due to the harm its products are causing patients. Additionally, youth described how those who become addicted to prescribed opioids frequently transition into using street-based versions like heroin. This frame has been a common trope present in media coverage and is most commonly cited as one of the top issues fueling the nations opioid epidemic (Compton, Boyle and Wargo 2015; Manchikanti, Atluri and Hansen 2014; Meier 2018).

Youth framed one brand of opioids as particularly problematic, OxyContin. Over the last decade, extensive media coverage has constructed OxyContin and its manufacturer, Purdue Pharmaceuticals, as a social problem (Meier 2018; Tough 2001). The DEA investigated the advertising and marketing of OxyContin, and in 2007 filed against Purdue Pharmaceuticals, alleging that it had misbranded the drug as non-addictive with the intent to defraud or mislead medical practitioners and patients (Meier 2007a; Meier 2007b). Purdue pled guilty to felony charges, admitting that it lied to doctors about OxyContin's abuse potential (Meier 2007a; Meier 2007b).

Relatedly, youth spoke at length about the addictiveness of OxyContin. Many distinctly described the drug as too dangerous to consume even once.

*I think just the potency of these things; like painkillers are just extremely powerful, almost unassumingly powerful. It's like a little tablet advertised to help rather than hinder, but it's so addictive and super powerful. I think that it allows for abuse because of naiveté or ignorance, someone can take it and, you know, just take too much or just get hooked very easily. (White/Middle Class/Male; 30239)*

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*I had a bunch of friends who had problems with it [OxyContin] in college. My best friend growing up had a big problem with it. Another friend of mine had a big problem with it. I mean the biggest thing I've seen is people seem to get addicted to it really easily and then they pretty much don't do anything else (White/Upper Middle Class/Male; 30271)*

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*Yeah they're [painkillers] so addicting. Like I said, lots of kids start using Vicodin or Percocet you know, you don't really think it's that bad because it was prescribed to you. So they have this like deceptive nature where you don't really think it's gonna be that bad and then you know you start with Vicodin and Percocet and you move to Oxycontin and then move up to Heroin because you're addicted. So yeah, I*

*mean I think that that's really, really bad so I think that prescription pain killers are really risky. (White/Middle Class/Male; 30068)*

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*All of my experiences with painkillers like Vicodin or Percocet and the generic forms of them. I haven't really thought twice about taking them, but I've been offered Oxycontin before and I would not touch that shit. I feel like that shit's really scary and it's basically like doing heroin. I don't know, that shit just freaks me out. Cause, like, that's like a serious drug. That's like a serious, serious drug. (White/ Rich /Female; 30002)*

These quotations above demonstrate how youth construct OxyContin as a social problem. Many participants mentioned that it is “very easy” to get addicted to this medication and, therefore, stigmatized its use. Framing some drugs as instantly addictive has contributed to the construction of other drugs as a social problem (Reinarman and Levine 1997). Reproducing common tropes of the power of addiction, these youth frame opioid medications like OxyContin as dangerous to consume and therefore socially problematic.

Unlike other drug scares however, we find that youth do not speak negatively about those who become addicted to opioid medications. Instead of demonizing those who become addicted to opioid medications, these youth engage in claims making activities that frame the medications, themselves, and those who produce, regulate, and prescribe them as socially problematic. In fact, many young adults, particularly those whose friends or family members had become addicted to OxyContin, constructed opioid addicts as victims who were deceived and exploited by doctors and the pharmaceutical industry.

Scholars note how the current opioid epidemic is constructed in very different terms than was the heroin epidemic of the 1970s (Hansen and Netherland 2016; Netherland and Hansen 2017;

Netherland and Hansen 2016; Orsini 2017). Specifically, white opioid addicts are currently cast as sympathetic victims rather than immoral criminals as heroin addicts were once and still are portrayed (Hansen and Netherland 2016; Netherland and Hansen 2017; Netherland and Hansen 2016; Orsini 2017). That stark distinctions are made between these two groups of opioid users reveals how race shapes perceptions of drug problems (Hansen and Netherland 2016; Hartman and Golub 1999; Netherland and Hansen 2017; Reinerman and Levine 1997).

Further, that young adults focus their social problems discourse on the pharmacological properties of opioid medications and not on the user follows the framing largely adopted and portrayed through mainstream media outlets on opioid medications. While white participants' engagement in social problems work was not limited to opioids, the racial aspects of the opioid epidemic certainly inform and influence how they construct and make meaning of these medications as a social problem. Participants' proximity to those with addictions to opioid medications no doubt informs their decisions to cast opioid users as victims and assign blame to those who create and distribute psychoactive medications.

Youth who sought to frame psychoactive medications and their availability as a social problem engage in social problems work that construct doctors and pharmaceutical companies as largely responsible for turning medical patients into drug addicts. Much of their claims making activities were critical of how these medications have come to dominate the ways Americans experience and navigate their everyday lives. By problematizing the pharmaceuticalization of society, young adults in this study construct psychoactive medications as precipitating more social harm than good. While some youth frame key upstream players within the U.S. medical profession as bearing responsibility for the problems of psychoactive medications in society, many other youth construct this social problem in distinctly different terms.

## *Frame 2: Constructing Responsible Misuse*

Not all youth framed doctors and pharmaceutical companies as social problems villains. In fact, many did not frame psychoactive medications as socially problematic at all. Rather, they sought to draw distinctions between problematic and acceptable practices and patterns of consuming such medications, as illustrated by the following remarks.

*I think it's more of a problem with people rather than the drugs... It would be nice if people could do them responsibly in a way that doesn't bring negative attention to drugs. I definitely do. (White/ Upper Middle Class/Male; 30037)*

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*When I'm like super stressed out or something happens and if someone's taking Xanax, I'll be like "Oh hey I'll take one". I feel like as long as you're responsible and not an idiot about it, it could be very safe. (Asian/ Poor/Female; 30287)*

Both participants quoted above identify particular people and their irresponsible use of psychoactive medications as the problem rather than the medications, themselves. The notion that illicit consumption of psychoactive medications can be done “responsibly” was a prominent claim in the narratives of many youth, particularly when they sought to make sense of their own illicit use of medications. Young adults frame distinctions between responsible and problematic consumption in terms of the quantity and frequency of consumption, as well as the intended purpose of taking medications.

### *Controlling Consumption*

Youth frequently engage in claims-making behaviors that define their own practices of misuse as acceptable in contrast to the actions of others, which they define as problematic. The following quotations highlight how youth distinguish between quantities and frequencies of consumption they deem acceptable and those they cast as problematic.

*It's a pretty casual topic. I was stressed out the other day. So, my friend gave me Xanax... If I'm freaking out and my friend has a Xanax then I'll probably take like a quarter of it. That's about it. I don't really sit there and take a whole bunch of them. (Mixed Race/Working Class/Male; 30265)*

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*Most people who I know take things for school, if we want to get things done in a week that would normally take a month or two months. In terms of stimulants it helps them get work done pretty fast. It helps them stay focused and concentrate on what they have to do. Sedatives, it helps my friends to relax and calm them down if they are having a really stressful day, but it is mostly stimulants for school or work. Painkillers, if someone is having a rough day. I'm not as worried or feel like it's going to end up harming me if it's only for tests or just occasionally; definitely not a regular basis. As long as I don't see it interfering with important things like family, work, and school then I don't worry about it. (White/Upper Middle Class/Female; 30151)*

The above quotations demonstrate important ways in which youth frame acceptable patterns and practices of consuming psychoactive medications. First, youth frame their own consumption as moderate and controlled. They stress that taking medications without a prescription is acceptable if engaged in occasionally to help get through a difficult situation, such as being stressed, anxious, overwhelmed with work, or unable to sleep. Moreover, they characterize their consumption as being under control, given that they avoid consuming large doses and do not allow it to interfere with other aspects of their lives.

Howard Becker's (1963) work illustrates the importance of maintaining control over one's drug-use, given the ways in which drug-dependent persons are highly stigmatized in American society. In Becker's study, marijuana users rationalized their drug use by noting that it was not addictive and, thus, was not stigmatized as some other drugs were (Becker 1963). Having control over one's drug consumption then becomes a "symbol of the harmlessness of the practice" thereby justifying it as responsible and acceptable (Becker 1963 p74).

The importance of avoiding drug dependence is illustrated in the narratives of the young men quoted below. Their comments demonstrate how they draw distinctions between problematic and responsible practices of illicit medication consumption.

*We're all moderate. Everyone's super duper moderate and everyone generally does the same thing which is [take] Xanax when I want to go to sleep. That's the thing, nobody's like crazy; nobody's going out and seeking it out. (Latinx/Working Class/Male; 30100)*

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*I mean when you're taking them on a daily basis that's it. You're just kind of living in a fog like a zombie. And I mean you're also just running away from your problems, and not confronting or dealing with your life. You're just kind of like blocking it out. But sometimes, you know, I'd get to the point where it would just be so extreme, these feelings of anxiety; those periods are when I tend to use them. I was just taking them like semi-regularly rather than feeling this feeling [of anxiety]. (White/Upper Middle Class/Male; 30066)*

The claims-making activities of these men can be seen as rationalizing their own consumption of psychoactive medications; they define their behavior in ways that distinguish them from other use practices that they deem to be problematic.

For instance, they see those who consume psychoactive medications regularly as irresponsible because they risk developing a dependence on these substances. One young man describes how people who take benzodiazepines everyday are like “zombies.” This depiction of problematic consumption focuses on the ways drug addiction, as an illness, results in the loss of self (Charmaz 1983; Denzin 1987; Weinberg 2013), a condition the men in this study seek to avoid. As a result, they construct their own consumption of psychoactive medications as a responsible practice of moderation and control that aids in the attainment of a more valued self instead of a de-valued self. The another young man quoted above frames his consumption and that of his friends as acceptably moderate and controlled because they do not engage in drug-seeking

behaviors, which they describe as acting “crazy.” Both quotations highlight how young adults stigmatize addiction, constructing addicts as either less than human or not fully in control of their behavior.

Other participations drew distinctions between acceptable and problematic consumption in terms of one’s responsibility to control one’s consumption:

*I just feel like I have control over my use of them. I think the number one proof of that is I never really run out of it and go looking for more. And I’m not prescribed it [Xanax]. So, I don’t have an endless supply of it. So, I like to think that I’m in control of my use of them especially compared to some people that I know that I guess have more of an addictive personality and have more of a dependency on them. These [Xanax] I use pretty regularly, but definitely not daily. And another thing that helps me is just knowing that it’s there for me if I wanna take it and I think that other people might not have such will power. If it’s there, they’ll just rely on it (White/Middle Class/Male; 30046)*

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*I don’t see myself as one of those prescription drug users who really needs it or actively seeks it out all the time. You know if I wanted to seek it out it’ll be easy enough to find it. Once in a while I get them, but you know it’s not something that I absolutely need in my life or compromise other things like my finances or whatever. (White/Middle Class/Female; 30127)*

One young man constructs his own consumption as responsible because he does not take Xanax daily in comparison to those with addictive personalities who do not demonstrate the willpower to abstain from consuming these addicting medications more frequently. Dominant public and political discourse constructs drug addiction as a function of individual pathology (Fraser and Moore 2011; Moore 2012). Therefore, it is not surprising that some youth reproduce such discourse in their own social problems work on psychoactive medication use. Needing to consume such medications on a frequent basis, seeking them out, and compromising one’s finances all comprise patterns of consumption that these young adults construct as socially

problematic. Conversely, the absence of these out-of-control drug-seeking behaviors is indicative of one's ability to practice illicit psychoactive medication consumption responsibly.

Constructions of responsible forms of illegal behavior are intriguing from a sociological standpoint. They highlight the existence of tensions between the law, on the one hand, and the values and norms of some segments of society, on the other. Through constructions of responsible ways to illicitly consume psychoactive medications, youth reveal how they challenge both the authority of law and medicine. Moreover, by reframing their illegal behavior, youth seek to justifying their deviant behavior through claims making activities.

Neutralizations are defined as “justifications for deviance that are seen as valid by the delinquent but not by the legal system” (Sykes and Matza 1957 p.666). Sykes and Matza (1957) noted that individuals “drift” in and out of participating in deviant behavior and that individuals engage in claims-making activities that seek to morally justify their participation in deviance. Neutralization theory has been used to help explain a wide variety of deviant and criminal behaviors including drug use (Maruna and Copes 2005). A common technique of neutralization cited in drug research is the claim that one's drug use is neither socially problematic or harmful to anyone (Peretti-Watel 2003; Priest and McGrath III 1970). Youths' claims-making draws heavily upon the notion that their behaviors do not produce any problems or harm. They claim that their consumption of psychoactive medication consumption is harmless because they avoid use patterns that are commonly associated with the development of drug addiction. By grounding their illicit use of these controlled substances within the discourse of socially-responsible consumption practices, these youths renegotiate their behaviors, and ultimately themselves, as moral and responsible, despite engaging in illegal behavior.

### *Responsible Purposes*

Constructions of responsible psychoactive medication consumption not only stressed moderation and control, but also focused on the context and purpose of consumption. The following section highlights how consuming these medications for pleasure is socially problematic.

*To me, somebody who abuses drugs or is a drug addict is someone who does it to get high and feel good, first of all, and who is unreliable and self-harming. I don't feel good. I feel better, but it doesn't make me forget about anything, it doesn't make me feel a high, it doesn't feel good. I still do everything that I need to do, and it allows me to be micro without getting distracted by the macro. For me, someone who's a drug addict has them flipped and uses it to escape and I don't think I do that. So, I guess I needed to justify myself. I think that is kinda like an important difference. You know, it's not about the high; it's about everything else you can do. (White/Middle Class/Female; 30157)*

This young woman engages in boundary work as she makes claims that her illicit consumption of Adderall is acceptable because it is not for purposes of pleasure or escapism. Instead, she frames her illicit consumption as resolving her problems and as such feels compelled to justify her illicit consumption of psycho-pharmaceuticals as being distinctly different from problematic practices of drug abuse and addiction. This articulation of justification, while evident in others claims making activities, draws attention to how employing techniques of neutralization seek to not only rationalize participation in illegal behavior, but also to preserve the deviants' sense of self as a moral and law-abiding citizen (Stadler and Benson 2012; Sykes and Matza 1957). By constructing particular practices of illicit medication consumption as problematic, youths categorize their behaviors as responsible and distancing themselves from problematic populations.

The following quotations provide more detail about how youth problematize the experience of consuming these medications for purposes of pleasure:

*The real misuse of it is people taking it to go out and drinking too much on it, especially mixing it with other drugs. That is super dangerous. My friend's hometown, she knows a handful of kids who've already died of taking too much Oxy and drinking on it. Which is like such a bad combo. So, I know it's a real problem, but I think it's just about like being informed of it. I mean I don't really condone taking Adderall to work, but it just works for me. And I don't abuse it. I don't like snort it to go out. It's more so to fulfill my studying or writing needs; work really. I know a lot of people don't do it that way and misuse it. (Asian/ Poor/ Female; 30287)*

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*I don't know anybody who uses it recreationally. I only know people who use it to get shit done, but not just studying, like if you need to clean your apartment or something. Sometimes just coffee doesn't do it. Sadly, but true and this goes for really legitimate, you know, responsible people who have real jobs and real lives (White/Rich/Female; 30002)*

These quotations highlight pleasure as a core value that shapes distinctions between problematic and responsible practices of consuming psychoactive medications. They show that hedonistic consumption of psychoactive medications is a defining characteristic of problematic use. One woman notes that the “real misuse” of psychoactive medication entails consuming them to party and get high. They define snorting these medications as abusing them, and combining them with other drugs as “super dangerous.” In comparison, these youths frame their own consumption for purposes of work as being effective and socially acceptable. Another woman similarly claims that she and her friends do not consume these drugs for fun, but rather to navigate their mainstream lives and successful occupations.

These claims-making activities construct some practices of illicit psychoactive medication use as responsible and socially acceptable by contextualizing them within valued societal activities of production. Jock Young's work on psychoactive substances in society reveals that where drug taking is linked to productivity it is not only socially acceptable, but even at times encouraged, while those substances that are seen as undermining productivity are typically problematized and

demonized (Young 1972). By framing their own consumption of psychoactive medications as helping them to achieve valued societal goals, such as succeeding in school and in the workplace, youths can frame their illicit consumption of these medications as responsible. Neutralization studies of white collar criminals highlight similar claims of justifying certain deviant behaviors as a necessity or normative practice within the context of the workplace (Coleman 2001; Stadler and Benson 2012).

While some make meaning of responsible consumption by constructing it as helping them be productive—a valued societal principle—others neutralize the deviance associated with taking someone else’s psycho-pharmaceuticals by articulating their purpose of self-treating an illness.

*P: Well, I've actually recently taken Ativan in the morning to try and make myself be happier or less stressed out. I'm a very tense person and I think that's supposed to be an anti-anxiety medicine. So, this was not supposed to be like partying, I was just trying to better myself . . . the way that I am taking them now is quite harmless even though they are not my own prescription. So, I think that recreationally though that's not okay*

*I: I just want to double check, when you say using it recreationally isn't okay?*

*P: I mean just trying to have fun. I took the Ativan to try to better myself. I was trying to be more normal, which is not the same. (White/Working Class/Female; 30084)*

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*I think prescription drugs are prescribed for a reason. It wouldn't be prescribed if they shouldn't be used at all. [Misuse] can help people. So, I think it depends how you use it, but I think it [misuse] could actually help someone . . . So, I take them when I have problems sleeping. That's my biggest problem. And if I just want to relax, they help me relax. I have really bad anxiety. I don't know what else to do. There's nothing else that I could take. It's not like if I could have tea I'll feel better (White/Working Class/Female; 30114)*

By framing their illicit consumption as treating an illness, the above women claim that their illicit use of psychoactive medicines is not only responsible, but necessary. One young woman notes that her consumption of these medications is the only thing that helps her relax and sleep. She also justifies her illicit consumption by stating that it helps resolve a problem she faces, and that others are prescribed these medications for very similar reasons. In this way, the illicit consumption of psychoactive medications is made meaningful not as a social problem, but as a social problems solution.

Similarly, the other young woman explains that taking Ativan helps her be less tense and happier, emotional states that she defines as normative and healthy. By framing her illicit consumption of a benzodiazepine to treat stress as “harmless,” she reveals how she does not problematize the way her consumption challenges aspects of medical authority, but instead values how it helps her be “more normal.” Both women’s claims-making activities draw attention to how youth frame these medications as helpful medical tools and that by taking them to treat experiences they define as illnesses they renegotiate their behavior as responsible.

The following quotation provides a more in-depth examination of the ways responsible consumption is grounded in a discourse of treating illness.

*I mean, people call it recreational, but then they also have a very helpful purpose in many people’s lives. I mean, I guess people call it abuse, but other people call it helping themselves or bettering their current situation. So, people often get very anxious depending on whether or not they’re stressed out with school or stressed at work and so I think that at times sedatives are important, because anxiety can lead to not being able to deal with things around you. Furthermore, especially when it comes to stimulants, I think that they are very necessary. You know, the average human doesn’t have the attention span to do a lot of work for a long period of time, and the fact that we’re required to work eight literally plus hours a day is out of control, you know? Sometimes you have to do more than that! So, stimulants totally help. I mean, I have the attention span of like a worm. So, I know for a fact that I’m more productive and I’m a better worker when I take stimulants. (Black/Middle Class/ Male; 30122)*

This young man notes how distinctions between legal and illegal use of psychoactive medications can be arbitrary, and at times hypocritical, as these medications can help people be healthier and more productive, whether they are taken with or without a prescription. His point reemphasizes how youth challenge medical professionals' power to control who takes these medications; to the young adults, the purpose of taking the medications is more important than the means by which they acquire them. This young man also demonstrates how these medications help to resolve problems of everyday life, such as long working hours in late modern economies (Burke and Cooper 2008; Perlow 1999; Sullivan and Gershuny 2004; Young 2007). This is further evident when the young man explains that consuming these medications is an important practice that helps him to navigate the demands of late modern life. He problematizes his short attention span, which counts as an essential component of success in today's workforce (Gergen 1991; Gubrium and Holstein 2000). The three youths quoted above all describe how their engagement in illegal behavior actually helps them to achieve a sense of normality and social conformity. The ability of these medications to enable conformity to societal expectations is one that these youths value greatly, and it represents a defining aspect of how they construct notions of responsible illicit medication consumption. Sykes and Matza (1957) noted how some deviants justify their behavior by making claims that other norms and values sometimes supersede the law. Similarly, these youths claim that the necessity to treat anxiety, inattention, and stress renders their illegal pharmaceutical consumption normative as it resolves pathological experiences and enables them be productive and successful members of society.

## **Conclusion**

As both a legitimate source to treat medically-diagnosed illnesses and a source of deviant drug use, psychoactive medications occupy a unique sociocultural legal location. Exploring how youth navigate these distinctions provides insight into why this drug-use trend is prevalent despite its construction as a social problem by various institutions of law, medicine, and media. The various ways youth construct psychoactive medications and their consumption as a social problem reveal a great deal about the underlying belief systems that they draw upon when making meaning of these popular pharmaceuticals. While some young adults construct these medications, and the larger medical system that produces them and provides access to them, as socially problematic, others are much more specific in how they locate the problematic aspects of these medications. In fact, some don't construct the medications as problematic at all, but identify those that engage in irresponsible consumption of them and subsequently develop drug addictions as problematic.

Those who problematize aspects of U.S. medical practice and culture highlight how social problems work on this drug trend at the meso- and macro- levels lacks criticism of the medical field and their role in enabling the ubiquity of psychoactive medications. I argue that some young adults' personal experiences with the problematic aspects of these medications shape how they make meaning of this drug trend and where they locate blame for its emergence and perpetuation. In this way, the analysis of micro-level claims-making activities reveals that youth locate blame for this social problem in different ways than does the social problems work employed by the medical field, law enforcement, government organizations, and most media representations.

While some blame medical field actors for psychoactive medications being socially problematic, others assign blame for this social problem downstream to individuals who irresponsibly

consume these pharmaceuticals. These claims demonstrate that those who do not moderate their consumption of these medications, or those who take them to get high and have fun, are engaged in dangerous and deviant behavior because they risk becoming drug addicts. Craig Reinerman states that the norms and values of American individualism resonate with focusing in on specific drug use behaviors as a way to make meaning of drugs as a social problem (Reinerman 1994a; Reinerman 2005; Reinerman and Duskin 1999). Furthermore, these claims-making activities reveal how a lack of control over one's drug use is a focal point that these youth articulate in order to distance and distinguish themselves from those whose irresponsible consumption represents the "real" social problem. Research has shown how drug users seek to resist the stigma associated with drug use by distancing themselves from the stereotypical characteristics and behaviors of drug addicts (Becker 1963; Boeri 2004; Copes, Hochstetler and Williams 2008). This distancing is accomplished through claims-making activities that seek to draw symbolic boundaries between themselves and a problematic "other" (Becker 1963; Boeri 2004; Copes, Hochstetler and Williams 2008; Perrone 2009). This boundary work is particularly important for drug users, as they recognize that the general public may not distinguish between responsible and problematic drug using populations (Copes 2016; Copes, Hochstetler and Williams 2008). The structure of qualitative interviews may therefore encourage those who illicitly consume psychoactive medication to engage in certain forms of boundary work.

By taking seriously the perspectives of those who illicitly consume these medications, I uncover an insider's understanding of how illicitly consuming these medications is simultaneously problematizes and embraced. This analysis also demonstrates how some youth make meaning of their illicit consumption of psychoactive medications by framing them as a social problems solution. Indeed, many youths expressed how they value these medications and their ability to

help them navigate problems in their day-to-day lives. In this way, these youths reveal their engagement in illegal behavior as a means of conforming to societal expectations. Furthermore, these claims-making activities highlight how youths challenge aspects of medical authority as they go about constructing their consumption of these medications outside of the supervision of a medical professional as a responsible way in which to treat pathology.

When youth construct responsible psychoactive medication consumption, they use language that stresses important American values such as moderation, productivity, and self-care. Their endeavors to conform to the societal norms and values of responsible consumption patterns demonstrate how they justify their behaviors, prioritizing aspects of their health and success over legal and medical definitions of problematic drug use. In his seminal work on drugs in society, Jock Young (1972) argued that it is important to delineate between which forms of drug use are integrated and embraced by some cultures, and which are problematized and stigmatized. Youths claims-making activities reveal that cultural conventions serve to normalize the drugs' illegal medication consumption. My analysis highlights how the boundaries between legal and controlled illicit use of these pharmaceuticals appear significantly blurred to these youths. Distinctions between deviance and medicine therefore also become blurred. Sykes and Matza (1957) concluded their now famous article on techniques of neutralization by urging future researchers to focus on the subjective worlds and belief systems of deviants. While these youths reject the notion that they are deviant, by doing so they also reveal how their behavior represents a challenge to both legal and medical definitions of problematic consumption of psychoactive medications. The construction of new frameworks from which these youths make meaning of illicit psycho-pharmaceutical use demonstrates how this popular drug trend resonates with other

cultural values, such as the importance of taking responsibility for one's health, wellbeing, and success in society.

## **Chapter 6: Medicalization and Challenging of Medical Authority**

This chapter explores how young adults frame their consumption of psychoactive medication through the use of medical discourse. These youths' experiences demonstrate how illicit use of psychoactive medications is made meaningful as a medicalized social practice. By describing their consumption in terms of a therapeutic treatment, youth reveal how they apply medical knowledge and language to describe and identify common human experiences as symptoms of illness.

Medicalization describes a process through which human experiences and conditions come to be defined as medical problems in need of medical solutions (Conrad 2008). The increasing medicalization of society is one of the most significant changes in U.S. culture (Clarke et al. 2003). As a constructionist framework for understanding the increasing roles of medicine in everyday life, medicalization studies draw attention to the definitional processes involved in producing, maintaining, and expanding medical diagnoses and treatments. Medicalization studies have examined the construction of addiction, depression, and inattention as medical problems in need of medical solutions, most often in the form of pharmaceuticals (Conrad 1975; Conrad 2008; Conrad and Potter 2000; Conrad and Schneider 1980).

From a social constructionist perspective, the diagnostic process is a cultural practice that delineates the boundaries between medically acceptable and unacceptable states of being (Brown 1995; Jutel 2009; Jutel 2014). As such, the diagnostic process is central to medicalization (Brown 1995; Conrad and Potter 2000). The sociological study of medical diagnosis also demonstrates the diverse range of organizational, economic, and personal interests involved in creating, expanding, and receiving medical diagnoses (Jutel 2009; Jutel 2014). Medical

sociologists have long highlighted the transformative nature that receiving a medical diagnosis can have for patients (Broom and Woodward 1996; Brown 1995; Bury 1982). While diagnosis identifies an illness, the experience of receiving and living with an illness is one constructed by people who feel and act on symptoms in a multitude of ways (Brown 1995; Bury 1982; Charmaz 1983; Charmaz 1993; Loe and Cuttino 2008).

Changes in the structure and organization of health care in the U.S. have produced a system that encourages medical patients to be more proactive and act more like medical consumers making informed choices within a medical marketplace (Conrad 2008; Tomes 2016). Patients' increasing involvement in medical decision-making is a driving force of medicalization (Conrad 2005; Conrad and Leiter 2008; Conrad and Schneider 1980; Guadagnoli and Ward 1998). Social movement organizations that mobilize around alcoholism and PTSD, for example, have significantly contributed to the recognition of those experiences as medical conditions requiring medical treatment (Broom and Woodward 1996; Conrad and Schneider 1980; Epstein 1996; Scott 1990). Similarly, Conrad and Potter's (2000) study of ADHD demonstrates how advocacy groups, medical experts, and the pharmaceutical industry contributed to the expansion of the disorder from one that solely impacts children to one that also affects adults. In this way, the diagnostic expansion of ADHD demonstrates how stakeholders from within and outside of the medical field participate in the definitional expansion of a particular illness. Building off of the constructionist work on domain expansion in the study of social problems, in which certain claims-making activities were observed to widen the scope of an existing social problem, the concept of diagnostic expansion highlights the claims making activities involved in expanding the definition of an established medical diagnosis (Conrad and Potter 2000).

Of particular interest to this chapter are the roles lay populations play in expanding the scope of a medical diagnosis through everyday actions and interactions (Belgrave et al. 2004; Hardey 1999; Kangas 2001). Distinctions between lay and expert medical knowledge have been well researched within the field of medical sociology (Arksey 1994; Prior 2003; Williams and Popay 1994). This is particularly important as the dissemination of expert medical knowledge through the internet has resulted in a significantly more medically informed lay public (Conrad 2008; Kangas 2001; Radley 1994). One study demonstrates how people construct and make sense of illnesses, like depression, by relying on an amalgamation of expert medical knowledge, media representations, and personal experiences (Kangas 2001). Moreover, media popularization of illnesses and pharmaceutical treatments can have profound impacts on lay populations' decisions to seek out specific diagnoses and treatment from medical experts (Conrad and Leiter 2008; Conrad and Potter 2000). As such, both the democratization of medical knowledge and the popularization of pharmaceutical treatments increase lay populations' ability to engage in processes of medicalization (Conrad and Potter 2000).

Anxiety, inattentiveness, and pain have become common medicalized complaints that are highly susceptible to diagnostic expansion as the diagnosis of these symptoms is solely reliant upon the patients' ability to describe what they are experiencing (Conrad 2008; Rasmussen 2008b). In this way, the misuse of commonly-prescribed pharmaceutical remedies to treat these symptoms presents an interesting new arena in which to study how medicalization is enacted and experienced in U.S. society. I assert that by reclaiming illicit use of psycho-pharmaceuticals as a medicalized social practice, these youth reveal common mechanisms through which people decide to medically define and act on certain experiences in daily life.

### **Self-Diagnosis and the Medicalization of Illicit Consumption**

Some young adults construct their consumption of psychoactive medications as decisions to treat illness, and specifically illnesses that are self-diagnosed. The following narrative demonstrates how illicit use of others' medication is made meaningful in terms of health, illness, and agency.

*I think among my peers and myself, there is so much information out there about illness and medication, and so much accessibility to treat yourself for so many different things. Go on WebMD and figure out what you have and I think that probably contributes a lot to the prevalence of prescription drug misuse. And, among my peers you know, to feel like almost immediate access to information is enough to warrant to treat yourself. You know, I would prefer to take an anti-anxiety pill myself when I need it than have a doctor prescribe it to me... I mean it's so far out of my character to even take drugs, just because I don't like to be out of control of myself. But things just got to such an overwhelming point that to me, I felt so out of control in that state, that [misusing a friend's Xanax prescription] felt like a way to control how I was feeling. (Latinx/Working Class/Female; 30308)*

This quotation reveals a crucially important framework within which youth make meaning of their illicit consumption of psychoactive medications. Today's youth value having personal control over their health and prefer to rely on their own knowledge of illness and their informal access to pharmaceutical treatments as a management strategy. Sociological work on the process of diagnosis reveals that possessing the authority to make a medical diagnosis and assign an appropriate treatment is a significant source of power for the institutions of medicine (Jutel and Nettleton 2011; Lupton and Jutel 2015). As such, these consumption practices challenge medical authorities' dominance over the identification, definition, and pharmaceutical treatment of illnesses. The young woman above makes it clear that she and her peers feel confident in their ability to self-diagnose an illness with help from medical information on the internet and to treat that illness with the illicit use of others' psychoactive medications.

Giddens (1991) highlights how the internet provides access to information that has the potential to significantly shape the development of new and unique coping strategies for navigating risks. Health-related information is one of the most searched subject matters online, and its availability has increased individuals' involvement in health-related decision making (Conrad and Leiter 2008; Hardey 1999; Shilling 2002). The internet not only provides information about medical conditions, their symptoms, and common ways to treat them, but also frequently provides access to diagnostic criteria and instruments (Crawford 2004; Hardey 1999; Lupton 2013; Lupton and Jutel 2015; Shilling 2002). Online illness screening tools are technologies that further medicalization (Abraham 2010a; Conrad 2008; Ebeling 2011; Horwitz and Wakefield 2007; Lupton and Jutel 2015). The availability of expert medical knowledge online is one of many forces contributing to the increasingly active role patients play in medical decision-making processes (Barker 2008; Ebeling 2011; Lupton 2013; Lupton and Jutel 2015). Patients today are more empowered and informed to self-diagnose and self-medicate (Andreassen and Trondsen 2010; Ebeling 2011; Lupton and Jutel 2015; Suziedelyte 2012). The popularization of self-diagnosis is particularly pronounced for mood disorders such as anxiety and depression, as well as other disorders like ADHD, as their diagnostic criteria are based solely on subjective experiences and are therefore more susceptible to forces of medical expansion, particularly in terms of lay experience and interpretation (Conrad 2008; Conrad and Barker 2010; Horwitz and Wakefield 2007; Maturo and Conrad 2009).

While pharmaceutical companies have embraced the notion of providing medical consumers with expert medical knowledge regarding illness symptoms, diagnostic criteria, and pharmaceutical treatments (Clarke et al. 2009; Conrad and Leiter 2008; Ebeling 2011; Lupton 2013; Lupton and Jutel 2015; Tomes 2016), providing legal access to psychoactive

pharmaceuticals remains solely within the purview of a medical professional. However, some youth describe this protocol as impractical and unhelpful. The young woman above notes that she would rather have complete control over her access to and consumption of these medications rather than allow a doctor to determine how and when she takes anti-anxiety medications like Xanax. By articulating her desire for control over her illness treatment as opposed to surrendering such control to a medical professional, she challenges aspects of medical authority and its power to legally provide access to pharmaceutical therapies, particularly those whose psychoactive properties have historically been identified as problematic when accessed and consumed outside the purview of a medical professional. Illicit psycho-pharmaceutical use is therefore a means by which some youth resist aspects of medical dominance.

The following quotation expands upon claims-making activities that frame the illicit consumption of psychoactive medications in terms of illness identification and treatment:

*I've never been prescribed [Xanax] before even though I've described having panic attacks and symptoms of social anxiety to doctors. I've seen a lot of psychologists and psychiatrists throughout my adolescence and young adult life and I've never be prescribed it for some reason. I always get prescribed antidepressants, which I don't really like taking. So, when I started taking Xanax and Klonopin right after I graduated [from college], I just noticed that it helped me a lot in social situations, and so I always felt like I should be on it . . . Xanax just helps me put aside all of my anxious feelings, anxiety, all of my nervousness about meeting new people and just makes me feel like more of a normal person . . . Even though I've been diagnosed with depression, I don't really feel like I'm depressed. I feel like it's more like a social-anxiety thing, and somehow I've not been able to get that across to the doctors that I've been seeing. (White/Upper Middle Class/ Female; 30083)*

This young woman expresses that she has been unable to receive a diagnosis from a doctor that corresponds with her illness experience, which she understands to be anxiety, not her

doctor's diagnosis of depression. These claims highlight the interactionist aspects of the diagnostic process, which involves a negotiation between a patient's experience and a medical expert's professional opinion of those symptomatic experiences (Jutel 2009; Jutel 2014; Jutel and Nettleton 2011). Thus, a medical diagnosis can become the site of conflict between medical authority and patients (Barker 2009). Many studies highlight how patients make use of their own medical knowledge to challenge the medical diagnosis and treatment prescribed by medical experts (Hardey 1999; Horwitz and Wakefield 2007; Kangas 2001; Lupton 1997). Sociologist Deborah Lupton (1997) notes that "medical discourse and practices are variously taken up, negotiated or transformed by members of the lay populace" (94). The young woman's disagreement with the medical diagnosis provided to her, and her subsequent decision to illicitly consume Xanax and Klonopin to treat her self-diagnosed social anxiety, further demonstrates how youth challenge aspects of medical authority.

The claims-making activities described above reveal how illicit psycho-pharmaceutical use is a mechanism through which youth medicalize certain feelings and experiences, such as being nervous around new people. In fact, for some it is only by consuming psychoactive medications that they're able to identify the presence of an illness. In this way, illicit consumption of psychoactive medications functions as a mechanism that allows individuals to engage in processes of medicalization outside of the context of medical supervision. Sociologists argue that people in the U.S. behave much more like informed medical consumers, making informed medical choices within a medical marketplace, as opposed to patients passively receiving medical orders from medical professionals (Fox, Ward and O'Rourke 2005; Lupton 2013; Lupton and Jutel 2015; Tomes 2016). This shift in behavior is known as the consumer turn in medicalization (Conrad 2008). Youth construct their consumption of controlled substances in

terms of a consumer's right to treat illness and "feel like more of a normal person." By deciding to self-diagnose and self-treat, these youth, as medical consumers, de-professionalize the practice of medicine and challenge the role of medical professionals in controlling access to both medical diagnoses and psychoactive pharmaceuticals.

The following young woman demonstrates additional ways in which the illicit uptake of psychoactive medications is made meaningful through the use of medical discourse.

*It's having such a crazy schedule with being out and stuff at 6 in the morning, going to school, having to work on schoolwork, going to work til midnight, getting home at 1 in the morning. It's super intense and I've kind of diagnosed myself with SAD, seasonal affective disorder. I'm like super depressed in the winters. I don't know, I kind of just like that [Adderall] helps me function and get my stuff done so I don't feel like I'm completely useless. (Mixed Race/Middle Class/Female; 30168)*

The above excerpt highlights how a young woman makes sense of her illicit consumption of Adderall as a way to treat her self-diagnosed seasonal depression. She claims that as a result of being depressed in the wintertime she is unable to adequately perform in her roles as an employee and a college student. She therefore turns to psychoactive medications to help her manage her depression and complete her tasks. Interestingly, during the postwar era, amphetamines were popular medications prescribed by doctors to treat depression (Rasmussen 2006; Rasmussen 2008b). While amphetamines are no longer deemed appropriate treatment for depression, through her own experimentation this young woman found that illicitly consuming Adderall was a suitable means of self-treating her self-diagnosed illness. In this way, illicit consumption of psychoactive medications becomes a mechanism through which youth engage in processes of medicalization outside of the purview of medical authority, or what some have called "self-medicalization" (Conrad 2005; Fainzang 2013). The concept of self-medicalization

demonstrates how acts of self-diagnosis and self-medication are based on the dissemination and popularization of medial discourse on disease diagnosis as well as on beliefs regarding the pharmaceutical industry (Clarke et al. 2009; Fainzang 2013).

The following quotation also draws attention to how youth construct particular diagnoses and treatments through their illicit consumption of psychoactive pharmaceuticals.

*I have a lot of anxiety. So, I really like [misusing Xanax] because it really calms me down. I'm anxious a lot. So, I kind of use it for what it's meant for, but I haven't bothered to go to the doctor to, like, get my own prescription. I just like that it really calms me down and relaxes me and makes it easier to sleep. I take it to fall asleep sometimes because I also don't sleep very well. So yeah, sedatives, I'm not really using it for fun as much as I am self-medicating. I guess I'd feel more guilty about it if I was just doing it for fun. I'd be worried about that, but for the most part I'm doing it because I need it. I feel more justified about it and I don't feel guilty because I'm like, "It's fine, I needed this Xanax." (White/Working Class/ Female 30085)*

This young woman constructs an illness narrative around experiencing anxiety and having trouble sleeping. Medical sociologists point out that sleep is increasingly being medicalized in society, particularly through the consumption of sleep aid medications (Williams 2002; Williams, Coveney and Gabe 2013). Similarly, the claims-making activities that this young woman engages in frame her experiences of anxiousness and difficulties sleeping as abnormalities that require pharmaceutical treatment. In this way, this young woman constructs her illicit consumption of Xanax as a form of pharmaceuticalization, in which unpleasant experiences are made meaningful as human conditions that require pharmaceutical remedies (Abraham 2010a; Bell and Figert 2012; Busfield 2006; Fox and Ward 2008; Nichter and Vuckovic 1994; Williams, Gabe and Davis 2008; Williams, Martin and Gabe 2011). Further, this young woman specifically states that she takes Xanax out of a perceived need and not for

recreation. She also articulates how this “need” allows her to alleviate the guilt of engaging in illegal drug use. As covered in the last chapter, statements like this signify how the use of medical discourse functions as a form a deviance neutralization (Sykes and Matza 1957). Moreover, she comments that she hasn’t “bothered” to seek out a medical diagnosis and prescription from a medical doctor. This draws our attention to how some youth frame visiting a medical professional as an inconvenience. The next set of quotations builds off this notion that going to see a doctor is something youth see as unnecessary.

*I know that I don't have a prescription for it. I know that it's not right, but I'm not abusing it in a way. I'm using it for its intended purposes. I can go to the doctor and I can get the prescription by telling them the reason I'm using it and he would give it to me. I just haven't done that yet . . . they're so readily available in this country, it's hard not to have a friend or someone that doesn't have a prescription. You know? It seems like everybody has one or knows someone that has one. (White/Working Class/Male; 30153)*

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*If I'm going to take Xanax, which is pretty much the only thing that I use on a regular basis, it's just for my own wellbeing. I've been prescribed it in the past . . . It's actually post-college that I've started using it a lot because I was prescribed it for a while and I never got a new prescription and I have tons of friends that are prescribed Xanax. (White/Upper Middle Class/Female; 30025)*

Both narratives note that the ease in accessing benzodiazepines through networks of friends provides a strong disincentive to seek out these medications by visiting a medical professional, even for those who have received a prior diagnosis and prescriptions for those drugs in the past. Lovell (2006) uses the term “pharmaceutical leakage” to describe the informal availability of diverted opioid medications like buprenorphine in France. This concept also draws attention to the larger cultural contexts in which illicit pharmaceutical practices emerge (Vrecko 2015). By taking seriously young adults’ preferences for accessing psychoactive medications

through informal networks, we see how these claims-making activities reveal how medical markets that popularize and make medications widely available can actually discourage some from seeking diagnoses and treatment from a medical professional. In fact, the young man above claims that having informal access to psychoactive medications through social networks is an unremarkable aspects of living in a highly medicalized society. Meanwhile, the young woman notes how she hasn't gone to the doctor to get refills for her Xanax prescription, because they're so readily available through friends who have prescriptions. In this way, the pharmaceutical leakage of psychoactive medications enables and empowers these youth to self-diagnose and self-medicate.

The illicit consumption of Xanax is also made meaningful as way of maintaining personal wellbeing. Key to the medicalization in U.S. society is the rise of health maintenance as an important cultural practice in everyday life (Crawford 1980; Crawford 2006). The increasing cultural importance of medical self-care and health management is an important feature of medicalization in today's consumerist society, where health has become a commodity (Conrad 2008; Crawford 1980; Crawford 2006; Figert 2011; Maturo and Conrad 2009; Turner and Turner 2004). Studies of the pharmaceuticalization of everyday life claim that even healthy people are encouraged to maximize their physical and emotional wellbeing through self-medication (Bell and Figert 2012; Bröer and Besseling 2017; Coveney, Gabe and Williams 2011). So while some justify their illicit consumption in order to treat illness, others justify their use of these medications as a wellness practice. In this way, psychoactive medication consumption is also made meaningful as a mechanism that expands processes of "healthization," as youth make meaning of consuming these medical products in terms of a healthism discourse (Barker 2014; Lupton 2012).

The following excerpts present a young woman and a young man who engage in claims-making activities that justify their illicit consumption of psychoactive medications as a result of inadequacies of health care structure and the abundance of psychoactive medications available through peer networks.

*I like taking Xanax. I have anxiety disorders and I used to have prescriptions for it. Like, I literally feel like I take it medically for myself just like with other prescriptions right now. Cause my health insurance right now doesn't cover mental health. It covers two sessions a year, it's ridiculous. So, I feel like it's so much easier for me to ask a friend for half a Xanax bar than to go through the entire process of, like, getting diagnosed [again] and prescriptions and whatever. (White/Working Class/Female; 30306)*

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*If I were to go see a psychiatrist or someone they would probably write me a prescription for [Xanax]. It's just that I haven't done that. So, I don't think I'm abusing any of the prescription drugs that I use. I just think I'm using them for the right reasons even though it is illegal. I think that if I were to go get checked out and speak to somebody that they probably would have no problem writing me a prescription and I guess I would be a little bit safer in taking them, but like I said, I have control over my use of them so it doesn't worry me too much. (White/Middle Class/Male; 30046)*

The young woman above notes that her health insurance plan doesn't adequately cover mental health services, which prevents her from obtaining her own benzodiazepine prescription. Meanwhile, the ease of accessing Xanax from a friend makes the process of navigating medical institutions appear burdensome and inefficient. This experience highlights how the structure of health care systems and pharmaceutical markets in the United States impacts how youth decide to access psychoactive medications. The shortcomings of the American health care system may also provide youth with ample means to neutralize the deviance associated with misusing these medications as they explain how they could obtain a medical diagnoses and legal prescription if

doctors were more accessible and accommodating. When the young man defines his consumption as controlled and “for the right reasons,” and therefore not worrisome or problematic, he attempts to minimize the deviance associated with engaging in illegal drug use. By stressing the context and intent of their illicit use of these medications, these youth reveal how treating illness and maintaining health are valued cultural goals whose pursuit marks their consumption practices as acceptable and normative.

The following set of quotations demonstrates how youth engage in claims-making activities that blur the definitional boundaries between licit and illicit use of these psychoactive medications.

*So I guess there could be some good things about using stimulants, but it's kind of funny because some people say you're abusing Adderall if you use it to, say, stay up and do homework all night, but I've had a doctor prescribe it to me for just that. Because I couldn't focus as long as I needed to. So, there is definitely a gray area between what is okay and what's not okay, you know? I think it's kind of the same thing with things like Xanax. Some people say it's not a good thing to take Xanax just because you're stressed out and you need to be able to cope without it, but I've had a couple of doctors prescribe me Xanax for that exact reason, for when you're feeling overwhelmed and you need some help mentally straightening stuff out. So there's a gray area. (White/Middle Class/Male; 30477)*

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*[The prevalence of medication misuse] is interesting, 'cause there seems to be more trust in the medical world or in, like, official science than in anything else. So if it's prescribed to someone you know you can just kind of rationalize taking something like that. (White/Upper Middle Class/Male; 30293)*

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*If it's okay in our society to medicate prescription-wise then we're gonna think it's okay that we don't need a prescription. (White/Middle Class/ Female; 30139)*

These youth discuss how drawing distinctions between legal and illegal use of psychoactive medications is not as clear cut as one might think. Rather, they claim that there is

“a grey area” where certain illicit consumption practices are indistinguishable from licit ones. One young man states that this is especially true for illicit consumption practices that are aimed at treating experiences that mirror symptoms these medications are commonly prescribed to alleviate. This young man’s claims-making activities highlight how the distinction between legal and illegal consumption is not related to the purpose of consumption, but simply to the absence of a medical professional authorizing such consumption. The agency that many youth enact when making decisions to treat a self-diagnosed illness with someone else’s psychoactive medications challenges the power and control that the medical field holds over patients, the process of diagnosis, and the prescription of medical treatments. One young man highlights that in light of society’s trust in science and medicine, he and his peers feel justified to illicitly consume psychoactive medications. This sentiment is echoed by a young woman who justifies her illicit use of psychoactive medications because it is acceptable to take these medications under the supervision of medical authority. These claims make clear how youth challenge the role that medical professionals play in granting legal access to psychoactive medications as they reclaim their illicit consumption as a normative practice of self-treating illness and maintaining health.

### **Learning to Self-Diagnose and Misuse Medications**

Youths’ accounts of first accessing psychoactive medications and experiencing their effects illuminate how youth construct their consumption of these medications. Through the use of critical incident techniques, youth were provided the space to tell in-depth stories about the first time they had illicitly consumed a particular class of psychoactive medications. Surprisingly, many of these stories involved family members offering their psychoactive

medications to youth in order to treat experiences they identify as symptoms of illness that are in need of pharmaceutical treatment.

*I really didn't know much [about Valium] other than it made my uncle feel better with his anxiety. I had no idea before my uncle told me that it was used for anxiety treatment . . . My uncle had the same problems as me and the same symptoms: the feeling in the chest and the general sense of worry and anxiety. And it took him explaining his symptoms to me to understand my own [experiences]. 'Cause when I first started feeling the symptoms I wouldn't have classified them as anxiety until my uncle told me he has anxiety and that this medicine made him feel a lot better . . . When I took my first one it almost immediately took away the feeling in my chest, which was my primary concern. You know, I was a little bit worried about where I was headed. What direction I was going in. Like, "I can't find work. I can't find an internship. What am I gonna do?" So, I was thinking I just really wanted to get rid of that feeling in my chest, but I was hesitant to take what my uncle gave me because I wasn't prescribed it, but when it kicked in I was, like, mad at myself for having not tried it before because it made me feel so much better. I started to laugh about my problems and I was very relaxed and I stopped worrying. It was weird, because I wasn't worried about specific things it was just sort of like a general sense of worry and anxiety and I was like, "Why is this happening to me?" And I came to understand that it might be genetic because almost my mom's entire side of her family has had anxiety problems. (White/ Middle Class/ Male; 30046)*

The above excerpt demonstrates how one young man recalls learning to identify and define a certain experience as an illness in need of pharmaceutical treatment. Specifically, he constructs an illness narrative in which a family member—his uncle—is able to help him identify that he is experiencing anxiety. Furthermore, the uncle stated that his Valium prescription helps to treat his own experiences of anxiety and offered some to the young man. At first the young man resisted the idea of taking a psychoactive medication that wasn't prescribed to him by a medical expert, but after consuming his uncle's benzodiazepine he remembers feeling a bit angered by the fact that those beliefs may have prevented him from learning how best to identify

and treat the anxiety he was experiencing. Through this illness narrative we can see how youth may learn to challenge medical authority and take control over the identification and treatment of their own illnesses by relying on the experiences and medications provided by their family members.

Previous scholarly work highlights how we learn about illness and how we experience illness not only through interactions with medical professionals, but also through our social networks (Kleinman 2004; Kleinman, Eisenberg and Good 1978; Liu, King and Bearman 2010). The illness narrative presented above shows how interactions with family members can not only shape the identification and understandings of the illness experience, but can also play an active role in supplying youth with psycho-pharmaceuticals to carry out practices of self-care. Psychoactive medications, like Valium, act as mechanisms that organize and make sense of the discomfort this young man was experiencing and having trouble understanding (Jutel 2014). Further, through interacting with his extended family, he is able to make meaning of his experiences of worry and stress in terms of his family's genetic pre-disposition for suffering from anxiety. While this young man's first experience taking a benzodiazepine helped him to formulate a coherent understanding of what anxiety feels like and how to alleviate it, this process also reveals how the illicit use of psychoactive medications emerges as a practice that medicalizes certain human experiences, like being worried about one's transition into the world of employment.

Other young adults told similar stories of illicitly consuming psychoactive medications through the recommendation of a family member:

*I was able to get some prescription meds through family members. My mom had them lying around. I just ask for them, because usually I took them for my menstrual cramps, but that's, like,*

*where my occasional prescription drug use or misuse happens. But yet, it's easy. I just get them from my mom. I don't pay for them or anything, but I mean I take them responsibly (Latinx / Working Class/ Female; 30073)*

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*I remember the codeine, just taking 2 pills and falling asleep. I had, like, extreme cramps. I was lying on the kitchen floor and my mom just told me to take two and it just knocked me out . . . She always has Xanax and she takes it to kind of relieve stress. So if I'm stressing out or whatever she'll give me like a fourth or like a half. We were sitting around drinking wine and she just gave me one to pop because I was complaining about being stressed. (Mixed Race/Middle Class/ Female; 30168)*

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*I used it when I caught my period. I used to take Aleve, Ibuprofen, Midol, you know, Motrin, which is all the same thing. Nothing helped. My godmother, you know she takes prescription pills from the doctor because she's all alone, she's sick, has high cholesterol, stuff like that. And basically I was having pain, I took, like, five Aleves and nothing happened. She said, "Listen, this is, if you want it, it helps the pain, but that's up to you if you want it. I don't want to force you to take something that is going to bother you, but this is a painkiller and it helps to hopefully stop the pain. You know, if you want it you take it, if you don't, you don't have to." Me, I wanted to take it, because I was in pain and when I took it, it just helped my cramps go down, and ever since then it just, it wasn't a habit to take it, but whenever I had my time of the month I used it and it relaxed me. (Latinx/ Middle Class/ Female 30031)*

These young women's initiation into taking someone else's opioid medication was often contextualized within experiences of mothers or older sisters offering to help alleviate the pain of menstrual cramping. Taking opioid medications to endure the pain and discomfort of menstruation emerged as one of the few gendered experiences of illicit medication use. Women's reproductive health has been a popular topic of medicalization research (Conrad 1992; Rothman 2000; Simonds, Rothman and Norman 2007), and while much of that work focuses on how the medical field frames women's bodies and experiences in terms of medical discourse (Bell 1987; Ehrenreich and English 1979; Lupton 2012), others note the ways in which women as patients

are involved in processes of medicalizing aspects of their bodies, particularly their reproductive health (Bransen 1992; Oinas 1998). These data reveal how young women navigate menstruation pain outside of the medical field by accessing and consuming family members' opioid medications. These practices therefore highlight a unique way women challenge medical authority by managing aspects of their reproductive health through the help of family members.

The concept of pharmaceutical leakage focuses mainly on the diversion of opioid medications within networks of drug-using peers (Lovell 2006). However, the above data demonstrate how pharmaceutical leakage takes place among women within their extended family. For instance, one woman notes how her uptake of her godmother's opioid medication became her strategy for treating menstrual discomfort. While these claims-making activities highlight how menstruation is made meaningful in terms of pharmaceutical discourse, they also demonstrate how women act on their own health by illicitly consuming opioid medications to alleviate pain and discomfort. As details regarding their menstrual discomfort were not provided, I cannot definitively state whether or not these women suffered from undiagnosed endometriosis or some other reproductive health problem. However, practices of treating ordinary menstrual discomfort with opioid medications may confirm previous research that finds that as a result of medicalization, individuals are less tolerable of pain and more likely to turn to medication to resolve minor discomforts (Barker 2009; Kleinman 1988). In this way, my findings demonstrate how women are socialized by family members into recognizing menstrual discomfort as an acceptable condition to routinely treat with opioids.

Another young woman mentions that the opioid medication she obtains from her mother to treat menstrual cramping is the only form of illicit psychoactive medication use that she engages in. She says that she is taking her mother's opioids "responsibly" because of her

purposeful consumption to treat pain. This again draws attention to how youth construct “responsible” forms of illicit psychoactive medication consumption in which they employ claims about the frequency of use and purpose of use to neutralize deviance. We also see how one woman learns from family members that experiencing stress is another condition suitable for psycho-pharmaceutical intervention. Examples of the ways youth experience and make meaning of stress, worry, pain, and discomfort demonstrate how illnesses are increasingly identified and acted upon outside of the supervision of medical experts by consuming family member’s psychoactive medications.

### **Medicalizing Shyness**

Further demonstrating how psychoactive medication consumption serves as a mechanism through which youth medicalize everyday experiences, I present and unpack claims-making activities that frame experiences of shyness as necessitating pharmaceutical intervention.

*P: It’s really only like Xanax or [other] Benzos, I get really anxious and overwhelmed and it just makes me feel so much better. It makes me feel so much more myself and calm. So, occasionally I’ll just have a little tiny bit of one if I’m going to be meeting people I’m shy around . . . I tend to gravitate towards Xanax or its cousins just because it helps me feel more confident and more relaxed. So, I feel like I actually make better decisions when I’m on it. I feel like I make more true-to-myself kind of actions and decisions because I’m not inhibited by all my anxieties. So, that is the appeal to me. I can actually make things happen that I want to happen*

*I: Can you give me an example of something?*

*P: Just being too shy to actually go for somebody that you have a crush on, or, you know, talking to somebody who is maybe an impressive person in your field, or something that you’d never have the nerve to do otherwise. And good things come out of those sorts of things you know. So, you have to take risks in life and it just makes me at least more able to take those risks . . . I feel like I’m somebody who could actually get prescribed it. I’ve never tried, and mostly just because*

*I'm lazy, but I feel like I've had panic attacks, and, like, I get extremely overwhelmed by social situations, and I feel like it might be appropriate that I actually need it prescription-wise, and basically I'm just self-medicating. I mean, I'm sort of considering actually trying to get a prescription, because it's weird feeling like I am abusing it even though it's probably warranted, you know what I mean? (White/Upper Middle Class/Female; 30034)*

The young woman above expresses that there are positive outcomes of her illicit benzodiazepines consumption, such as creating important business opportunities or initiating romantic relationships. Framing her uptake of Xanax and other benzodiazepines as a way to achieve valued societal goals reveals how some youth consider these pills as tools that enable them to accumulate social, cultural, and economic capital. This young woman also discusses her illicit medication use in relation to her identity and performance of self when in social situations. She speaks about how these medications help her perform in ways that cohere with her perceptions of her true capacities. These claims of accessing a more authentic sense of self highlight the role these medications play in identity work practices. More specifically, she constructs her performance of self in social situations as shy and unable to initiate interaction with others. She also uses medical discourse to articulate her experiences: she feels like she has panic attacks, despite never having received a medical diagnosis validating such experiences. As such, she justifies her illicit consumption of Xanax as a solution to her sociality problems. Furthermore, she claims that she could obtain a medical diagnosis, and receive a prescription for a benzodiazepine, if she were to seek medical attention. However, she claims that she has not yet had the motivation to do so. She thus demonstrates how accessing psychoactive medications illicitly is meaningful as a more efficient way in which to treat illness when compared to the time and effort it takes to do so through the medical field.

Previous work on anti-depressants and amphetamines demonstrate how consuming these specific medications influences the construction of a medicated self (Davis-Bearman and Pestello 2005; Karp 2006; Loe and Cuttino 2008). Typically, studies of the medicated self focus on the ways these medications are experienced as producing an inauthentic self (Davis-Bearman and Pestello 2005; Karp 2006; Loe and Cuttino 2008). However, unlike the work that largely focuses on how certain medications produce problems related to selfhood, the young woman above embraces her medicated self. In this way, illicit consumption of psychoactive medications is a mechanism that draws distinctions between young adults' inauthentic "sick" self and their authentic "healthy" self.

Adding to the above findings, the following quotations provide more evidence of how youth are medicalizing shyness and engaging in acts of identity work through their illicit consumption of psychoactive medications.

*I like Adderall, because I'm a shy person. Especially around new people and sometimes it kind of makes you feel happier. So, it's that confidence when you're around all these people, and someone introduces you to someone, and you'll have a conversation with them, or something, but you're talking to someone, and I think it makes you feel like you're socializing, and I think it makes you feel better, like, "Wow, I'm really getting out there meeting people." (White/Middle Class/Female; 30072)*

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*Really the most major thing is if I'm feeling like really uptight and tense, and like really anxious, it's, like, really effective at making those feelings subside. I mean, that's really why I'm attracted to sedatives most, is for the particular thing that I'm trying to achieve. So that's really what I like about it. (White/Upper Middle Class/Male; 30066)*

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*I like Adderall or Vyvanse, because when I'm depressed or anxious I feel like I'm unproductive and anti-social, and I just like feeling like I'm a better version of myself. And I feel like I'm more productive, and that I'm more friendly, and that I just feel like that's what I'm supposed to be like*

*but I haven't like fixed my head enough to be that person yet. (White/Working Class/Female; 30306)*

These anecdotes highlight how some youth understand their difficulties as a problem that can be resolved with the illicit consumption of amphetamines or benzodiazepines. When they claim that being shy, uptight, and anti-social are states that require pharmaceutical intervention, the youth highlight how the illicit consumption of these medications serves to widen the social definitions of diagnostic criteria for social anxiety disorders. Previous work on depression demonstrates how the popularization of the illness in American culture shapes how some people medicalize general states of sadness (Horwitz and Wakefield 2007). By applying the medical discourse of depression to describe and make meaning of experiences of sadness, Horowitz and Wakefield highlight how lay individuals engage in acts of medical expansion. Additionally, amphetamines are discussed in terms of performing an authentic self. While previous work on those who are prescribed amphetamines demonstrates that many youth construct their identities and sense of self while on the medication as inauthentic (Loe and Cuttino 2008), we see how two young women embrace the performance of self that illicitly consuming these medications enables. Similar to the ways youth discussed benzodiazepines helping them to perform in social situations, both these women state that they are able to overcome their shyness and perform in socially-appropriate and productive ways. One woman specifically highlights how her friendlier demeanor while on amphetamines reflects a set of behaviors that she knows she will one day be capable of performing without the medication. She recognizes she still has more identity work to accomplish before she can “become” that person.

## **Medicalizing Stress**

Youth frequently frame their personal accounts of stress in terms of illness. The following excerpts provide insight into how youth make meaning of stress a suitable condition to treat with the illicit consumption of psychoactive medications.

*A lot of young people are stressed out because of a lack of money. They're coming out of college without any kind of jobs and it's just stressful. The feelings of worthlessness, loss of hope and stuff; so a lot of people have fallen to these drugs in order to make themselves feel better because they feel like, "Hey, I can get on with my day, I can do what I need to do." (Black/Middle Class/Female; 30372)*

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*I was really stressed and kind of out of it for a while. So, I was using [Klonopin] just to kind of deal with my anxiety and help myself just calm down and be able to go out and deal with things. (White/Upper Middle Class/Female; 30049)*

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*I have been using Xanax for myself very frequently recently. I don't have a prescription. I just know someone who does. And they don't really use their prescription. So I basically have been using them on my own . . . sedatives, you know, they calm me down. I have a tendency towards anxiety and so I like knowing that I kinda have a way out if I have a Xanax . . . I simply use it because I'm feeling stressed out, or I've had a rough day, or I'm hung over, or I'm feeling nervous. And I use them for what I'm assuming they're designed to be used for, which is to diffuse anxiety, which is something that runs in my family. (White/Upper Middle Class/Male; 30294)*

The above stories demonstrate two key points about youth's illicit consumption of psychoactive medications. First, these youth claim that stress pervades their lives. Second, illicitly consuming psychoactive medications helps them to cope with stress and continue to be productive members of society. These youth thus highlight how stress is an experience that they medicalize by treating it with pharmaceuticals.

The main stressors the youth discussed were transitions into the workforce, not having enough money, and feeling overwhelmed with working multiple jobs, or working while also

attending college. Youth therefore problematize many of the attributes commonly associated with being a young adult in late modernity. Jeffrey Arnett's (2015) concept of "emerging adulthood" describes this transitional time in youths' lives. In late modern societies it generally takes longer for youth to reach the social and cultural milestones that mark one's entry into the status of full adulthood. Economic changes of late modern societies, which require both a highly-skilled and versatile workforce, are frequently identified as the driving factors delaying the achievement of adult milestones. Many youth find themselves instead investing more time during their twenties and into their thirties developing their social and cultural capital in preparation for entering a highly-competitive job market (Arnett 2015). As a result of the longer road to reaching stable, well-paid, and prestigious employment, youth realize delays in achieving other milestones typically associated with adulthood, thus fostering experiences of feeling adult in some ways, but not in others (Arnett 2015).

Subsequently, many youth find navigating their twenties and early thirties to be challenging and stressful (Arnett 2015; Smith et al 2011). Smith et al. (2011) problematizes the deferment of adulthood in ways that highlight the challenges of becoming adult in late modern societies. Moreover, they claim that the instability and uncertainty experienced during this transitional time period can increase the prevalence of a range of mental health issues, such as depression and anxiety. The misuse of psycho-pharmaceuticals as strategies that enable youth to cope with being stressed and anxious makes sense within the larger context of youths' struggle with the transition into stable professional employment. Some youth are not only medicalizing the stress and anxiety they are experiencing, but are also expanding the ways these conditions are defined as illnesses that require pharmaceutical intervention. As such, emerging adulthood can be made meaningful as a lifecycle that informs pharmaceuticalization processes.

The following quotation draws attention to the value of illicit consumption of psychoactive pharmaceuticals to managing and controlling stress.

*I also think that they like the idea of playing psychotherapist for themselves. They feel anxiety and they like the control that they feel by taking a certain drug to alleviate their anxiety or to bring about another desired result. I think the control is a part of it. Like, controlling uncertainty and managing the stress that comes with uncertainty. (White/Middle Class/Male; 30156)*

Youth value the ability to control their emotional well-being. They value the ability to relieve feelings of stress and anxiety that accompany uncertainty, a common feature of many young adults' lives as they transition into taking on the responsibilities of adulthood (Arnett 2015; Smith et al., 2011). By illicitly consuming psychoactive medications, youth take control of uncertainty and attendant stress and anxiety. While recognizing that only medical doctors may legally prescribe psychoactive medications, this young man notes that youth can challenge protocol through practices of illicit consumption, and are able to alleviate stress, anxiety, and uncertainty on their own. In this way, the illicit consumption of psychoactive medications is a way for youth to gain more control over their health, their well-being, and their ability to live productive and fulfilling lives.

## **Conclusion**

Illich's (1976) concept of medical imperialism focuses on medical institutions as the dominant and driving force of medicalization. He and other early medicalization scholars claimed that all forms of social suffering would soon be defined by medical experts as medical conditions in need of medical treatment (Illich 1976; Zola 1972). Previous work on the medicalization of deviance highlights the role that psychoactive medications play in processes of

medicalization (Conrad and Schneider 1980). However, medical experts were still identified as the key players shaping processes of medicalizing deviance (Conrad 2005). Expanding the players involved medicalization, Peter Conrad (2008) acknowledged the complex set of cultural and economic forces and factors driving the expansion of medicine in American society. As a result, concepts of medicalization came to focus more on how society defines a problem in medical terms and resolves it with the use of medical products. The youth presented in this chapter use medical discourse to define their illicit consumption of psychoactive medications. Their stories of shyness, nervousness, menstrual pain, and stress all highlight how they frame these experiences in terms of illnesses that are best dealt with through pharmaceutical treatment. By self-diagnosing and self-treating, these young adults reveal their illicit consumption of psychoactive medications as a mechanism of self-medicalization (Conrad 2005; Fainzang 2013). Paradoxically, self-medicalization challenge aspects of medical authority while at the same time continuing to expand the scope of human experience defined through the language of medicine (Conrad 2005; Conrad 2008). Barker (2009) claims that patients in a highly medicalized society may be socialized to experience unpleasant emotions in terms of illnesses that need medical treatment. The young adults' claims-making activities presented above highlight how they come to learn and define emotional states such as being shy, stressed, and overwhelmed as illnesses suitable to self-treat with the use of others psychoactive medications.

The self-medicalization of emotional states, such as being nervous and worrying, are examples of how consuming these pharmaceuticals informs and influences decisions to pathologize common yet unpleasant human experiences. In his critique of medicine in U.S. society, Klienman (1988) states that norms and values of personal freedom and the pursuit of happiness combine to create beliefs among Americans that they are medical consumers who

have a right to be free from suffering. The claims-making activities detailed in this chapter demonstrate how youth frame their illicit consumption of others' psycho-pharmaceuticals as responsible self-care practices. By framing their uptake of psychoactive medications within the context of solving problems they encounter in their day-to-day lives, youth highlight how they make meaning of these practices in terms of taking personal responsibility and control over identifying and treating illness. In this way, youth reframe and reclaim illegal drug consumption as a form of agency and power, aided by the democratization of medical knowledge and the growth of patient empowerment within medical decision-making in the United States (Lupton 2012; Lupton 2013; Lupton and Jutel 2015). The sociology of diagnosis shows that providing a diagnosis is a significant source of power that the medical field exerts over patients (Jutel 2014; Jutel and Nettleton 2011). Youth not only challenge this authority through acts of self-diagnosis and self-treatment, but also contest medical diagnoses they receive from medical professions with their own experiences treating illness symptoms with others psychoactive medications.

The role that pharmaceutical leakage plays in medicalization processes is crucial—without an over-supply of psychoactive medications circulating among young adults' social networks, they would not have the capabilities to resist the medical field's dominance over granting access to desired medications (Lovell 2006). In this way, acts of self-diagnosis and illicit psychoactive medication use are made possible through the expansion of U.S. pharmaceutical markets. The ubiquity of these medications among social networks is a strong disincentive for youth to consult medical experts. In fact, some youth are socialized to identify and treat certain illnesses outside of the context of a medical professional through family members who counsel them to define certain experiences as suitable for consuming the psychoactive medications the family members make available to them. These social learning

processes also normalize a consumption practice otherwise labelled as deviant and illegal by the legal and medical institutions.

Rather than framing psychoactive medication use in terms of deviant drug use, as is most commonly done by meso- and macro-level claims-makers, the examination of micro-level claims-making activities highlights how individuals construct and make meaning of these behaviors in terms of efficiency and agency. These micro level claims-making activities reveal that consuming illicit psychoactive medication challenges the dominant role medical experts play in controlling both diagnostic and therapeutic processes. Subsequently, these claims demonstrate more than a simple way for youth to justify and neutralize their illegal behavior; they also demonstrate transformations in the way medical knowledge is created, disseminated, and maintained through practices of pharmaceutical consumption and human interaction (Clarke 2003). Symbolic interactionists have long noted the importance of how people make meaning of the social worlds they inhabit in everyday life (Gubrium and Holstein 2000; Lamont and Fournier 1992; Lamont and Molnár 2002; Zerubavel 1991). I argue that these youths' claims-making activities reveal how lay populations draw distinctions between healthy and ill bodies as they detail which behaviors are considered abnormal and in need of pharmaceutical treatment.

The democratization of medical knowledge and popularization of treatments offer youth a way to gain more control over their own bodies, capabilities, identities, and performance of self (Lupton 2012). Illicit consumption of medications such as Xanax, Adderall, and Vicodin plays an important role regarding how youth relate to their own bodily and emotional experiences. IN fact, some young adults even frame their misuse of these medications as allowing for a more authentic performance of identity and selfhood. Bury (2001) states that by analyzing illness narratives, we are able to explore how people connect aspects of their identities with experiences

of illness and illness treatment. Studies focusing on exploring the construction of identity in relation to pharmaceutical uptake draw attention to the ways in which medicine can impact how people make meaning of what it means to perform an authentic and inauthentic self in social interaction (Karp 2006; Davis-Bearman and Pestello 2010; Loe and Cuttino 2008). Illicit medication use is similarly made meaningful as enabling youth to access and perform a more authentic sense of self as they seek to conform to societal expectations of behavior. Linking medications to identity is a unique process whereby decisions to self-medicate symbolize not only a means of reclaiming one's health, but also a mechanism through which to achieve a more valued sense of self. In this way, these medications are a means to resolve difficulties with social interaction and reflects how these medical products have become meaningful as technologies that enable the self to conform to societal norms of comportment (Foucault 1988; Lupton 1997).

Medical sociologists note how pharmaceuticals are a driving force in the continued medicalization of everyday life (Bell and Figert 2012; Busfield 2006; Clarke et al. 2003; Conrad 2008; Fox and Ward 2008; Williams, Martin and Gabe 2011). Moreover, studies highlight how medications can transform patients' and the general public's expectations of normal and pathological experiences (Coveney, Gabe and Williams 2011; Fox, Ward and O'Rourke 2005; Fox and Ward 2008; Williams, Coveney and Gabe 2013). Focusing specifically on the surge in use of anti-depressants, Horwitz and Wakefield (2007) argue that people are increasingly over-medicalizing normal experiences of sadness. Similarly, I find that through their illicit access to psychoactive medications, youths may also be over-medicalizing normal experiences of worry, shyness, stress, and nervousness. I argue that these findings show that illicit psychoactive medication consumption is an ever-present part of the continued medicalization of everyday life. However, this medical expansion is significantly taking place outside of the purview of medical

authorities, aided by the democratization of medical knowledge, the transformation of patients into consumers, and the leakage of over-prescribed psycho-pharmaceuticals through social networks. These factors converge to empower youth to take control of managing their own health and illness, as they value the agency and efficiency that illicit pharmaceutical consumption provides them. I encourage medicalization scholars to focus more on analyzing experiences of self-medicalization, and to recognize that resistance to medical authority in everyday life through practices of self-diagnosis and self-treatment represents a significant force of medical expansion.

## **Chapter 7: Drug Normalization**

Chapter 6 presents narratives that highlight the normalization of illicit psychoactive medication use among young adults in U.S. society. Young adults construct these medications as an unremarkable and at times essential aspects of their everyday life, particularly when describing their experiences within the social institutions of education and employment. The normalization of illicit psychoactive medication use among youth mirrors other drug normalizing trends among this age group (Hathaway, Comeau and Erickson 2011; Measham, Aldridge and Parker 2001; Mostaghim and Hathaway 2013; Parker, Aldridge and Measham 1998). However, while previous research on drug normalization focuses on the increasing engagement in and tolerance of certain forms of recreational drug use, the following accounts of normalization expand upon this to account for the ways psychoactive medications are normalized for purposes of production.

### **Drug Normalization Thesis**

The concept of normalization describes how behaviors that were once deemed deviant or stigmatized within a society become more conventional, less remarkable, and at times even valued. Parker, Aldridge, and Measham (1998) apply this concept to make sense of the growing societal acceptance of recreational drug use, particularly among young adults. Highlighting how all forms of illegal drug use were once by and large associated with pathological behavior, the drug normalization thesis emphasizes that recreational drug practices are increasingly seen as a common aspect of young adults consumption based leisure activities (Parker, Aldridge and Measham 1998). Drug normalization occurs among youth due to their unique social experiences within an extended transitional lifecycle stage (Parker, Aldridge and Measham 1998).

Transitions into adulthood in many late modern societies are commonly characterized by a delay in the attainment of adult milestones (Arnett 2000; Arnett 2015). Instead, the pursuit of leisure and exploration of various social roles and cultural practices become important and valued developmental goals for young adults (Arnett 2000; Arnett 2015). Included within this leisure and experimentation is an increase in the use of psychoactive substances (Arnett 2005; Schulenberg and Maggs 2002; Smith, Christoffersen and Davidson 2011).

Parker, Aldridge, and Measham (1998) claim that the social importance of “leisure-pleasure landscapes” for young adults in late modernity provides the context within which recreational drug use becomes a normative feature of their free time. Importantly, the normalization thesis does not account for excessive drug use and the development of addiction related behaviors, which remain problematized and stigmatized (MacDonald and Marsh 2002; O’Gorman 2016; Parker, Aldridge and Measham 1998). Instead, the normalization thesis recognizes how drug users practice “sensible recreational” drug use by policing patterns of addiction through constructing norms for use based on drug related knowledge (Cheung and Cheung 2006; Egginton and Parker 2002). Normalization theorists also claim that youth are more knowledgeable about drug use and that this shapes the ways they accommodate and value particular aspects of drug use within certain cultural context (Parker 2005; Shildrick 2002). Even those youth who choose not to partake in drug use themselves increasingly construct recreational drug use as an unremarkable feature of their social and cultural worlds and therefore is not considered to be deviant, despite legal specifications labelling them otherwise (Parker, Aldridge and Measham 1998).

Five core criteria comprise the normalization of recreational drug use among young adults: increasing access and availability of drugs, increasing rates of drug experimentation,

increasing rates of regular recreational use, increasingly lax attitudes towards recreational drug use, and an increase in cultural accommodations towards recreational drug use (Measham and Shiner 2009; Parker 2005; Parker, Aldridge and Measham 1998; Parker, Williams and Aldridge 2002). The process of normalization involves changes in these five dimensions in an intersectional manner, whereby these five components work in interactive fashion and mutually influence one another in the social production of a normalizing drug trend (Parker, Aldridge and Measham 1998). Normalization has played an important role in several contemporary youth drug trends. Many drug scholars highlight the normalization of recreational marijuana use among youth (Duff et al. 2012; Hathaway 1997; Hathaway, Comeau and Erickson 2011; Mostaghim and Hathaway 2013; Parker, Aldridge and Measham 1998). This trend in normalization can be found through both quantitative studies that chart prevalence rates as well as qualitative based studies that demonstrate how youth define marijuana as easily accessible and socially acceptable to consume (Hathaway 1997; Hathaway, Comeau and Erickson 2011; Parker, Aldridge and Measham 1998; Parker, Williams and Aldridge 2002). Marijuana use has also been more commonly depicted in normalized ways within various forms of mainstream media and has also seen relaxed social policies aimed at decriminalizing and legalizing recreational marijuana use (Asbridge et al. 2016). Subsequently, normalization theorists claim that marijuana use has come to be constructed as an unremarkable feature of daily life and an accepted part of mainstream culture (Duff et al. 2012; Hathaway 2004). In addition to the normalization of marijuana, researchers also note how a subset of drugs commonly referred to as club drugs have also emerged as a relatively unremarkable feature of young adult's leisure experiences (Duff 2005; Measham, Aldridge and Parker 2001; Parker, Aldridge and Measham 1998). Club drugs account for stimulant and psychedelic drugs like cocaine, MDMA, and LSD. Drug scholars demonstrate

that the recreational use of these substances has become normalized within particular youth subcultures (Duff 2005; Measham, Aldridge and Parker 2001; Parker 2005; Parker, Aldridge and Measham 1998; Parker, Williams and Aldridge 2002).

Criticism of the drug normalization thesis point out that while the theory has utility in its original conceptualization it is too expansive and homogenizes many aspects of drug use while excluding others (Shildrick 2002). So, while some drug scholars note the normalization of young adults recreationally using marijuana and club drugs, others highlight this drug normalization as a site of privilege for predominantly white middle and upper class youth (Measham and Shiner 2009; Pennay and Moore 2010). This is particularly visible in the persistence of high marijuana arrests among minority youth compared to white youth (Golub, Johnson and Dunlap 2007; Nguyen and Reuter 2012; Ramchand, Pacula and Iguchi 2006). In this way, experiences of drug normalization are relative not only to specific drugs and drug practices, but also the social status of the user (O’Gorman 2016). MacDonald and Marsh (2002) have introduced the term “differentiated normalization” to highlight how certain types of drug use and drug users are constructed as normalized amongst particular groups of people. This updated version of the theory is a bit more dynamic in that it recognizes aspects of both structure and agency (Measham and Shiner 2009).

Building off criticism on the homogenizing aspects of drug normalization research, I argue that the theories attention towards drug use within a “leisure-pleasure landscape” significantly limits the scope of psychoactive substances and use practices that can be understood as normative. By solely focusing on drug use as leisure based activity, the normalization thesis obscures how youth incorporate psychoactive substances into aspects of productivity. This chapter provides data that extends the application of the normalization thesis to make meaning of

drug use outside of the context of leisure. While prior research notes the high prevalence rates of illicit psychoactive medication use among young adults (Kelly et al. 2013; McCabe et al. 2014; SAMHSA 2016), no prior work has set out to explicitly demonstrate the normalization of this drug trend. The remainder of this chapter presents data that details how youth construct the illicit consumption of psychoactive medications as a common feature of everyday life, particularly within the context of education and employment.

### **The Normalization of Illicit Psychoactive Medication Use**

Those interviewed very commonly engaged in framing these medications and their illicit consumption as a normalized aspect of their social lives.

*Yeah generation Rx, I mean, it's so real. If you go into any parent's medicine cabinet, they have everything seemingly for no reason. It's just so normal. If you're stressed out, you take a Xanax. It's not a big deal. Or, if you need an Adderall; Jesus fucking Christ, I mean the colleges are just swimming in them. Everyone adores it cause you can just get so much done. And that is just so casual. I feel like Adderall is the most casual of them all, because Adderall is for dorks. I mean my best friend, she does not do drugs, but she does Adderall, which she doesn't really acknowledge is a drug. And I think a lot of people feel that way about Adderall, in particular. You know, Adderall is weirdly socially acceptable to talk about. They're so trend. They're so okay to talk about... I always say jokingly whenever I enter a really stressful situation, "I need a Xanax," and everyone just laughs, and they understand. It's just this weird acceptable thing to take a Xanax, it's just like not a big deal. And Adderall isn't a big deal. (White/Middle Class/Male; 30015)*

This young man articulates how psychoactive medications and their illicit use are recognized as an unremarkable part of navigating daily life. First and foremost, he refers to his generation as "generation Rx", a label applied to the largest U.S. cohort of children to receive psycho-pharmaceutical treatment (DeGrandpre 1999; Quintero, Peterson and Young 2006;

Sharpe 2012). Interestingly though he notes how the high rate of prescriptions among his generational cohort is in some ways a reflection of their parents medicinal consumption practices. The label “generation Rx” also denotes how normalized taking psychoactive medications has become for an entire generational cohort that came of age in a highly pharmaceuticalized society (Loe 2004). The pharmaceuticalization of U.S. society (Abraham 2010a; Fox and Ward 2008; Williams, Gabe and Martin 2012; Williams, Martin and Gabe 2011), as particularly experienced by a generation of youth, provides the cultural context from which the normalization of illicitly consuming these medications emerges.

As a result of the high prevalence of prescriptions received by college aged youth, this young man claims that Adderall is very accessible on college campuses and that it’s also socially acceptable to engage in as well as talk about illicitly consuming them. He even states that the illicit use of this particular medication has become so trendy that some people do not even acknowledge that it’s illegal to take it without a prescription. The man cited above also claims that these medications are highly valued on college campuses for their ability to enhance productivity. In addition to highlighting the normalization of stimulant medications, this young man claims that consuming Xanax has become so much of a common cultural practice that it’s referred to casually in conversation as a mundane way in which to highlight stressful situations and experiences. These statements clearly demonstrate many of the key components of the drug normalization thesis like, high drug availability and use, as well as lax attitudes and cultural accommodations regarding such prevalent use (Parker, Aldridge and Measham 1998).

While some participants spoke of psycho-pharmaceuticals as being normalized in society at large, others were more specific about particular segments of society for whom they saw consumption to be normalized among.

*You know it's also by culture too. I think that certain people can get their hands on prescription drugs easier than other drugs. Coming from an East Coast middle class background, growing up you saw a lot of it and, because it is prescribed, those prescriptions just filter through all your friends and family. I think that it has to come from a background of people who go to the doctor. Where they would go to somebody who would be able to prescribe that. I mean that's a very middle, upper middle class thing. For people who can access those drugs I think that it became kind of a cultural norm. I hadn't actually thought about that. Why maybe the culture I come from has become so enamored of them. (White/Middle Class/Female; 30096)*

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*I tend to do them by myself. I enjoy Xanax. It's my main way to calm myself down. Xanax is obviously like the one that people tend to use the most just because it is such a wonderful way to take the edge off. You know pop a couple Xanax and have a glass of wine at home and it's almost like it fits into the social fabric of life. You know, it's like they're [Xanax] so casual. All these people that I'm friends with are very high functioning, very productive members of society, and it's just one of those things, some pills and a bottle of red wine is what you want to do tonight. (White/Middle Class/Female; 30127)*

These excerpts demonstrate the ways some youth saw these medications and their illicit consumption as a common cultural feature among a particular class of Americans. Specifically, one young woman notes that psychoactive medications are more of a cultural norm among the middle and upper middle class. Scholars have highlighted how certain forms of cultural capital typically possessed by those from a higher socioeconomic class not only informs access to medical professionals, but also engagement with them in ways that shape the diagnosis and treatment of illness (Shim 2010; Simoni and Drentea 2016). As such, the influence of social and cultural capital on access to pharmaceuticals may also shape the normalization of illicitly consuming psychoactive medications among particular groups of people. One young woman notes how the uptake of these medications is a prevalent and valued consumption trait of those from middle and upper middle class cultural backgrounds. Similarly, another young woman

quoted above details how the consumption of psychoactive medications by successful peers to help relax is made meaningful as a uniquely common cultural practice. This highlights how the illicit consumption of psychoactive medications can also be made meaningful as a symbolic conveyor of social status and identity as this young woman attributes it as a consumption practice of valued members of society (Bauman 1988; Beck 1992).

Both of these young women construct the illicit use of psycho-pharmaceuticals as useful and normative cultural technologies whose consumption is embraced by conventional segments of society. These claims also confirm that drug consumption as a normalized behavior is embedded within larger cultural patterns of consumption and lifestyle (Pennay and Moore 2010). This trend in normalization also mirrors the research revealing marijuana use as an increasingly mundane part of mainstream consumer culture (Duff et al. 2012; Hathaway 2004). The distinct ways these youth make sense of consuming these medications as a common cultural practice among conventional adults demonstrates how they value their normalization. These findings, while indicative of the normalization of psychoactive medications, also verify recent criticisms of the normalization thesis whereby processes of normalization may only be attributable to certain privileged populations (MacDonald and Marsh 2002; O’Gorman 2016; Shildrick 2002). However, while this data highlights that only certain populations may experience the illicit consumption of these medications as normalized, it also reveals how this particular drug trends normalization may extend beyond the transitional phase of young adulthood and into the lives of conventional and successful adults.

In analyzing how youth go about constructing the illicit consumption of these medications as an unremarkable aspect of daily life, I find that the family emerges as a unique institution within which these medications become normalized. The next set of quotes reveal

how youth talk about the family as a common context within which these medications and their illicit consumption are experienced as a normalized feature of everyday life.

*So, for like a kid growing up whose mom takes Xanax every day or you know whose little brother is getting Ritalin because he's acting up. You're like "okay well you know they're prescribed this so like I'm gonna take this if I need to do my work". I don't know, it's become kind of a cultural norm. (White/Middle Class/Female; 30139)*

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*My parents take pills. They don't use them recreationally. They're not using them with a whole bunch of people to have orgies, but I mean like if my mom's stressed she'll take a Valium. If my dad's back hurts he'll take a codeine. You know, if I wanna be able to sleep or if I'm not feeling well I'll take what's around. (White/Upper Middle Class/Male; 30209)*

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*I have a relative [I get Klonopin from], and it's easy. In my family, everybody's like, "Oh, you're feeling something, oh, you should take something!" It's a family thing. Everybody does the same thing. (White/Middle Class/Male; 30229)*

These three quotes all highlight how youth report being exposed to these medications through their family members' consumption of them. Experiences with these medications within the context of family certainly serves to inform these youth of the value of consuming them, even without a prescription. The mundane presence of these pills within the home draws attention to the family as an important context within which the normalization of their illicit use emerges. The sociological significance of pharmaceuticals increasing presence within domestic life has been covered in terms of the pharmaceuticalization of sleep, sex, and appetite (Fox and Ward 2008; Williams, Coveney and Gabe 2013). The youth above note that this may also extend to common experiences of stress, pain, and productivity. By growing up with parents and siblings who take these medications, youth learn not only where to access these medications, but also how to accommodate their consumption in strategic ways that help them with their own

problems in day-to-day life. This highlights how youth not only access these medications through family, but also access knowledge that positively reinforces their illicit use. In this way the normalization of illicit psychoactive medication use is found to be embedded within one of the fundamental structures of adult socialization, the family. While some youth reference their families as normalizing the illicit consumption of psychoactive medications, others identify another common institution of socialization as context for drug normalization, schools.

The following quote from a young woman details how she came to learn that illicitly taking these medications is a normalized aspects of navigating everyday life.

*P: I feel like college is when you start to understand that everyone is on pills. So, once you're in college that's about the time you're like, "oh yeah you can take a pill"! It's a (snaps fingers) quick fix. It's like "oh I don't feel good, I'm gonna take a pill. I feel lonely, I'll take a pill. If I want to be able to get all this work done, I'll take a pill". You can really take a pill for anything now. It is kind of the future in a way, if you think about it.*

*I: In college in particular?*

*P: No, just in general. Any age group. Everyone's on fucking pills. Everyone's on pills. So, I don't think teenagers really quite grasp it yet, but once you're in college everyone's medicating themselves. I would have to say taking pills is very normal. It's just as normal as getting coffee. (White/Upper Middle Class/Male; 30209)*

This young woman notes how she learned that taking psychoactive medications was an unremarkable aspect of navigating daily life while in college. She claims that she had a realization as a young adult that everyone, both inside and outside of the context of college, was taking psychoactive medications as an effective and efficient way in which to feel better and be productive. In this way, her description of the normalization of these medications also signifies her embrace of pharmaceuticalization, a process whereby many mundane problems are made

meaningful as opportunities for pharmaceutical intervention (Abraham 2010a; Bell and Figert 2012; Williams, Martin and Gabe 2011). The popularity of pharmaceutical remedies at large in U.S. society no doubt shape the emergence of illicitly using these particular medications as an unremarkable feature of dealing with everyday problems. However, as illicit consumption is distinguished by the absence of a medical expert making medical decisions to authorize the medical use of these pharmaceuticals, this drug normalization trend also entails challenging these aspects of medical authority and control. In fact, decisions to rebel against medical authority are portrayed as occurring so regularly that these consumptive habits are compared to the common consumption of legalized drugs. This juxtaposition is quite revealing as this young woman associates psychoactive medications with other psychoactive substances that are socially acceptable to consume for purposes of enhancing productivity, like coffee. The importance of productivity as a normative context for this drug trend is particularly visible within youth's accounts of illicitly consuming psychoactive medications as college students.

### College

In late modern societies, college has emerged as an important social institution for many young adults. Some studies note that close to half of all 18-24 year olds enroll in college in the United States (Snyder, de Brey and Dillow 2016). Many of the young adults interviewed spoke about their time in college in relation to their illicit use of psychoactive medications. They also made claims that highlight the ubiquity of these medications on college campuses as well as the normalization of illicitly consuming them as students.

*Well, I would say college you're surrounded by it and its mass use and consumption. And it's a totally socially acceptable norm for an entire group of people. I think I would have developed a very different attitude toward it if I had not gone. I just got out of finals three weeks ago. I*

*couldn't get my work done and I was like "oh I'll just pop some Adderall". I mean it's not hard to come by. I feel like a lot of other places it wouldn't be like that. (White/Middle Class/Male; 30045)*

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*Sedatives I think are great for school like as a coping mechanism. My older sister gave me all this Xanax that she had leftover. She was like "here". I have friends who have very high Xanax prescriptions too. So, it's very easy to get. (Latinx/Middle Class/Female; 30031)*

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*Things like Adderall and Ritalin, they're so widely available in college. Lots of people take them for studying, you know finals or whatever. It's not even an issue to get them. So many people take them. So, it's not looked down upon or a weird thing. (White/Upper Middle Class/Male; 30078)*

These youth all frame the presence and illicit consumption of psychoactive medications as an unremarkable feature of college life. Moreover, all three young adults quoted above note that these medications are easy to obtain and socially acceptable to consume without a prescription. One young man in particular constructs the consumption of stimulant medications, like Adderall, as a distinct cultural practice among students and claims that he most likely would not make meaning of illicitly consuming them as normative had he not gone to college. Various epidemiological data support this claim. Prescriptions for psycho-stimulant medications are distinctly high for contemporary college students as rates of prescribing increased more than fivefold for those within and around this age range (Diller 1998; Diller 1996). College students have interestingly been found to divert stimulant medications more than other psychoactive medications (Garnier-Dykstra et al. 2012; Garnier et al. 2010). Furthermore, illicit consumption of stimulants is reportedly higher among those young adults attending college than those not (Ford and Pomykacz 2016). In this way, colleges act as unique sites for pharmaceutical leakage, whereby concentrated high rates of prescriptions provide the context from which illicit consumption for studying purposes emerges (DeSantis and Hane 2010; McCabe et al. 2005). The

normalization thesis states that certain drug behaviors become embedded within specific context (Measham, Aldridge and Parker 2001; Parker 2005; Parker, Aldridge and Measham 1998). While the normalization thesis has focused on drug use and drug meanings emerging within the contexts of recreation and leisure, these youth highlight similar processes unfolding for purposes of productivity on college campuses.

The following quotes provide more details on how illicitly consuming psycho-stimulant medications are made meaningful as a normalized cultural practice on college campuses.

*I think it's a very like "college" thing to do. I think it starts with that. At least for the stimulants like Adderall. Study drugs in my experience. Also, this idea of maybe being able to in some sense give yourself an edge. Feeling like you're operating on a higher playing field mentally. (White/Middle Class/Male; 30156)*

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*I use Adderall and Ritalin to study and that's very normalized in college. So many people do it. It's very accessible. Everyone has it. You can just walk around the library for five minutes and find someone who will give it to you. So I think in a sense it's just this kind of easy way to do better and have more energy. (White/Middle Class/Male; 30321)*

The above excerpts note how ubiquitous stimulant medications are on college campuses. They also articulate how the illicit consumption of these medications for purposes of studying are not only normalized within this context, but are constructed as consumption practices that are culturally unique to the role of being a college student, so much so that they are colloquially referred to as "study drugs". Both of these young men note that consuming stimulant medications like Adderall and Ritalin enhances their capabilities to perform as students. While some scholars have framed the trend of illicitly consuming stimulant medications for purposes of education as a form of medicalization (Maturio 2013), others have preferred to frame it as a form of human enhancement as the application of pharmaceuticals is not intended to treat pathology,

but instead improve upon aspects of normative performance (Coveney, Gabe and Williams 2011; Levinson and McKinney 2013; Martin et al. 2011; Teter et al. 2005; Williams, Coveney and Gabe 2013). Healthy individuals consumption of psycho-stimulants to improve focus on intellectual tasks has come to be framed by some as a specific form of cognitive enhancement (Coveney, Gabe and Williams 2011; Martin et al. 2011; Williams, Coveney and Gabe 2013). In fact, studies of college students seeking to optimize their abilities to concentrate on schoolwork has been one of the few focus areas of human enhancement research (Elnicki 2013; Loe and Cuttino 2008). It is important to note however that regardless of the intent to treat illness or enhance performance, the use of these medications to improve academic performance is made meaningful as an increasingly embedded feature of college life. As such, this drug trend represents both the pharmaceuticalization of navigating college workloads as well as a process normalizing the illicit consumption of psycho-stimulants for purposes of cognitive enhancement.

The following young woman highlights how the dissemination of these medications on college campuses within social networks significantly contributes to the normalization of their illicit consumption.

*My friends who are prescribed it, they take a little bit more of their regular dosage to write papers. And they're like, "Alright, this should help if you're having trouble" ...I could write so much better when I used it. So it was generally a good experience... Many of my friends have prescriptions for some reason. It's just like a network of free pharmacies basically. Cause they're all just loaded with pills. So, they're always willing to give it out. You know for free. If I express that I need it (Asian/Poor/Female; 30287).*

The young woman quoted above draws attention to the ways these psychoactive medications are shared with peers for free. Previous quantitative research confirms that it is very common to acquire these medications for free from friends (DuPont et al. 2008; Garnier-Dykstra

et al. 2012; Hurwitz 2005). Importantly, the practice of sharing these medications within peer networks as a personal favor represents a significant feature of drug normalization. Sharing particular drugs within specific situations can serve to normalize a drug's use within that social context (Parker, Aldridge and Egginton 2001). Moreover, drug sharing behaviors are also made meaningful as a practice for facilitating in group solidarity (Kavanaugh and Anderson 2008; Pawson and Kelly 2014). While this specific feature of drug normalization has only been applied to the context of subcultural nightlife, it is also highly applicable to the experiences of peers navigating the demands of college with one another. As such, the pharmaceutical leakage of psycho-stimulants within the college setting stands as a significant source of its normalization within that context. This is significant as it reveals how medical markets shape aspects of drug normalization on college campuses, particularly for purposes of improving their academic performance.

Focusing on the important influence of peers, youth highlight how they are introduced to taking psycho-stimulant medications for purposes of accomplishing schoolwork. In this way, college represents an important context through which young adults come to socially learn and appreciate the benefits of illicitly consuming psychoactive medications.

*Fall semester of sophomore year. So I was 20 then. That's when I tried it [Adderall]. Somebody had come to me, a friend, and I don't remember what friend it was. I was like, "I'm freaking out. I can't concentrate. I'm having a hard time." And honestly I was not aware of a medication that helped you with that. I was not aware. (Laughs) Yeah I know, "Where is she living?", but I was not aware that everyone did this. I didn't know anything about Adderall. And so my friend came and they were like, "You do know? Oh, have you never taken Adderall?" and I'm like "Oh what's that?" And they told me and I was like "I need it". Like, "I need that!" (Latinx/Working Class/Female; 30267)*

This young woman notes how she learned about Adderall and its ability to help her overcome her struggles concentrating on her school work as a college student. She also notes how she was naïve to the fact that everyone else on campus was illicitly consuming psycho-stimulants to help them concentrate. Through her peers, she is not only able to learn about medications that can help her perform as a better student, but she is also able to access them in times of academic need in order to avoid experiencing academic failure. This demonstrates how the normalization of consuming psychoactive medications for purposes of productivity is socially learned through peer networks and positively reinforced within the context of achieving academic success.

The following quotes provide more detail on other youth who recall learning to illicitly consume stimulant medications to help them navigate the challenges of academia.

*I had a roommate who had a prescription and that's my entry point into stimulants. And I held off until halfway through college and I realized that life is actually a lot easier if you have those at your disposal. And it wasn't like I was trying to abuse them necessarily in a heavy way, but certainly it's on a kind of an as needed basis. Like you have a 30 page paper and you procrastinated the whole time and now you have 12 hours to do it. It [taking Adderall] does the trick. (White/Middle Class/Female; 30127)*

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*The entire school is really medicated and just swapped pills during finals, you can just buy Adderall in the library... definitely my entire college career, as soon as I was introduced to it, I never did work without Adderall, because it was the culture essentially at school. Everyone would be taking Adderall during finals. Everyone would be up at 5 o'clock in the morning. (White/Middle Class/Male; 30045)*

Peer networks have long been noted for facilitating decisions to engage in drug use (Akers et al. 1979; Akers and Lee 1996; Becker 1953; Becker 1963; Young 1972). Previous drug research confirms that this trend is also present among those who illicitly consume psychoactive

medications as those with peers who engage in this behavior report being more likely to also engage in it when compared to those whose peers abstain (Ford 2008). While much of the work looking at peer influences on illicit medication use has been quantitative in nature, the above excerpts highlight how peers are described as informing initiation into taking psycho-stimulant to study. Importantly, while youth claim that they access these medications through peers who have prescriptions, they also reveal the ways these peers teach them how to make use of these medications to improve their performance as college students. These data draw attention to the ways normalization is shaped not only by ones exposure to particular drugs, but knowledge, norms, and values regarding use practices as well (Parker, Aldridge and Measham 1998). In this way, the normalization of illicitly consuming psychoactive medications for purposes of improving academic performance emerges as an embedded cultural strategy that students learn through their immersion within college life and adoption of a college lifestyle.

Based on their own experiences, some participants were more particular about which types of college settings these psychoactive medications were becoming normalized within. Specifically, some note that these medications and their illicit consumption was particularly pervasive while attending elite academic institutions.

*I went to an Ivy League school, and everybody is on it. I had never done Adderall or Ritalin when I was in high school, and I just worked really hard. Then I got to college and every single person I knew, literally everybody, had Adderall or Ritalin. Your roommate always had it. Your friends always had it. Everybody took it, all the time. Within the first month of school, I felt like there was no way. Even if I was the smartest person ever, like, how can I possibly keep up with these people who are able to stay up working on all this stuff so late? So, when I was 18, that was the first time I started taking Ritalin...I like being more productive, I like being more social, I like being able to get more stuff done. I like being skinny. I feel bad about it because I'm very consciously like in a very social issues way, totally aware of why it's like total bullshit that I like feel pressured to be*

*all of those things, and I'm completely aware that it's crap, but I feel like it's impossible to not compete. I feel like socially career-wise, physically everything, fat, having something that makes you a little bit more of a superhuman is just very useful. And I like that. (White/Working Class/Female; 30306)*

This particular young woman addresses how she felt compelled to illicitly consume psychoactive medications like Adderall and Ritalin as a result of needing to compete with others at an elite college who, as a result of consuming these medications, are able to stay up late and dedicate more hours to accomplishing their school work. This highlights how the normalization of illicitly using these medications on college campuses functions as a mechanism that forces others to also adopt this strategy as a means to remain competitive. Previous quantitative research notes that the prevalence of illicit psychoactive medication use is higher within colleges with more competitive admissions standards, like Ivy League schools (McCabe et al. 2005). Some scholars claim that a specific academic work ethic permeates certain collegiate institutions and may pressure students to make use of cognitive enhancements as a means to conform to the high expectations of performing well at competitive colleges (Loe 2008; Loe and Cuttino 2008; Simoni and Drentea 2016). The concept of an academic work ethic encompasses a set of core beliefs, behaviors, and learning styles that students adopt in order to meet the cultural expectations of being enrolled at highly competitive research institutions (Rau and Durand 2000). Interestingly, by illicitly consuming stimulant medications in order to conform to these rigorous standards of collegiate expectations young adults inevitably play active roles in reinforcing and reproducing them.

The academic work ethic at the Ivy League school this young woman attended is evident in how she proclaims that she likes being productive, and being able to accomplish more, but also resents feeling pressured to adhere to “super human” standards. Moreover, she also notes

how her illicit use of psycho-stimulants helps her conform to more than just high academic standards, but also high standards of bodily presentation and sociability. College is more than just a setting for accomplishing academic goals, it's also a site for young adults to pursue and explore other aspects of adult life like sex, romance, and a career. As such, this young woman identifies stimulant medications like Adderall as enabling her to achieve all these highly valued goals within the context of college. This demonstrates how the normalization of these medications among college students is an embedded cultural feature of their heightened pursuit of both occupational and social goals during this stage of the life course (Arnett 2015; DeSantis and Hane 2010; Racine and Forlini 2010; Smith, Christoffersen and Davidson 2011). Furthermore, this normalizing drug trend highlights how youth make meaning of the challenges they face within competitive institutions of higher education as opportunities for pharmaceutical intervention, thus also demonstrating the possible pharmaceuticalization of collegiate life on highly competitive college campuses.

The following excerpts highlight how others also describe experiencing pressure to illicitly consume stimulant medications while attending highly competitive academic institutions.

*Well I say that stimulants were highly abused in college. I think it had to do with the fact that I went to a very academically challenging school and there was a lot of pressure to perform well both from our peers and also from our parents. I think we felt a lot of time crunch, and there were a lot of times when you're pulling an all-nighter and you would just use a stimulant in order to be able to get your work done; to focus and to concentrate. (Black/Upper Middle Class/Male; 30126)*

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*I wouldn't say that I ever crave to use Adderall. It's never like an enjoyable experience. You don't really use Adderall for fun. It would be if I'm at home doing work or something, but it's definitely not a negative thing... In college if you were staying up all night it was almost kind of assumed [you were taking Adderall]. XXX State was a high pressure environment with a lot more*

*Type A personalities so it was kind of assumed that you were [taking Adderall]. (White/Middle Class/Female; 30106)*

Both youth above note that they attended colleges that were challenging and put pressure on them to perform well. Specifically, one young man notes that he experienced pressure to do well in school by both his peers and his parents. Previous research highlights how those who get into highly prestigious colleges and universities feel compelled to continue to meet high academic expectations, particularly from parents (Rau and Durand 2000; Zhang et al. 2011). Due to a perceived lack of time, both youth talk about needing to stay up late at night and put in long hours in order to meet high academic expectations, which was accomplished through the illicit consumption of others psychoactive medications. Social science researchers have drawn attention to the pervasive feeling that people lack time to meet all of their social obligations in late modern culture, an experience commonly referenced to as either a time crunch or time bind (Gergen 1991; Gubrium and Holstein 2000; Hochschild 1997; Maume Jr and Bellas 2001). However, these scholars have yet to acknowledge psychoactive medications as technologies that can help people, in particular college students, navigate this common conundrum by extending the hours one is able to stay awake and accomplish tasks. In fact, the young woman cited above notes that illicitly using stimulant medications to stay up was so prevalent and normalized that it was assumed that whenever someone did stay up late doing work that they were doing so under the influence of these pharmaceuticals. This normalizing trend again demonstrates how these medications have become embedded solutions for overcoming common academic challenges facing college student.

Interestingly, we also see the young woman above engage in boundary work as she distinguishes her illicit consumption in college for purposes of productivity as distinctly different

from those aimed at experiencing pleasure. This boundary work highlights how even in contexts of drug normalization certain drug use practices are still framed as problematic. While much of the research on drug normalization is specifically contextualized within experiences of pleasure (Measham and Brain 2005; Measham, Aldridge and Parker 2001; Measham and Shiner 2009; Parker, Aldridge and Measham 1998), this young woman reveals the opposite to be true at a competitive college as she articulate her illicit use of these medications as explicitly not to produce pleasure, but instead improve academic performance. This may be a particularly feature reflective of the academic work ethic at competitive colleges, in which illicit consumption of drugs is made meaningful as normalized solely for purposes of enhancing productivity. This boundary work demonstrates that consuming these medications for purposes of productivity can also symbolize a form of identity work as it marks ones status as different from other types of drug users (Bancroft 2009). By privileging certain forms of consumption this young woman confirms how drug normalization is a process explicitly experienced by particular types of drug users over others (MacDonald and Marsh 2002; O’Gorman 2016; Shildrick 2002). So, while most drug studies focus upon the normalization of drug use for purposes of pleasure within leisure spaces, the above analysis highlights how academic culture at competitive colleges may normalize the illicit consumption of psychoactive medications for purposes of productivity at the possible expense of their normalization for purposes of pleasure.

While talking about illicit psychoactive mediation use in college, others also engaged in boundary work as they drew distinctions between consumptions for pleasure versus consumption for productivity.

*I don't use drugs recreationally, like going out. It's more of a work thing. I used Adderall when I was in college so it got me through getting my shit together and trying to stay up late at night and*

*trying to focus... I don't think it's harmful, you know, there are days that people just need certain things. (Asian/Middle Class/Male; 30146)*

We see this young man declaring that he doesn't recreationally use drugs. He instead states that he illicitly takes Adderall to do work. This boundary work highlights how consumption of these medications for purposes of pleasure are juxtaposed with those aimed at helping productivity. While this at first may seem to contradict trends in the normalization of recreational drug use, by articulating their purpose for production, these youth seek to differentiate themselves from populations for whom recreational drug use has become normalized. In this way, these youth consider their illicit use of psychoactive medication for purposes of productivity as morally superior to those use practices aimed at achieving experiences of pleasure. Historically, societies have been less likely to stigmatize psychoactive substances that enable and enhance productive capabilities (Young 1972). Nicotine and caffeine are both examples of drugs normalized within work culture that are made meaningful common ways in which to facilitate productivity (Young 1972). Similarly, this young man states that sometimes people need to consume psychoactive medications in order to accomplish certain tasks. Specifically, he claims a need to illicitly consume Adderall in order to stay up late and concentrate on completing work. This highlights how the consumption of these medications is made meaningful as a normative coping strategy that develops in college, but also carries over into the world of work. It also demonstrates an emerging dialectic between the normalization of these drugs for purposes of productivity and the possible pharmaceuticalization of daily life as illicitly consuming these medications is made meaningful as a necessary strategy for achieving societal conformity in the context of work.

## Employment

While some young adults do talk about how they, their friends, and their co-workers illicitly consume psychoactive medications regularly at work, it is not discussed as normalized in the detailed ways laid out in the normalization thesis. While I certainly support youths claims of these medications being normalized within the context of college, I frame the world of work as a context in which the illicit use of pharmaceuticals are emerging as a drug trend with significant potential for normalization. These findings on young adults' integration of psychopharmaceuticals into their role as workers highlight how illicitly consuming these medications may be a cultural practice that continues above and beyond the transitional stage of young adulthood in late modernity. As such, the world of work may prove an important context through which engagement in this drug trend persist well into adulthood.

*I mean, it depends, if it's a really long day at work or something. I'll take things to stay up or level out. I don't take prescription drugs to party. Prescription drugs usually come in for being productive and managing stuff on my schedule at any given time. The kind of social culture I'm in does not really have room for people who are not functioning well. It's very high functioning. So, if you're on heroin or crack or something, there's just not a space for you there. It certainly has to be very regulated and discrete. Mostly it's like the Adderall, Ritalin, Dexedrine that kind of stuff, because everyone's overbooked and overworked. They need to get things done and then all of us have personal projects that we're working on. So, it's like go to job number two, if you will. It's like you work all day and then you come home and you're like a painter and have to go to like studio and work on things. I mean it gets pretty tiring. I think mostly it's a productivity thing. And then the sedatives are like an antidote to that, so, like, take a Valium, go to sleep after you've been up forever on Adderall and Ritalin or something like that. It's like a real work oriented thing and the other stuff is like balancing out that kind of jittery nervousness (Latinx/Middle Class/Female; 30180)*

This young woman speaks about how consuming prescription amphetamines and benzodiazepines are an embedded feature of the work culture she is a part of. In this context these medications are described as strategically helping people to navigate the late modern time bind in which people feel over-worked and short on time with which to accomplish it all (Schor 2008). Specifically, the young woman above notes needing to juggle multiple jobs, passion projects, as well as the need to get some sleep, for which illicitly consuming drugs like Adderall and Valium help her to effectively navigate and perform. The application of these medications reveal their role in aiding a dialectical process of maximizing both states of productivity as well as relaxation. Previous research has contextualized these consumption behaviors as aiding in the performance of a work hard; relax hard lifestyle (LeClair et al. 2015).

This young woman also engages in boundary work as she not only identifies the illicit consumption of these medications as normative for purposes of work, but also designates the social spaces she occupies as not conducive to the use of illicit drugs like crack or heroin. As such, we see how this young woman is careful to draw distinctions between certain drugs that are socially acceptable to consume for purposes of work and others that are stigmatized due to their incompatibility with needing to be “high functioning”. Complying with previous drug normalization research not all drug users are afforded the destigmatized experience of drug normalization (Measham, Aldridge and Parker 2001; O’Gorman 2016; Parker, Aldridge and Measham 1998). So, while drug addiction remains problematized in normalized context of recreational drug use, we similarly find that hard drug users like heroin and crack users are problematized in work contexts where the normalization of illicitly consuming psychoactive medications may be taking place. As such, this boundary work significantly highlights how these

youth define and maintain the distinctions between normalized and problematized drug consumption of purposes of production.

The following young woman provides an insightful account of how she makes meaning of her Adderall consumption in terms of her work life and identity.

*All my friends who take Adderall take it to work and that's kind of either you're tired one day or you've got a lot to do. We're all kind of "taking on the world" types. So, we all have way too much to do...Adderall is just kind of like a necessary part of my life at this point. I'll go several weeks without using it at all cause I just don't have that much to do, but then you go one night with working all night and get two hours of sleep. And I could power through the day, drink a cup of coffee and just struggle, or I could take a little bit of Adderall and not have to work so hard cause in the grand scheme of things I wanna do everything. Even the past couple days, you know, working all night on one project, showing up for another job in the morning, practicing, and then working on another project, and then going through a normal work day and then performing. Adderall's my favorite because it's the one that's helps sustain my life the most (White/Upper Middle Class/Female; 30038)*

This young woman notes that she and her friends are very out-going and productive people who illicitly consume Adderall to help them work. This young woman describes herself as a documentary film maker who also performs in a dance troupe. She sees Adderall as allowing her to effectively juggle all the different occupational roles she takes on in a given week. She even makes meaning of her consumption of Adderall as the necessary mechanism that enables her to live her highly productive lifestyle. In this way, the normalization of psychostimulant use at work demonstrates not only a pharmaceutical strategy for navigating the late modern time bind (Schor 2008), but also a means through which to produce and perform a valued sense of self in relation to ones work (Loe and Cuttino 2008). For instance, this strategy is seen to be especially embraced by those who construct their identities in terms of being ambitiously productive,

responsible, and accomplished (Gergen 1991). Like those who seek to adhere to the rigorous academic ethics of elite colleges through illicitly consuming psychoactive medications, the normalization of this behavior for purposes of enhancing work productivity may be acutely experienced by those individuals who face a more pervasive and enduring time bind as they juggle multiple occupational roles and responsibilities (Schor 2008; Hochschild 1997).

The young man below relates his illicit consumption of Adderall to aspects of his particularly demanding job and characteristics of his productive personality.

*I only started taking them [Adderall] maybe two and half years ago. I saw an instant change in my professional life... My job is stressful. I do 12 things at once, and two computers and phones and it helps me multitask incredibly more. I'm clearly doing a lot more than most people probably can... I mean it's just who I am. I like getting things done, but it's not always so easy. So, this [Adderall] is definitely helping me maximize my already existing personality trait, I guess, I'd put it. (White/Middle Class/Male; 30016)*

This young man notes how his illicit consumption of Adderall at work has made a positive impact on his ability to navigate his stressful job in the film industry. Specifically, he highlights how it helps him multitask and accomplish more than most people in his line of work are able to do without taking drugs. This reveals how similar to their use within the context of college, psycho-stimulants are made meaningful as technologies of human enhancement within the world of work as well. While this young man does not discuss the normalization of his drug consumption at work, he does demonstrate how the practices of enhancement that are normalized among college students (Coveney, Gabe and Williams 2011; Levinson and McKinney 2013; Teter et al. 2005) are found to extend to some young adults experiences as employees as well. This highlights the possibility that those illicit use practices learned and engaged in within the

context of college may spill over into aspects of employment, especially jobs that are experienced as being particularly demanding.

This young man also constructs his consumption of Adderall as a mechanism through which he optimizes aspects of his personality as a productive person. This highlights how the illicit consumption of Adderall is made meaningful as enhancing some people's ability to perform aspects of their personalities within constructions of their work identities. As such, these pharmaceuticals are not only enhancing aspects of one's job performance, but are also enhancing aspects of one's work identity. Previous research on medications and identity note how the consumption of psychoactive medications can at times be a way to reconcile identity conflict and preserve a sense of authentic selfhood (Loe and Cuttino 2008). The young man above similarly makes sense of his illicit Adderall consumption to help him succeed at work as enabling him to also fulfill a valued aspect of his identity as a very productive person. These data demonstrate how illicit psychoactive medication may become a normalized workplace practice aimed at enhancing the performance of ones work identity.

The following quotes also discuss how the illicit consumption of psychoactive medications is helpful for enhancing the ability to perform particular forms of labor.

*I had a work retreat and particularly in a long setting in a circle with all of my co-workers, and bosses, and board members. It's really important to be attentive and participate. And the fact that I hadn't had much sleep, and I need to participate, meaning that I wanna be on my best. So, I popped half an Adderall.( Black /Middle Class/Male; 30122)*

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*I like Vicodin just because my part time job can be highly stressful. It's a very public feeling with a lot of people running in and out. So I like taking it there at work. It's like I'm so chilled out nothing can bug me at all. I'm just coasting and it's not like if I'm stoned either. I'm just not hyper sensitive. I'm just, yeah, more chilled. So, I feel I can use Vicodin at work in a stressful situation. Working situations I just feel like I tense up.( Latinx/Working Class/Male; 30350)*

Both the young men above comment on how they illicitly consume psychoactive medications in order to perform well within stressful work situations. Specifically, they note illicitly consuming Vicodin or Adderall in order to navigate stressful social interactions within the workplace. Interestingly, one man identifies their use of psychostimulants at a work retreat as allowing them to participate and perform “my best” in the presence of work superiors. This highlights how some youth experience their consumption of psycho-stimulants as enhancing their sociability and how this trait is at times highly valued within the workplace. This again reveals how illicit consumption of psycho-pharmaceuticals is made meaningful as enhancing ones work performance through ones presentation of self, specifically an attentive and sociable self. So, while many youth demonstrate the normalization of illicitly taking these medications in order to perform as successful college students, we also see this use practice playing out within sites of employment as young adults seek to enhance their ability to perform sociable and productive work identities.

The other young man quoted above similarly discusses his part time position at a grocery store as very stressful, however, not because of his close proximity to his superiors, but due to the close proximity of customers and how crowded it gets. He makes sense of his Vicodin consumption as allowing him to cope with the stressors and tension he experiences at work and actually enjoy his time there. This young man also notes that while Vicodin allows him to tolerate working in a very public setting, it importantly does not make him feel or appear intoxicated. As such, this young man values the discreet ways psychoactive medications enable him to not be tense at work. This highlights how the consumption of these medications are made meaningful as coping strategies for navigating interaction problems experienced in the

workplace, and as such may potentially become normalized strategies adopted within certain types of labor.

The following two excerpts demonstrate the ways these medications are applied to aid in the performance of emotional labor like that performed by servers in the restaurant industry (Hochschild 1983; Leidner 1999; Wouters 1989).

*Working in the restaurant industry gets pretty stressful. So where I worked there's a ton of people there, and naturally y'all just become friends and we would all just do it [take Xanax] and then the night would go by quick. You don't wanna be stressed you know. You wanna be nice. So, it'll just mellow you out. You'll just feel relaxed and you won't be so stressed during the shift. (White/Middle Class/Male; 30229)*

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*I used to be a waitress at a restaurant and it was long hours and for a while I was definitely in the habit of doing Adderall every day I worked there and it kind of just made it fun. It made me a really fast waitress. I felt really efficient, which then took the stress off of it, and I was having a good time, which is good for tips...We'd have really intense brunch shifts, and I could just do it all, no problem. I just kind of felt really capable. Like I could just juggle everything at once and still be really fun. (White/Middle Class/Female; 30044)*

The above young adults talk about their illicit consumption of psychoactive medications like Adderall and Xanax in relation to their roles as servers in busy restaurants. One young man points out how he and his co-workers can't behave towards customers in ways that reveal the stress they are experiencing when the restaurant is crowded. As such, he and his co-workers adopt practices of illicitly consuming benzodiazepines in order to cope with stress and perform as "happy" waiters and waitresses. This highlights how these medications enhance this young man's ability to manage the performance of particular emotions while on the job. He also describes how this illicit consumption practice became a normalized strategy for staff navigating the stressful interpersonal aspects of working in the restaurant industry. Similarly, a young

woman frames her illicit use of stimulant medication as relieving the stress of working in a busy restaurant and allowing her to instead be fun, which in turn generated a financial reward from her customers. This highlights how psychoactive medications enable the ability to control ones performance of self for instrumental ends within the workplace. Both these stories draw attention to the ways these medications are made meaningful as enhancing ones capability to handle work related stress while also enabling the performance of pleasant social interactions with customers.

These stories mirror those covered by Arlie Hochschild (1983) in her book on the performance of emotional labor in service industries. Emotional labor is defined by the bodily and discursive performance of particular emotions as an integral aspect of one's occupational role (Hochschild 1983). While Hochschild's work specifically focused on the experiences of flight attendants, restaurant servers similarly perform emotional labor in their interactions serving customers their meals. These findings reveal illicit medication consumption as a mechanism through which youth navigate having to perform emotional labor while enduring stressful working conditions. This practice also highlights how these pharmaceuticals are made meaningful as ways to protect ones sense of self at work while also being able to enact a situationally appropriate performance of a happy and fun service sector employee. The utility of medications like amphetamines and benzodiazepines in helping youth to perform emotional labor indicate the potential for their becoming a normalized cultural practice within stressful service oriented occupations. Though youth do not medicalize aspects of their roles as workers, by identifying psychoactive pharmaceuticals as ideal tools to enhance their ability to perform various work related tasks like working long hours, juggling multiple occupations, and performing emotional labor they are engaging in processes that pharmaceuticalize aspects of their employment situations. These trends of adapting the illicit use of psychoactive medications

within the context of work draw attention to the possibilities that they become embedded features of particular work identities and cultures.

## **Conclusion**

Drug scholars note that specific drug use practices become embedded within specific cultural context and overtime emerge as normative attributes of those context (Measham and Shiner 2009; Parker 2005; Parker, Aldridge and Measham 1998; Parker, Williams and Aldridge 2002). I highlight how youth draw attention to the embeddedness of psychoactive medications within important social institutions, namely the family, higher education, and employment. Drug normalization research establishes how various substances are increasingly becoming unremarkable aspects of young adults leisure pursuits (Parker, Aldridge and Measham 1998). This chapter reveals how trends in drug normalization are also present above and beyond landscapes of leisure and pleasure as youth make claims that highlight the normalization of illicit psychoactive medication use for purposes of productivity. By uncovering the pervasive way youth value these medications for enabling and enhancing productivity within context of education and employment, these findings significantly expand upon how drug normalization is contextualized and made meaningful as a part of late modern life. Particularly, these findings reveal how psychoactive substances are pervasively present in society for enhancing experiences of productivity as well as recreation.

As this drug trend is significantly driven by the social structure of medical markets in U.S. society, the normalization of illicitly consuming these medications needs to be contextualized within larger societal processes of medicalization (Clarke et al. 2009; Conrad 2008; Williams, Coveney and Gabe 2013). Specifically, this drug trend highlights a unique way

in which the pharmaceuticalization of everyday life is enacted through the illicit use of these medications at work and at college (Bell and Figert 2012; Fox and Ward 2008). Moreover, as youth reveal that their parents and peers are the mechanisms through which they acquire and learn to illicitly consume these medications the normalization of these pharmaceuticals under the supervision of medical experts directly informs and influences the normalization of their usage outside of that context. This is important as it reveals how medical markets shape aspects of drug normalization on college campuses that are possibly spilling over into the world of work as well. As such, these findings reveal a wide array of distinct cultural, political, and economic processes underpinning the normalizing trend of taking these medications for purposes of production. These findings also signify how challenging aspects of medical authority have become normative within the context of education and employment. This highlights how the norms and values of succeeding within these social institutions are at times prioritized over the laws that govern the distribution and use specific psychoactive substances.

While previous research has drawn epidemiological connections between increasing rates of prescriptions for psycho-pharmaceuticals and increasing rates of their illicit use (Poulin 2007), these data lack the ability to address whether this represents an embedded feature of certain cultural context. The data presented above reveal how youth describe these medications as ubiquitously available at college and acceptable to consume for purposes of improving academic performance. This highlights how college campuses emerge as unique sites of pharmaceutical leakage that subsequently result in the normalization of illicitly consuming them for purposes of achieving academic success. In this way, these medications become embedded features of navigating the problems youth encounter in collegiate life. The illicit use of psycho-pharmaceuticals also appears to be a practice perceived to be more common within highly

competitive academic institutions (McCabe et al. 2005). This may reflect how these particular students face even more challenging academic conditions. As a result of pressure to conform to rigorous expectations of academic performance, these students may be more likely to have access to and develop strategies how best to make use of them to enhance their academic capabilities. This demonstrates how the normalization of psychoactive medications among college students emerges as a cultural feature of their heightened pursuit of academic success and may be indicative of the pharmaceuticalization of a particular collegiate lifestyle.

The patterns of cognitive enhancement present within the context of college were also found to be practiced within the world of work. While the practice of illicitly consuming psychoactive medications to improve performances at work was not widely discussed in the same normalized sense as the context of college, they do represent the possible development of such a trend. This is particularly the case for certain kinds of jobs and particular types of workers. The young adults presented above note how juggling multiple occupational roles and succeeding in positions that require multi-tasking in high stress work environments are both ideal situations for illicitly consuming psychoactive medications. Moreover, some reveal the ways these medications enable them to successfully perform aspects of their personalities and work identities as productive people. Meanwhile, others note how these medications enable a more productively social and pleasant work experience in high stress situations. This was especially present in youths' accounts of performing particular types of work in the service sector. Specifically, some young adults reveal how their roles as waiters and waitresses require the performance of certain emotional management techniques that can be enabled and enhanced through their illicit consumption of psychoactive medications like benzodiazepines and amphetamines.

These emerging trends highlight the importance of recognizing and analyzing drug use within the context of production. Specifically, future research should focus more on the types of work environments and stressors that motivate substance use as well as the particular practices of drug use that emerge to resolve these issues. Also, the ways in which drug use informs and influences identity work and performances of selfhood within sites of production is significantly lacking. While drug normalization research highlights how the sensible leisurely consumption of drug use shapes aspects of identity formation and accrual of social and cultural capital (Parker, Aldridge and Measham 1998; Warde 1994), the young adults in this study draw attention to the ways drug consumption for purposes of productivity similarly shape identity and the pursuit of capital accumulation. In some ways this illicit consumption practice shapes the construction of a specific productivity lifestyle that is valued by particular groups of people (Pennay and Moore 2010).

Some specific work on marijuana highlights how drug normalization trends can extend beyond the scope of young adulthood and become mundane aspects of conventional adult leisure culture (Asbridge et al. 2016; Duff et al. 2012). I claim that the illicit consumption of psychoactive medications may also represent a normalizing drug trend embedded within wider aspects of mainstream American culture, particularly within the context of higher education and employment. As people in general are becoming more knowledgeable about drug use, normalization scholars claim that this shapes the ways they accommodate and value particular aspects of drug use within certain cultural context (Parker 2005; Shildrick 2002). By widening the context within which we decide to analyze drug use we come to gain a more cohesive understanding of how psychoactive medications in particular are becoming embedded solutions for overcoming common challenges facing people in their everyday lives of productivity.

## Chapter 8: Conclusion

This dissertation takes seriously the experiences, practices, and perspectives of young adults who illicitly consume psychoactive medications. Significantly, this phenomenologically based dissertation sets out to uncover how youth make meaning of theirs and others illicit consumption of these controversial medications. In this way, these youth are made as experts of this drug trend. Too frequently drug trends are oversimplified and mischaracterized by those institutions tasked with researching them, reporting on them, and resolving them (Adler 1993; Bourgois 2003b; Bourgois and Schonberg 2009; Mohamed and Fritsvold 2010; Reinerman and Levine 1997). Comparatively, a micro level analysis of those intimately involved in this drug trend reveals a plethora of understudied use practices as well as the social meanings they commonly ascribe to them. More importantly, this dissertation demonstrates how the illicit use of these medications has become an embedded feature of many young adults' everyday lives. The day to day circumstances certain consumption practices emerge from and the shared meanings attributed to them highlight how these particular practices have become a normative aspect of these young adults' lives. These findings also indicate that this drug trend is representative of larger social processes of medicalization and drug normalization currently occurring in U.S. society.

Constructionist frameworks for studying social problems provide helpful lenses through which to interpret much of how youth experience and make meaning of illicit psychoactive medication use. By analyzing youth's narratives in terms of claims making activities, findings reveal how youth problematize psychoactive medications, specific consumption practices, and even particular processes of medicalization. For instance, while framing the availability of these

medications as a social problem, some youth engage in social problems work that assigns blame to key upstream players in the medical field. Specifically, they frame the pharmaceutical industry as problematically involved in producing and advertising addictive substances and also villainize medical experts for too readily relying on these medications and over-prescribing them to uninformed patients. In this way, youth not only problematize those players who profit off the rise in use of these medications, but also larger cultural and economic processes of pharmaceuticalization that drive this particular drug trend. As such, it is important to recognize that the everyday applications and meanings that youth construct for psychoactive medications are inevitably intertwined with the larger medical culture from which these pharmaceuticals emerge from.

The illicit use of psychoactive medications is contingent upon the pharmaceutical companies that produce and market them, the regulatory systems that allow for them to be bought and sold, and the medical professionals whose medical knowledge and authority grants medical patients access to them (Lovell 2006). Without these mechanisms serving to provide a steady supply of psychoactive medications to medical patients there would not be medications available to illicitly consume. Significantly, youth were also critical of the recent diagnostic expansion of certain illnesses that are commonly treated with psychoactive medications, like ADHD, anxiety, and chronic pain. They saw these conditions as being over-diagnosed and also connected the prevalence of these conditions in society with the ubiquity of psychoactive medications and the subsequent rise in people developing drug addictions.

While some problematized these medications and those who produce and prescribe them, others told stories that demonstrate the way they value psychoactive medications as tools that help them navigate problematic aspects of their day to day lives. This reveals how psychoactive

medication misuse is made meaningful not as a social problem, but as a social problems solution. One unexpected finding emerging from this dissertation is how youth problematize many aspects of their day to day lives in terms of medical discourse. Youth spoke of using their own medical knowledge obtained through family, peers, and the internet as informing their decisions to self-diagnose themselves as suffering from symptoms related to such illnesses as ADHD, chronic pain, panic attacks, insomnia, anxiety, and depression. Many youth make meaning of their illicit medication use in terms of resolving these self-diagnosed medical problems and allowing them to feel normal and perform various roles successfully within their everyday lives.

Youth's construction of illness narratives, or what could also be called pharmaceutical narratives, reveal the expansion of particular illnesses occurring outside of the authority of a medical profession. Specifically, youth highlight psychoactive medications as mechanisms through which they learn to identify experiences of shyness, nervousness, worry, discomfort, and stress as illnesses in need of pharmaceutical treatment. Barker (2009) claims that patients in a highly medicalized society may socially learn to experience many unpleasant emotions in terms of illnesses in need of medical treatment. The self-medicalization of emotional states like being nervous and worrying represent significant examples of how illicit consumption of these pharmaceuticals inform and influence decisions to pathologies common yet unpleasant human experiences. Studies on the pharmaceuticalization of society note how particular medications can significantly alter the general public's perceptions of normal versus pathological experiences and states of being (Coveney, Gabe and Williams 2011; Fox, Ward and O'Rourke 2005; Fox and Ward 2008; Williams, Coveney and Gabe 2013). As such, these youth highlight illicit psychoactive medication consumption as a notable feature of and nuanced contributor to the continued medicalization of everyday life (Busfield 2010; Conrad 2008; Fox and Ward 2008).

Significantly, these processes of medical expansion are taking place outside of the context of meeting with a medical professional to receive a medical diagnosis and prescription for treatment. Making a medical diagnosis and prescribing a medical treatment has long been identified as a key source of power and control that the medical field wields over patients (Jutel 2014). By engaging in practices of self-diagnosis and self-treatment, these youth challenge aspects of medical authority even as their practices play a role in expanding the human conditions that are commonly made meaningful in terms of medical discourse and treatment. Through the democratization of medical knowledge and the expansion of psychoactive medication markets youth are empowered to make their own medical decisions. As they make use of their social networks supply of psychoactive medication prescriptions, they also take control over the management of their own experiences of health, illness, and productivity. Moreover, these youth stress how they value the agency and efficiency that illicit pharmaceutical consumption provides them in helping them to navigate problematic experiences like being too shy to socialize, or being too stressed out to concentrate on work, as well as being too anxious to get a good night sleep.

Through the application of interactionist frameworks, this dissertation also demonstrates how particular practices of illicit psychoactive medication use are embedded within specific cultural context of social learning. For instance, many youth told stories of how a family member or a peer not only provided access to psychoactive medications, but also taught them to recognize certain symptoms appropriate for consuming these medications. Moreover, above and beyond the context of treating illness, many peers provided knowledge about how to make use of these medications for purposes of enhancement. The context of college emerged as a significant site where youth came to learn about the benefits of engaging in illicit psychoactive medication

use for the purposes of enhancing ones capabilities to succeed as a student. Specifically, peers at college were identified not only as conduits through which to access psychoactive medications, but also as sources of information on how best to make use of these medications to improve one's academic performance. These practices were also constructed as normalized strategies through which to adhere to a rigorous academic work ethic, particularly at prestigious and highly competitive institutions (Loe 2008; Loe and Cuttino 2008; Rau and Durand 2000; Simoni and Drentea 2016).

Interestingly, the illicit use of these psychoactive medications is at times made meaningful in terms of one's identity or performance of self. Some youth engage in claims making that highlights how their illicit consumption of psychoactive medications enables them to treat some form of pathology and in turn access and perform a more authentic sense of self. Others make meaning of their illicit use of these medications as allowing them to enhance aspects of their personality and identity like being ambitious and productive. In this way, the illicit use of psycho-pharmaceuticals is revealed as a mechanism through which youth engage in identity work and authentic performances of selfhood. This was particularly visible within the context of college as many young adults went about describing the illicit consumption of these medications as a normative aspect of "being" a student. For some, it was even made meaningful as a necessary feature of navigating student life. The performative aspects of consuming these medications within the context of college also appear to be spilling over into the construction of some young adults' work identities and performance of a productive self within the workplace. This was particularly present among those who juggle several occupations as well as those performing emotional labor within high stress service industry jobs.

The young adult psychoactive medication misusers interviewed frequently engaged in claims making activities that construct a set of “responsible” illicit psychoactive consumption practices. These practices directly relate to their sense of identity in that they sought to construct themselves as sensible drug users to be understood in distinction from problematic drug users. While illicitly consuming psychoactive medications for purposes of self-treatment and self-enhancement were made meaningful as sensible and responsible use practices, illicit consumption for purposes of pleasure and recreation were problematized and constructed as practices that can result in a potential loss of self through the development of a debilitating drug addiction. So, as drug use may becoming more of a normative practice of the self it still nonetheless also evokes a deep seated sense of cultural anxiety as youth frequently felt it necessary to distinguish their drug use from that of a problematic other (Hathaway 2004). In some ways the construction of a responsible illicit psychoactive medication user demonstrates how youth engage in performing the antithesis of the drug addict as they seek to define their use practices as valued and normative means by which to achieve health and productivity. These findings demonstrate how a range of use practices and meanings reveal these medications role in facilitating the construction of identity, performance of self, and cultivation of status (Beck 1992; Bernauer and Rasmussen 1988).

These data also collectively draw attention to the continued significance of analyzing the context from which particular drug use practices and meanings emerge from (Duff 2003; Duff 2007; Duff 2008; Golub 2005; Pawson and Kelly 2014). While the importance of drug set and setting has commonly been written about with regards to recreational drug use (Zinberg 1984), this dissertation highlights how youth produce shared understandings of drug use constructed within the cultural context which they are learned and practiced, sites of production. As such,

this drug trend goes well beyond the societal scope of previous drug trends, which are most often embedded within subcultural scenes, as it's discussed by youth as a common practice occurring within mainstream institutions like the family, education, and employment. This stands as an important aspect of illicit psychoactive medication consumption and more research is needed to understand its presence throughout adulthood in order to confirm its normalization above and beyond the experiences of young adults.

Acknowledging a normalizing drug trend requires first taking drug users experiences and meaning making activities seriously. This phenomenologically based research reveals how these youth experience the “responsible” consumption of these psycho-pharmaceuticals to be a normative feature of navigating certain sites of production. Recognizing the trend of illicitly using psychoactive medications as a normative American drug consumption practice also requires that we reimagine how best to approach dealing with it as a society. Like many other drug trends, the emergence of illicitly consuming psychoactive medications highlights the ineffectiveness of criminalizing certain forms of drug use. In 2017, the U.S. made over 1.6 million arrests for drug law violations, of which 85% were for drug possession (Wagner and Sawyer 2018). Criminalizing drug use has been shown to have little to no impact on rates of drug use, and some studies have even demonstrated that drug prohibition laws actually magnify the harms brought about by drug use (Bourgois and Schonberg 2009; Parker 2005). Further demonstrating the ineffectiveness of drug criminalization, this dissertation reveals the illicit use of psychoactive medications as a normative feature of young adults' everyday lives. I and other drug scholars claim that societies cannot meaningfully address normalizing drug trends through processes of prohibition (Erickson and Hathaway 2010; Hathaway, Comeau and Erickson 2011). As such, other drug policy approaches need to be considered if we are to pragmatically address

the illicit use of psychoactive medications in society. The following section will review the harm reduction model and explore its application for psychoactive medication misuse, particularly as experienced by the young adults in this study.

### Limitations

This dissertation was based off of secondary data analysis. Limitations of the data at hand emerged through processes of analysis and dissemination. Particularly, as much of the data was analyzed after all the interviews had been conducted more in depth understandings of emerging themes was not possible. In this sense, a more grounded theory approach where the research questions could in some ways be informed and influenced by early phases of data collection would be more beneficial for gaining an even deeper theoretical understanding of this drug trend and the ways youth practice and experience it. Additionally, while the sample was diverse in terms of race, class, gender, and sexuality the specific ways in which these social attributes inform and influence psychoactive medication misuse was not thoroughly explored. While youth in general did not relate their illicit consumption of these medications with specific experiences of intersectionality, future research on this subject matter is needed.

### Harm Reduction

Harm reduction programs criticize current punitive strategies aimed at eradicating drug use as they see criminal law as counterproductive as drug use cannot be banned or legislated out of existence (Measham and Shiner 2009). Harm reduction is a social movement that shifts drug policies from a moral approach of criminalization to a more evidenced based approach of drug use surveillance and regulation. The harm reduction movement does not view drugs or drug use

as morally wrong. Instead, drug use is evaluated in terms of the harms it causes and the societal costs of these harms (Mugford 1993). As such, harm reduction strategies seek to effectively manage the social problems and reduce the economic costs associated with drug use (Des Jarlais, Friedman and Ward 1993; Erickson and Hathaway 2010).

Within the harm reduction paradigm, drug users are seen as active agents that take responsibility for the informed choices they make regarding their drug use. Drug users are also recognized as key players to be relied upon to inform and facilitate aspects of drug prevention, harm reduction, and drug treatment (Erickson et al. 1997). In this way, harm reduction policies seek to integrate drug users into society rather than criminalize and marginalize them (O'Hare et al. 1992). As the main focus of the harm reduction movement is to improve public health, harm reduction policies are by and large aimed at enabling drug users to act in socially responsible ways that decrease the health risks certain forms of drug use can pose. This highlights how harm reduction policies are aimed at empowering drug users to be more active in the surveillance of theirs and the larger drug using communities' health and wellbeing (Rhodes 2002). As such, harm reduction very much embraces larger societal shifts in medicine from the external control of medical professionals over patients to the internal control increasingly exercised by medically informed lay individuals (Peterson and Lupton 1996). Specifically, the harm reduction movement aims to have drug users internalize strategies to control drug consumption and develop preferences for low risk drug use practices (Tammi and Hurme 2007).

Common harm reduction strategies are the implementation of needle exchange programs for injection drug users, drug testing kits for identifying potentially dangerous adulterants, as well as the uptake of opioid maintenance medications and the dissemination of opioid overdose reversal medications (Des Jarlais, Friedman and Ward 1993; McGowan et al. 2018; Winstock,

Wolff and Ramsey 2001; Wodak 1999; Wodak and McLeod 2008). However, much of these harm reduction strategies are designed to focus on those whose drug use behaviors exposes them to the most significant and costly risks, like those experienced by injection drug users and opioid users. Subsequently, the majority of drug users whose use practices do not expose them to risks of infectious disease and overdose are largely neglected by much of the current harm reduction focus and efforts (Hammersley 2005; Hathaway and Erickson 2003). With specific regards to psychoactive medications, harm reduction messaging has largely focused on opioid medications as they represent a greater source of harm when compared to benzodiazepine and amphetamine medications (Lembke, Papac and Humphreys 2018). Moreover, harm reduction messaging also tends to focus on providing information regarding the higher risks of experiencing a drug overdose when mixing these medications with other drugs (NIDA 2016). In fact, much of the current harm reduction resources available for illicitly consuming psychoactive medications do not even acknowledge populations of drug users who do not consume these pills for purposes of pleasure. The lack of harm reduction strategies aimed at addressing other groups of users participating in this drug trend highlights current failures to conceive of illicit psychoactive medication use in more heterogeneous and dynamic ways (Duff 2004).

Subsequently, at first glance, it may appear that the harm reduction model can offer little to the youth presented in this dissertation, particularly as they make meaning of many of their own illicit consumption behaviors as essentially harmless. However, an important aspect of the harm reduction model stresses the need to acquire more knowledge about particular drug use groups, context, and use practices (Erickson et al. 1997; O'Hare et al. 1992). By increasing our understanding of the different iterations of psychoactive medication misuse, a more diverse range of harm reduction resources can be implemented to help a wider portion of those involved

in this ongoing drug trend. In this way, this phenomenological study provides insight into how psychoactive medication misusers themselves can contribute to the development of new and innovative harm reduction practices. First and foremost, this dissertation reveals how many youth who illicitly consume psychoactive medications demonstrate their in depth knowledge of these medications effects, the potential risks they pose, as well as strategies to avoid or reduce experiencing these risks. In fact, the construction of “responsible” illicit use practices, as present in chapters 5 through 7, demonstrate how youth are already thinking and acting in ways that resemble the principles of the harm reduction model. For instance, young adults clearly are concerned about the addictiveness of psychoactive medications and implement strategies for limiting consumption as a way to minimize the risk of developing a drug addiction. The concept of responsible medication misuse also stresses the importance of being in control of the quantity and frequency of one’s illicit consumption. As such, many youth spoke of strictly partaking in the illicit use of these medications to address an immediate need appropriately related to the treatment of an illness experience or enhancement of one’s productive capacities. From these practices, harm reduction policies could develop guidance for the setting of personal limits of consumption and the means by which to attain and maintain such moderation (Duff 2004).

### Future Implications

The findings of this dissertation highlight how young adult psychoactive medication misusers are not just sources of social problems, but are also sources of solutions to these and other social problems they encounter in their everyday lives. This knowledge and the deeper understanding of the social and cultural dynamics of illicit psychoactive medication use it facilitates can be used to create informational resources that can guide current and future illicit

consumers of these medications on how best to go about minimizing the potential harms their use practices may expose them to. Specifically, conceptualizations of responsible use practices can be used to establish boundaries between sensible and potentially problematic consumption practices. Additionally, these harm reduction messages should be circulated within the contexts that youth discuss illicitly consuming these psychoactive medications. Moreover, harm reduction programs should seek to engage youth within these sites of illicit use. This would ensure that additional information about this evolving drug trend is gathered as a way to ensure that the development of new and improved strategies to minimize harm are continually sought and implemented.

Contrasting drug interventions delivered by medical experts within professional settings, drug interventions set out to meet drug using populations where they are and ground outreach work within the context of use in ways that cohere with the norms and values of the space and people occupying it (Friedman et al. 2004). In this way, interventions seek to rearrange “cultures of risk” into “cultures of support” for risk reduction and risk avoidance (Des Jarlais, Friedman and Ward 1993; Friedman et al. 1987; Friedman et al. 2004). Interventions have historically been delivered within the context of drug using subcultures as well as subcultural nightlife scenes. Subsequently, intervention based harm reduction programs have been relegated to the leisure/pleasure landscapes commonly outlined in the normalization thesis (Parker, Aldridge and Measham 1998). However, the findings from this study stress that harm reduction interventions should seek to integrate themselves within sites of production like colleges, especially those highly competitive institutions (Rau and Durand 2000; Simoni and Drentea 2016). Youth may be more receptive to such harm reduction programs if they are delivered by fellow college students within the spaces they commonly consume these medications like libraries, dorm rooms,

computer labs, and art studios. Furthermore, these interventions should not only seek to disseminate information, but also continue to collect data from current users and also provide information on and access to alternative resources to help college students achieve a successful academic work ethic without the use of psychoactive substances.

Previous harm reduction advocates have signaled that harm reduction can and should aim to do more than simply reduce the problems brought about by drug use (Des Jarlais et al. 2009; Erickson and Hathaway 2010; Erickson et al. 1997; Hathaway and Erickson 2003; Mugford 1993; Rhodes 2009; Tammi and Hurme 2007; Wodak 1999). They should also strive to promote social values that normalize responsible drug use practices while also advocating for the uptake of alternatives that can replace the role of drugs in certain societal context (Durrant and Thakker 2003; Erickson and Hathaway 2010). The key challenge to moving forward with some of these policy suggestions involves convincing medical experts, the American public, and their political representatives to learn to morally accept and live with young people's illicit use of psychoactive medications (Pearson 2001). Only through social acceptance and decriminalization can we focus more intently on understanding the perseverance of this drug trend for more than twenty years as we simultaneously seek to minimize the social harms it facilitates.

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