

Epidemic or Drug Scare: How do We Know the Difference and What Should We as Drug Researchers Do About It?

I want to thank Zilli for asking our panel to think about the meaning of epidemics in drug research. My reflections on the various drug use eras that I have lived through and received grant monies to study gave me the framework for this talk.

Over the past 33 years, I have learned that the use of the term “epidemic” has social roots and political ramifications. Naming certain types of drug use patterns as “an epidemic” influences the allocation of public monies for research, prevention and determines the types interventions offered to those who get in trouble with drugs – jail or treatment.

Sometimes drug use epidemics have occurred long before we drug researchers have figured out what the hell was going on. Sometimes what have been called epidemics were in fact what Craig Reinerman and Harry Levine named media fueled “drug scares” that reinforced social inequities based on gender, race and class as well as other social categories. The take away message is that the word epidemic should never ever be used lightly.

The first drug research study I worked on was a study of cocaine users and sellers in 1973. Dan Waldorf was the Principal Investigator - who by the way recommended me to Marsha Rosenbaum to work on her Women on Heroin study and the rest as they say is history.

I had the great fortune to work with people from NIDA like Mike Backenheimer and Peter Hartsock. They always referred to Waldorf as the cowboy drug researcher. He was from Colorado but I think it was because he was a stubbornly independent ethnographer who was more comfortable with his study participants than people with PhDs or desk jobs with federal funding agencies. In fact, Waldorf managed to quit or be fired by every research institute in the San Francisco Bay Area. But he almost always got funded. He taught his ethnographers that drug users were people who could teach us something about their worlds if we would only listen. In 1974,

Waldorf graciously made Craig Reinerman and I coauthors of a monograph entitled “Doing Coke: Selling Coke” one of the first ethnographies of cocaine use and sales.

My experiences studying cocaine in the mid-seventies were very different than when I worked with Waldorf on the NIJ funded Cocaine Seller study in the late 80’s or with Marsha on the study of women crack users in the early 1990s.

In San Francisco between the mid-seventies and the early 1980s there was an epidemic of cocaine use among middle class white users. Hollywood filmmakers made movies like Tequila Sunrise that glamorized dealers. It was even trendy to wear coke spoons on gold chains in public. By the early 1980’s it was also fashionable to attend cocktail parties for the openings of 28 day detox units attached to private hospitals for the middle class cocaine snorters with generous insurance benefits to quit their habits and get back to their conventional lives. In California’s beach towns, it was not uncommon to see people wearing cocaine anonymous T-shirts. Rehab had become de rigueur.

By 1985 powder cocaine had become stigmatized. People no longer did lines on their coffee tables they hid away in bathrooms. Nationally, powder cocaine use has declined steadily, although the most recent Monitoring the Future Survey indicates some of our young people are becoming interested in it once again.

By 1984, crack hit the streets of the inner cities like the proverbial ton of bricks spreading rapidly through already devastated inner city neighborhoods taking people to the curb from New York to San Francisco. Despite our early warning mechanisms like CEWG, crack hit most of us by surprise. It was immediately identified in the press as an African American drug. If you haven’t already seen Tequila Sunrise and New Jack City rent them and you will understand the differences in Hollywood’s portrayals of coke and crack dealers.

But the most devastating problem with the crack epidemic was the media fueled social construction of the crack baby. The media wrote literally thousands of stories about “the creation of a bio-underclass” and warned in apocalyptic language of the complete destruction of

our health care and educational systems due to the inevitable influx of thousands and thousands of sickly uneducable children who were the victims of their (usually African American) mothers' crack abuse.

As you all know this did not happen. Drew Humphries, Nancy Campbell, Claire Sterk, Carol Boyd and Murphy and Rosenbaum all wrote books in the late nineties and early zeroes that deconstructed the demonization of these so-called crack babies and their mothers. They also examined the crack baby's role in the public's acceptance of the dismantling of social welfare safety nets for inner city families. These safety nets continue to be dismantled and more children in America today are underfed, without adequate housing and without access to medical health care than ever before. Poor people who got in trouble with crack use did not go to the fancy 28-day detox programs created for middle class cocaine snorters - they went to jail.

Then along came Ecstasy. Marsha will talk about the 1984 Ecstasy user study, but suffice to say my team's studies between 2002-2005 of San Francisco's Ecstasy sellers (all of whom were users) indicates that when white, educated, employed males sell ecstasy not much happens to them. They keep their jobs, continue going to school and when asked about their chances of coming into criminal justice contact 94% responded "unlikely or highly unlikely." When we interviewed them, a majority were slowing down or thinking about discontinuing sales because it was time for them to grow up and start "their real lives."

Jean Schensul , Robert Carlson and other investigators have studied Black and Latino Ecstasy users and are finding that they are having very different experiences. Media stories are beginning to appear about Ecstasy use being linked to violence. Doesn't this remind you of the powder cocaine and crack eras?

Methamphetamine is the new kid on the block, even though it has been around since the 1930s. In the 60's it became identified in this country as a drug of abuse. It was considered a drug used and distributed primarily by motorcycle gangs and gay men who used it for marathon sex parties. But meth has also always been associated

with night and swing shift workers, particularly truck drivers, who need to stay awake for long hours.

Throughout the 1990's methamphetamine use grew steadily in the West and Midwest. By the turn of this century it had reappeared in many areas of the Midwest and South and surfaced to a lesser degree in the Northeast and Mid Atlantic.

Something is going on out there. Maybe it has something to do with our faltering economy and American workers having to work longer and longer hours. Women we have interviewed who used "biker coffee" (a sprinkling of meth with their morning caffeine) report it helped them to keep their weight down; their houses clean and still work a full time job.

According to Dana Hunt and colleagues, methamphetamine is a drug that appeals equally to men and women. Users also tend to be White and in their 20s and 30s. Even among drug users "speed freaks" are extremely stigmatized characterized as crazy and out of control.

Television, magazines and newspaper articles are touting meth as the most dangerous drug in America today. The parallels between the crack coverage-in which authorities described it as a "plague" and an "epidemic"-and reporting on crack in the 90s and current media attention about methamphetamine are so strikingly similar you could swap the word "meth" for "crack." All over the country we are seeing legislators changing criminal justice sanctions aimed at meth producers, distributors and users

We social scientists who study drug use need to learn from our own history. The crack baby myth cost us a lot of credibility and a lot of poor families--drug using or not—lost much more than face. And if we are not diligent, the so-called meth epidemic may take us down the same terrible trail. We all know that it is essential that we pay close attention to the ways in which stereotypes based on gender, race and class frame both scholarly and popular knowledge about the drug users we study and directly impact the resulting interventions they receive or maybe suffer is a better word.

I am not saying we can control the media's need for dramatic drug stories sprinkled liberally with words like "plague" and "epidemic" to sell their programs or publications, but we can do a better job of making our careful and systematic examinations of various drug users and drug use trends available to the folks who pay our bills - the taxpayers.

At the 2004 meetings of the American Sociological Association Michael Burawoy issued a call for public sociology. I believe we also need to renew our commitment to what we might call a "public drug research". Publish or perish (in peer reviewed journals) may rule our careers, but we have a professional and ethical responsibility to do our very best to use our considerable talents and resources to combat hysteria and influence equitable social policy.