



Everyday drug diversions: A qualitative study of the illicit exchange and non-medical use of prescription stimulants on a university campus



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ABSTRACT

This article investigates everyday experiences and practises that are associated with processes of pharmaceuticalization and with practices of 'drug diversion'—that is, the illicit exchange and non-medical use of prescription drugs. It reports results from a qualitative study that was designed to examine the everyday dimensions of non-medical prescription stimulant use among students on an American university campus, which involved 38 semi-structured interviews with individuals who used prescription stimulants as a means of improving academic performance. While discussions of drug diversion are often framed in terms of broad, population-level patterns and demographic trends, the present analysis provides a complementary sociocultural perspective that is attuned to the local and everyday phenomena. Results are reported in relation to the acquisition of supplies of medications intended for nonmedical use. An analysis is provided which identifies four different sources of diverted medications (friends; family members; black-market vendors; deceived clinicians), and describes particular sets of understandings, practices and experiences that arise in relation to each different source. Findings suggest that at the level of everyday experience and practice, the phenomenon of prescription stimulant diversion is characterised by a significant degree of complexity and heterogeneity.

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1. Introduction

ALEXIS: We were in the same class; she lived down the hall, so we worked a lot together. I was done, but she wanted me to stay. She was actually wanting me to study with her, and I was just, 'I'm tired'. It doesn't take me that long to do my part, and she had a little bit more trouble, and it took her a little bit longer. So she was, 'all right, well—you can take an Adderall and just stay up with me in the library!' And at first, when she said it, I was: 'no, I'm not taking Adderall. I'm just going to go to sleep, and I'll help you tomorrow.'

Because of the phobia of its being a pill, you automatically assume that you're going to get an out-of-body experience, you're doing something wrong, and it's just ... I've never been prescribed anything, so it just didn't feel right. But then on the other hand, I didn't have any hesitation [in relation to concerns about whether taking the pill] would hurt me because I knew so many other people that were taking it at time, more frequently. So I

just was, 'all right, I'll help you out', and popped it. I ended up taking it just because she was really struggling in the class. And once I took it, I was, 'oh, this isn't that bad.' And it didn't bother me, and I didn't feel like I was doing anything wrong.

Alexis is a third-year undergraduate science major who regularly uses Adderall—a stimulant medication composed of mixed amphetamine salts that is produced by Shire Pharmaceuticals and approved for use in the treatment of Attention Deficit and Hyperactivity Disorder (ADHD) and narcolepsy—to help her study more effectively. Above, she is telling me about how she came to try the drug for the first time, during a study session with one of her classmates. After several hours of studying, Alexis had finished her work, was tired, and was ready to call it a day; however, when her friend offers her a tablet of Adderall to help her get over any tiredness she might feel, Alexis accepts the offer. And though she tells me that at the time she considered herself to be someone who 'would never do that sort of thing', she subsequently begins to use the pills as regularly as she can obtain them, which she does by 'dropping hints' to her friend.

Alexis's non-medical use of Adderall is part of a trend that has been identified by a range of scholars: the increasing use of

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pharmaceuticals approved for therapeutic purposes as a means to enhance the mental capacities of 'normal' individuals, i.e. those who are not ill (Kramer, 1992; Parens, 1998; Quintero and Nichter, 2011). While a wide range of prescription medications are consumed for unapproved, non-therapeutic purposes, the use of stimulant medications by individuals—particularly researchers and university students—seeking to boost their abilities to concentrate and focus on academic work has become one of the main areas of focus within discussions of enhancement (Arria, 2008; Elnicki, 2013; Maher, 2008). This phenomenon raises a number of ethical and policymaking questions that have received attention from bioethicists, such as whether pharmaceutical enhancement constitutes a form of cheating and whether individuals who do not use pharmaceutical enhancers might experience coercion (S. Bell et al., 2013; Farah et al., 2004; Greely et al., 2008; Rudski, 2014). It also raises significant issues that have been examined by social scientists, from political-economic concerns about the scientific and commercial choices involved in the development of medications that blur the boundary between normal and pathological cognition (Bond, 2009; Moreira et al., 2009; Whitehouse et al., 2005), to transformations in medical practice and patient expectations associated with increasing medicalization (Conrad and Leiter, 2004; Coveney et al., 2011).

A growing body of empirical research provides useful insight into non-medical prescription stimulant use, particularly in the form of regional and national surveys that examine broad demographic patterns and social attitudes (Hotze et al., 2011; Maher, 2008; Pilkinton and Cannatella, 2012; Teter et al., 2006). In the US context, significant levels of non-medical prescription stimulant use have been found among university students, with estimates of lifetime prevalence rates as high as 6.9% (McCabe et al., 2005). At the same time, variations have been reported across different regions of the country and among different groups of academic institutions: for example, lifetime prevalence rates of non-medical prescription stimulant use are reported to be as high as 25% at institutions located in the American north-east, with more competitive admissions standards (Loe, 2008; Wilens et al., 2008). Further variations appear among student subpopulations, with greater prevalence of use among white male students, and members of fraternities and sororities (Hall et al., 2005; McCabe et al., 2005).

Survey findings such as those above are crucial for revealing significant demographic and historical trends about non-medical prescription stimulant use. However, they are limited in their ability to produce detailed information on the lived experiences and daily practices of actual users (Loe and Cuttino, 2008; Singh et al., 2010). It is increasingly recognized that qualitative research has the capacity to offer distinctive insight in this respect (Lucke, 2012), and although empirical data on the experiences and practices of everyday users remains somewhat limited (Singh and Kelleher, 2010; Varga, 2012), findings from several studies have been published in recent years (Loe, 2008; Loe and Cuttino, 2008; Partridge et al., 2013; Vrecko, 2013). This article aims to contribute to this emerging body of work, presenting findings from a qualitative study designed to further understandings of the everyday dimensions of non-medical prescription stimulant use among university students seeking to improve their academic performance.

1.1. *Pharmaceutical leakage: drug diversion and everyday life*

Qualitative research on prescription stimulant use among university students to date has largely focused on exploring the subjective views and experiences of this population. For example, Loe and Cuttino (2008)'s study of students diagnosed with ADHD focuses on forms of identity management and self-conception

associated with medication use, while Partridge et al. (2013) examine perceptions of drug efficacy and safety, and Vrecko (2013) reports on non-medical users' accounts of experiences of studying while on prescription stimulants. This article takes a rather different focus, however, exploring processes associated with prescription drug 'diversion', that is, the movement of medications away from those to whom they have been prescribed legally, to those who obtain and use them illegally and for non-therapeutic purposes.

In recent decades, the non-medical use of prescription drugs has been identified as a significant and growing phenomenon, and has received increasing attention from public health experts, medical practitioners, and government agencies involved in law enforcement and drug abuse prevention. While there is some emerging data on national trends in stimulant drug diversion (McCabe et al., 2014; Varga, 2012), relatively little is known about the transactions that arise as prescription stimulants enter into and circulate within networks of non-medical users (Fischer et al., 2010; Wilens et al., 2008). Much of existing research and commentary relating to drug diversion has been oriented towards population-level analyses that are linked to forms of epidemiologic inquiry, and survey-based data findings. In comparison, relatively few studies have explored non-medical prescription drug use and processes of drug diversion in terms of the smaller-scale social and interpersonal dynamics underlying these broad patterns of consumption. The present analysis is based on the hypothesis that fine-grained sociocultural approaches may be valuable for understanding the local particularities and processes from which population-level trends arise (Quintero et al., 2006).

An example of such a socio-cultural approach is provided by the anthropologist Anne Lovell and her ethnographic analysis of the 'pharmaceutical leakage' (2006) that arises in relation to buprenorphine diversion in France. While predominantly oriented toward the specific case of buprenorphine use and exchange among her informants, Lovell's study may be taken—as it is here—as a starting point for considering how patterns of national drug diversion can be investigated at the micro level as a social and interactive phenomenon. For example, Lovell suggests that pharmaceutical diversion might be described as a process that 'connects the doctor's office or the pharmacy with networks of drug users who can diffuse the product and knowledge about it' (2006: 156). While Lovell fully recognizes that local actors' activities are tied to broad cultural dynamics and political-economic systems, one of her most crucial findings is that macro-level patterns cannot be fully understood without an account of the everyday beliefs and actions of individuals who seek, receive, and distribute diverted pharmaceuticals: the different practices and strategies associated with acquiring medications, as well as the intersubjective understandings and local knowledges that circulate with them. The novelty of such a perspective, in comparison to many other analyses of drug diversion, is that it places emphasis on developing an empirical account of the everyday practices that arise as pharmaceutical products 'leak' out from the legalised flows of industrial production and medically-condoned distribution, to the illicit realm of black-market distribution and non-medical use.

The analysis below takes inspiration from sociocultural analyses such as Lovell's insofar as it approaches drug diversion as a social process to be explained, rather than as an epidemiological pattern to be measured. Exploring the mechanisms through which prescription psychostimulants are acquired and exchanged among students on an elite American university campus, it focuses in particular on what Lovell describes as 'the pharmaco-associative', that is, 'the indigenious transmission and elaboration of knowledge about psychoactive substances and the ongoing interaction and ensuing social organization of the drug users themselves' (2006: 156). After providing an

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