THE SOCIOLOGY OF ADDICTION

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Contents

Summary

Significant historical and contemporary contributions to the study of addiction, including those made by social anthropologists and other professionals, are examined through the perspective of sociological theory and research methods. The application of sociological theories and research methods to studies in the sociology of addiction is illustrated with specific examples. Emphasis is placed upon addiction as an interactive process marked by movement through a series of stages in a deviant career. A primary interest of this paper is the ways in which heroin addicts and alcoholics make sense of their substance use and changes in how they see themselves throughout this process. Similarities between narcotic and alcohol addicts in this process are noted. The ways in which substance abuse affects and is affected by interpersonal relationships, especially husband-wife and familial interaction, is reviewed. The use of narcotics among women, physicians and pharmacists is discussed. Ethnographic research on heroin and skid row subcultures is presented. The role of social control of substance abuse is examined, including research on the creation of laws controlling substance use and police responses. A number of rehabilitative approaches, including methadone maintenance, therapeutic communities, and innovative programs are examined.

1. The Scope of the Field: Addictive and Non-Addictive Substances

Traditionally, the Sociology of Addiction has been primarily concerned with the use of alcohol and the opiates. Since the 1970s , however, sociologists have turned their attention to other behaviors thought to be addictive such as tobacco use, overeating, gambling, shopping and, most recently, sex addiction. These other types of behaviors fit, in varying degrees, the definition of addiction first proposed by Alfred Lindesmith (1938). This discussion, however, will be limited to a review of the literature on drugs and alcohol. For Lindesmith, addiction had two components, a "mere physiological tolerance," for which he used the term "habituated" and "addiction," a term that "will be reserved for application to cases in which there is added to the physiological or pharmacological tolerance a psychic addiction which is marked by the appearance of an imperious desire for the drug and leads to the development of the other characteristic modes of behavior of the drug addict as he is known in our society (pp. 597-598)." Physiological (or pharmacological) tolerance refers to a process through which the individual needs increasing increments of a substance to experience the same effects he or she initially felt. At some point, however, the individual can no longer get the desired feeling no matter how much more of the substance is taken.

The sociology of addiction also includes the study of the use of substances such as marihuana (Becker, 1953) and the hallucinogens (Aaronson and Osmond, 1970) that do not fit Lindesmith's criteria, as they do not produce a physiological tolerance. However, this research adds importantly to the literature and will therefore be included in this paper.

It should also be noted that not all work in the sociology of addiction has been done by sociologists. Important contributions have also been made by social anthropologists (e.g., Bourgois, 1995, 1998, 2003; Bourgois and Schonberg, 2009; Hoffer, 2006; La Barre, 1989). They will also be discussed in this entry.

2. History of the Field

An early attempt to explain addiction sociologically was that of Alfred Lindesmith (1938). He was responding to what he saw as the medical (and especially the psychiatric) profession's view of addicts as "defective persons seeking to compensate for, or avoid, their inferiorities and mental conflicts" (1938: 594). An example of that perspective is included within Lindesmith's article in a comment by David Slight of the Department of Psychiatry at the University of Chicago. Slight pointed out that because of either financial or practical purposes, addicts often seek a cure to reduce their tolerance. He also noted that drug addicts are often addicted to several drugs, and those they choose are dependent on availability. Addicts continue to take drugs, not out of fear of withdrawal, Slight asserted, but because they are seeking "some form of satisfaction or pleasure or relief from a state of emotional distress or difficulty of life" (p. 611).

Lindesmith proposed a more social psychological explanation. Addicts continue to use drugs, he noted, even after they can no longer experience euphoria, in order to avoid the symptoms of withdrawal. "Addiction begins," he wrote, "when the person suffering from withdrawal symptoms realizes that a dose of the drug will dissipate all his

discomfort and misery. If he then tries it out and actually feels the almost magical relief that he is afforded, he is on his way to confirmed addiction" (p. 599).

Lindesmith's most significant contribution to the sociology of addiction lies in his application of George Herbert Mead's emphasis on the important role of significant symbols in an individual's construction of the self to an explanation of the process of becoming an addict. The shared meanings, by which his culture defines a "dope addict," are learned by a person and applied to himself, "when the point is reached at which withdrawal symptoms intrude themselves upon the attention of the individual and compel him to go on using the drug" (p. 606). This idea foreshadowed the later work of Ray (1961-1962).

Ray examined the importance of an individual's perception of the responses of others in the cycle of relapse and abstinence. "An episode of cure begins," Ray writes, "in the private thoughts of the addict rather than in his overt behavior" (Ray, 1961-1962: 134). He or she begins to "call into question" his or her addict identity as the result of interactions with "important others" (p. 134). These interactions cause him or her to examine his or her present identity as addict.

Once the individual is abstinent he or she enters what Ray terms a "running struggle" period, a time of ambivalence, during which addicts attempt to deal with their social identities. The question they must resolve is whether they are more like non-addicts than addicts, and in this fragile state, they look toward non-addicts to ratify their new non-user identities. "The tendency toward relapse, "Ray notes, "develops out of the meanings of the abstainer's experience in social situations when he develops an image of himself as socially different from non-addicts, and relapse occurs when he redefines himself as an addict" (p.137). Thus, Ray's thesis is that "relapse is a function of the kind of objects ex-addicts make of themselves in the situations they face" (p. 138).

One of the earliest and most influential writers in the sociology of addiction was E. M. Jellinek. In a brief but important paper, Jellinek (1943) noted that while there was a large body of "sociological" literature available on alcoholism, "close analysis . . . reveals that the subject matter of the books and papers referred to is related to sociology but, with a few exceptions, does not report sociologic research in the strictest sense. . . They deal with subjects which are of interest to the sociologist, but they do not deal with them from the viewpoint of the sociologist, nor are they based on a utilization of his techniques" (p. 399).   Jellinek observed that the literature on inebriety contains social case histories, which are a rich source of sociological source material along with writing on the folklore of drinking, but these data have rarely been systematically subjected to sociological analysis. He therefore called for the application of sociological frameworks in the study of alcoholism. The following section in this paper on Theoretical Perspectives and Research Methods in the Sociology of Addiction reviews research that employs sociological frameworks and analysis, as first suggested by Jellinek.

Jellinek's sociological perspective appears in a number of articles. In one of these (Jellinek, 1962) he reported on a questionnaire study of more than two thousand drinking histories of male "alcohol addicts." In that paper he made a distinction between two categories of alcoholics, "alcohol addicts" and "habitual symptomatic excessive drinkers." The main difference between them is the loss of control over

drinking, which occurs only for the alcohol addicts. It is this group for whom the disease conception of alcohol addiction is relevant. Jellinek sees this loss of control as "a disease condition per se which results from a process that superimposes itself upon those abnormal psychological conditions of which excessive drinking is a symptom" (p. 357).

From his analysis of drinking histories, Jellinek was able to reconstruct the usual career patterns of men who become alcohol addicts. These careers are characterized by movement through discernable phases. He is quick to point out, however, that not all the symptoms he identified fit all addicts. Nor did all of them follow the same phase sequence. Nevertheless, he asserted that his formulation holds for the "great majority" of addicts.

The first phase identified in the alcoholic addict's career is the prealcoholic symptomatic phase. Jellinek notes that in the beginning, alcohol use is always socially motivated, whether or not the individual eventuates as an addict. However, the person who becomes either an alcohol addict or a habitual symptomatic excessive drinker soon discovers a sense of relief in drinking, which does not characterize the normal social drinker. Gradually the individual's tolerance for alcohol increases. He has moved from the stage of occasional relief drinking to constant relief drinking.

The second stage in the alcoholic's drinking career is the "prodromal phase," during which blackouts are experienced. Jellinek refers to these experiences as "alcoholic palimpsests." He notes specific behaviors that manifest themselves during this phase, including surreptitious drinking, preoccupation with alcohol, avid drinking, guilt feelings about drinking behavior, and avoiding reference to alcohol in conversation. Over time the alcoholic experiences more frequent palimpsests.

Jellinek calls the third stage "the crucial phase." At this point the individual has lost control over his or her drinking. "Drinking of alcohol," Jellinek writes, "starts a chain reaction which is felt by the drinker as a physical demand for alcohol" (p. 363). After a period of abstinence, the individual begins to drink again. Jellinek's explanation for this is that the drinker is attempting to prove to himself that he can control his alcohol intake. Along with loss of control, the drinker begins to rationalize drinking to himself. In this phase, the individual experiences a loss of self-esteem and may engage in grandiose behavior as a way of compensating for these feelings. He begins to withdraw from others and to isolate himself. This is often accompanied by "marked aggressive behavior" (p. 364). At this point, he or she begins to experience guilt and "persistent remorse" (p. 364). Under social pressure, he or she may totally abstain from alcohol for periods of time. He or she may also attempt to change his or her drinking patterns to gain control. As his or her isolation deepens, the alcoholic begins to drop friends and quit jobs. His "*entire behavior becomes alcohol centered*" (p. 364). Additionally, the alcoholic loses interest in outside activities, reinterprets his or her interpersonal relationships, wallows in self-pity and may think about a "geographic escape" (p. 364). He or she may hide alcohol, neglect proper nutrition and begin drinking right after awakening. Jellinek notes that during this phase there may be a change in family interaction. The alcoholic's spouse and children may withdraw from social activities to avoid embarrassment and what Goffman (1963) later called a "courtesy stigma," or they

may actually increase social involvement as a means of escaping a tense home environment.

The chronic phase is the fourth stage in the alcoholic's drinking career. By this time he is continually intoxicated for several days on end, which Jellinek refers to as "the onset of *prolonged intoxications*" (p. 366). The result of these episodes includes "*marked ethical deterioration* and *impairment of thinking"* (p. 366). The alcoholic may lose a tolerance for alcohol, experience persistent tremors and finally admit defeat in the battle against alcohol.

This chronology of the stages in the alcoholic career describes the "addictive alcoholic," who differs in important ways from the "nonaddictive alcoholic." The drinking of the latter does not show any clear-cut phases. Most importantly, he or she does not lose control even after many years of heavy drinking. Jellinek's model has been widely accepted among alcoholism researchers and the most influential typology of the addiction process. However, it has also been criticized in terms of the content of his phases (Rudy, 1986).

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have had their first drinking experiences at home with their parents, and that more women than men had their second drinking experiences in a matter of days or weeks after their first time using alcohol. He also found that social pressures were greater in motivating young women to drink than they were for young men, who gave more individual reasons.]

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Biographical Sketch

Weinberg, T. S. received his bachelor's and master's degrees in sociology from Rutgers University and the Ph.D. in sociology from the University of Connecticut, the latter in 1977. He was a postdoctoral scholar on a National Institute on Alcohol Abuse and Alcoholism grant at the University of California, San Diego from 1979 to 1981. He is Professor of Sociology at Buffalo State College, State University of New York, where he has taught for 42 years. The recipient of the State University of New York Chancellor's Award for Excellence in Teaching, Dr. Weinberg teaches courses in the sociology of addiction, social psychology, contemporary sociological theory, the sociology of sexual behavior, the sociology of deviant behavior, group dynamics and introduction to sociology.

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