

BETWEEN THE SUBSTANCE AGENCY AND THE USER'S CONTROL. INSTRUMENTAL DRUG USE AMONG DRUG USERS IN WARSAW

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The focus of this article is on instrumental drug use and the problem of agency in interaction with psychoactive substances. Most of the Euro-American discourse formed around drug use stresses the individual loss of self-control related to drug use. This paper is located within those critical studies of drug use, which challenge the notion that regular drug users are deprived of agency in their interaction with psychoactive substances. During my fieldwork among drug users in Warsaw, I got the impression that psychoactive substances can be treated as a tool for altering the state of the human mind, which can be employed in various ways and controlled by the user. Still, this tool is a dangerous one and cannot always be fully subject to human agency. Based on case studies, I analyse the functions of drugs for the users and their intentions regarding use. The ethnographic exploration of individual drug use trajectories is a starting point for the further consideration of the process of negotiating agency with psychoactive substances.

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W artykule podejmuję próbę analizy zjawiska instrumentalnego zażywania substancji psychoaktywnych i problemu sprawczości w interakcji z narkotykami. Większość euroamerykańskich dyskursów łączy zjawisko zażywania narkotyków z utratą kontroli. Niniejszy artykuł usytuowany jest w obrębie nurtów badawczych związanych z zażywaniem substancji psychoaktywnych, które kwestionują przekonanie, że regularni użytkownicy substancji psychoaktywnych są pozbawieni sprawczości w interakcji z nimi. W trakcie moich badań terenowych przeprowadzonych wśród użytkowników substancji psychoaktywnych w Warszawie zauważyłam, że substancje psychoaktywne można traktować jak narzędzie służące do zmieniania stanu ludzkiego umysłu, które może być w różnorodny sposób wykorzystywane i nad którym użytkownik może mieć kontrolę. Jest to jednak narzędzie niebezpieczne, które nie zawsze w pełni poddaje się ludzkiej sprawczości. Na podstawie studiów przypadku analizuję, jakie funkcje spełniają narkotyki dla użytkowników, a także jakie są indywidualne powody ich konsumpcji. Etnograficzna analiza empirycznych trajektorii zażywania substancji stanowi punkt wyjścia do dalszych rozważań nad procesem negocjowania sprawczości z substancjami psychoaktywnymi.

K e y w o r d s: substance use, drug instrumentalisation, neural model of addiction, the Nida model, agency, control

INTRODUCTION

Psychoactive substances might be treated as a tool for altering the state of the human mind, which can be used in a variety of ways. One of my interviewees said:

“I would like to live in a world where if I found myself in a certain mood I could go to a pharmacy and choose a mind-altering substance that would fit my current state”.

Although there is a broad range of psychoactive substances with different effects, in the laboratory of the streets, drugs are not an ideal mind-altering machine. Psychoactive substances are an instrument that can easily go beyond the user's control. Still, the present research suggests that not every case of regular drug use develops into addiction; quite the contrary. Situations where users do find a balance between their needs and dreams and the potentialities provided by particular drugs are relatively common. In spite of this fact, most Euro-American discourse formed around drug use stresses the individual loss of self-control related to drug use (Garriot and Raikhel 2015; Weinberg 2013). The following research is located within those critical studies of drug use (Cloud and Granfield 2015; Granfield and Reinarmar 2015; Garriot and Raikhel 2015; Müller and Schumann 2011; Lilienfeld and Satel 2014; Waldorf *et al.* 1991; Zinberg 1984), which challenge the notion that regular drug users are deprived of agency in their interaction with psychoactive substances. According to the model of drug instrumentalisation proposed by Christian Müller and Gunter Schumann (2011), being the theoretical basis of this study, psychoactive substances are consumed for their ability to change mental state and are instrumentalised in order to achieve specific goals. In this approach, psychoactive substances can be treated as a tool for altering the state of the human mind, which can be controlled by the user. Still, this tool is a dangerous one and cannot always be fully subject to human agency.

The aim of the paper is to analyse how the agency relations within drug use depend on the function of a drug for the user and his/her intentions regarding substance use. In the first section of the article, I present a brief history of how the notion of the loss of self-control is linked with the concept of addiction and current frameworks for controlled drug use. Then, on the basis of my fieldwork conducted among drug users in Warsaw, I analyse individual drug use trajectories with regard to the changing function of a drug for the user and the process of negotiating agency with psychoactive substances. The paper concludes with a discussion of how agency, the functions of a given drug and the reasons behind their use are interlinked with each other.

ADDICTION *VERSUS* CONTROLLED DRUG USE

The loss of self-control related to drug use is the key criterion of addiction (Weinberg 2013), which in many Western societies in the 21st century is said to be a disease (Granfield and Reinarman 2015). This understanding of dependency can be traced back to the late 18th century; it was also then that the notion that substance use causes a loss of self-control became widespread. The early understanding of addiction conceptualised it as a “disease of the will” (Granfield and Reinarman 2015; Levine 2015). The popularisation of the disease concept is strongly related to the activity of Alcoholics Anonymous. Within the AA movement created in the 1930s, alcoholism was seen as a person-specific disease and was also attributed to a loss of self-control (Levine 2015). In the 20th century, the disease concept has been reconceptualised using neurological models of addiction (Courtwright 2010; Granfield and Reinarman 2015; Levine 2015; Lilienfeld and Satel 2014). New neuroimaging technologies made it possible to visualise brain activity, which led to a consolidation of those scientific approaches which assume that changes in brain activity are the key to understanding drug dependency (Campbell 2010; Courtwright 2010; Kalant 2015; Raikhel 2015; Vrecko 2010). The biggest impact was made by the so called “NIDA model”, postulating that addiction is a chronic, relapsing brain disease, first formulated by Alan Leshner (1997) and then promoted by the American National Institute on Drug Abuse. It assumes that substance use causes permanent changes in the structures and functioning of the brain, which makes addiction, fundamentally, a brain disease. The NIDA model assumes that substance use begins voluntarily, but over time drug users lose control and become compulsive users (Leshner 1997; NIDA 2008).

The brain-disease model provided a moral argument for destigmatising addiction, as it started to be seen as something beyond the individual's control (Room 2015). The War on Drugs created and promoted the view of addicts as dangerous criminals (Courtwright 2010, but within the disease paradigm the problem of addiction was translated into medical terms and placed within the realm of public health rather than criminal law. Instead of being perceived as criminals, addicts gained legitimacy as patients suffering from a mental illness (Courtwright 2010). But this was a double-edged sword as it could deny the drug addicts the agency to stop using drugs without medication.

Although the processes taking place in the brain are important for understanding phenomena of dependence, the biomedicalisation of drug use meets with opposition on the part of many social scientists as a reductionist approach that belittles the importance of social and cultural factors in the shaping of dependencies (Campbell 2010; Courtwright 2010; Kushner 2010; Lende 2012; Levy 2013; Lilienfeld and Satel 2014; Raikhel 2015). Moreover, addiction as a disease models do not take into account the user's agency in interacting with psychoactive substances and narrow considerably the role of the choices made and the possibility of a conscious response to stimuli. There

are many studies showing that a significant proportion of the users of psychoactive substances are not addicted, and even those who have gone to the stage of compulsive consumption find ways to reduce or stop further drug use without any therapy (e.g. Chen and Kandel 1995; Cloud and Granfield 2015; Granfield and Reinarman 2015; Raikhel and Garriot 2015; Müller and Schumann 2011; Lilienfeld and Satel 2014; Waldorf *et al.* 1991; Winick 1962; Zinberg 1984).

Drugs have addictive potential because they strongly stimulate the so-called reward system of the brain, responsible for processes related to the feeling of pleasure and desire, and also cause neuroadaptation, which makes many users susceptible to relapse (Robinson and Berridge 2003). However, all psychoactive substances directly or indirectly affect the reward system; the particular mechanisms vary depending on the type of substance, with different short- and long-term effects, as well as differences in the potential for addiction (Blätter *et al.* 2011). Although it is the drugs' pharmacologic attributes that partly dictate their effect and controllability, a number of other factors mediate the effects of particular drugs. Therefore, the same substance can have different effects depending on the user and the context of use. Moreover, it can be radically different for one user across the trajectory of drug taking (Müller and Schumann 2011; Zinberg 1984).

Norman Zinberg (1984: 8) distinguishes three variables that determine the subjective effect of psychoactive drugs: drug (the pharmacological action of the substance), set (user's attitude and personality structure), and setting (social sanctions and rituals connected with drug use). There is a wide range of factors that have to be present before drug use becomes chronic and disturbs routine brain functioning (Granfield and Reinarman 2015). First of all, the user has to learn how to take pleasure in the effects of a drug (Becker 1953). Furthermore, the user has to start taking drugs regularly and increasing amounts consumed over time (Granfield and Reinarman 2015). Although some regular users become addicted, some studies provide evidence of controlled drug use or natural recovery (Becker 1953; Chen and Kandel 1995; Müller and Schumann 2011; Robins 1993; Waldorf *et al.* 1991; Winick 1962; Zinberg 1984).

Of these, Lee Robins' classic study among American veterans of the Vietnam War is particularly noteworthy. The researcher suggests that many soldiers who regularly consumed heroin during the war stopped using the drug completely after returning to their ordinary life, despite the availability of the drug in the USA (Robins 1993). His research shows that it was primarily the social context that influenced the continued use of heroin by some soldiers, and not the changes in the brain caused by the substance. Craig Reinarman, Dan Waldorf and Sheigla Murphy, in *Cocaine Changes: The Experience of Using and Quitting* also suggest that some users can consume a very strong addictive substance such as cocaine in a controlled manner and combine this habit with daily functioning (1991). Moreover, those who became heavy users often quit the habit the moment drug-related losses outweighed the benefits. As their research

suggests, the more a user is rooted in everyday life, the greater the chance of maintaining control in interacting with a psychoactive substance. Norman Zinberg suggests that drug use can be a stable practice, subject to the user's control (1984). According to his approach, a controlled consumption of psychoactive substances is subordinated to social sanctions and rituals, which distinguish it from compulsive use. Social sanctions define acceptable patterns of use in a given circle of users; identify potentially dangerous effects; and are designed to limit the use of substances to selected social contexts. Social rituals are specific practices that accompany controlled substance use. They concern methods of substance use, the choice of the social environment in which use takes place, actions taken during intoxication, as well as ways of preventing unwanted effects (Zinberg 1984).

Many social science researchers emphasise the fact that social factors and the personal reasons for drug use are determinants which, to a large extent, account for the addiction of a given user to a substance (Lende 2012; Lilienfeld and Satel 2014). Therefore, controlled drug use is also partly associated with functional and instrumental drug use. Psychoactive substances fulfil certain functions for users, which affect the purposes and the frequency at which the substance will be used (Müller and Schumann 2011). Determination of the function of a drug allows one to determine why a given user continues to use it and why he/she chooses to take this particular substance (Lende *et al.* 2007). An example of a functional analysis of drug use is Daniel Lende's research among users of methamphetamine, during which the researcher identified the reasons why they continued to use this substance. Lende noted that the function of drug taking depends not only on the possibilities of stimulation provided by a given substance, but was also closely related to the values shared in a given user culture (Lende *et al.*, 2007).

The theoretical basis of my research was formed around Christian Müller and Gunter Schumann's theory for non-addictive drug use. Müller and Schumann suggest that even habitual drug taking can become a stable and widespread behaviour in its own right which does not necessarily develop into addiction. They suggested that people use drugs because they can instrumentalise their effects. During the period of experimentation, people learn how they can use the optimal substance; the appropriate dose and a setting in which drug use would help them reach their goals. The instrumental effect of drugs is the result of their ability to change mental state and the fact that a proper mental state can be necessary to achieve certain goals through appropriate behaviour. Throughout initial experimentation, the user learns a drug's effects depending on the type of substance, its doses, or a particular mix of drugs in a particular set and setting. Müller and Schumann identify three types of drug consumption: experimental, instrumental, and compulsive. Experimental consumption refers to a state where the consequences of drug use are yet unknown. An individual learns what state of mind can be induced by a drug in different doses, as well as how to use a certain mental state and how to control the drug consumption. Drug instrumentalisation is the state

where the individual can foresee the effect of the drug, control its influence and benefit from it in order to reach certain goals. These goals may change in the course of life, and instrumental consumption may turn into addiction. Drug addiction according to this model is compulsive seeking and consumption of a drug, usually associated with a steady increase in the intake of psychoactive substances. Compulsive consumption cannot be subject to user control, nor does it serve any instrumental purposes, because at this stage of use, the side effects of drugs outweigh the benefits that result from their use (Müller and Schumann 2011).

The empirical ethnographic evidence I have gathered largely overlaps with the instrumentalisation model proposed by Müller and Schumann. My research among drug users in Warsaw shows that many persons in the drug users' milieu use drugs habitually for a period of time without becoming hard-core users, and even those who "mature" to become compulsive users find ways of limiting their drug consumption or ceasing to take drugs at all without therapy. Moreover, involvement with addictive drugs is preceded by a stage of non-addictive use. My observations have shown that during the initial stage of use, users learn what effects can be achieved using a particular substance in a given dose and in a specific social context, and to some extent begin to control its effects and adapt them for their own purposes.

METHODOLOGY AND STUDIED GROUP

In the period 2011–2014 I conducted anthropological fieldwork in Warsaw among groups of people who took psychoactive substances and incorporated them into their day-to-day lives. The main criterion for my choice of interviewees was their ability to perform their daily duties in spite of taking psychoactive substances and functioning in different social situations while under their influence. Another aspect that I took into account was their engagement in drug taking over the years, as well as experiences with different types of psychoactive substances, including psychedelics. My interviewees were students and professionals between 20 and 35 years old, both men and women. The gender proportions were similar. I studied two groups of friends who took psychoactive substances more closely. Both of the groups were formed around long-term drug use in their twenties; one of the groups also included a few small scale drug dealers. The exact numbers of people belonging to those groups, as well as their composition, were rather fluid. In both cases, the groups consisted of 3–4 friends who lived together and formed the core of the group, and their acquaintances who would just drop by, usually to share an experience of intoxication. Taking psychoactive substances was the main pastime they had in common; it was the drugs that defined them as a community. The more experienced members sometimes introduced new acquaintances into the drug taking; they showed them

where and how to buy substances, which drugs suit a particular setting and what the appropriate dose is to achieve the desired effect and avoid overdosing. In the case of a group containing small scale drug dealers, many people were passing through their apartments just to buy drugs. However, the convention of being friends was usually created around the transaction, and they spent some time together sharing a joint or having a drink. The core of this group also consisted of more hard-core users than in the other group. At the time of the research, they were using drugs more intensely and had started to experiment with them in their early teens. In both cases, stronger substances were usually consumed during holidays and weekends, and that was also the time when more friends gathered together to party. Drug users belonging to those groups were usually able to attend to their duties, even though some of them took drugs on a daily basis. In the course of drug taking they learnt how to manage the appropriate dose and the type of substance to be able to function under their influence in every-day situations.

In both of those groups they attributed different meanings to different substances. Substances like opiates¹, stimulants² or empathogens³ were considered rather as hedonistic drugs which they used for relaxing, clubs or in a sort of attempt at self-medication. Psychedelic and dissociative⁴ substances were treated more as a tool for broadening perception and enabling spiritual experiences. There were also different rituals associated with their use. Psychedelics and dissociatives were usually taken in an intimate and safe environment and in a well thought-out and planned setting – in someone's flat or in the countryside. However, they were also consumed during special music events prepared for psychedelic experiences such as, for example, trance parties. The other substances (stimulants, empathogens like amphetamine, cocaine or MDMA) were consumed mainly during club parties, on a daily basis (opiates, stimulants, cannabis) or as a remedy to get rid of the negative effects of another substance (mainly opiates, alcohol or cannabis). It needs to be pointed out, however, that this is a generalisation because, as analysed in the case studies below, each user in the process of drug instrumentalisation found a substance which he/she used in a particular set and setting to achieve specific goals. The attitude toward drug taking was also one of the

- 1 Opiates are drugs used as prescription pain-relievers. They reduce stress, fears and evoke a state of bliss. Examples of this type of substance are morphine, codeine, heroine, tramadol.
- 2 Stimulants are a group of substances that are experienced as increasing physical and cognitive activity and reduced fatigue. Examples of substances belonging to this kind are cocaine, amphetamine, methamphetamine.
- 3 Empathogens are a class of psychoactive drugs that produce a very strong experience of euphoria as well as emotional communion, openness and empathy. The most common substance belonging to this group is MDMA.
- 4 Psychedelics and dissociatives are a class of psychoactive substances causing so called altered states of consciousness characterized by thought, visual and auditory changes. Examples of this group of substances are LSD, psilocybin mushrooms, DMT, ayahuasca, metoxetamine, kethamine.

aspects that distinguished the interviewees I chose for my research from other drug users I met in the course of my fieldwork. They considered psychoactive substances not just as hedonistic tools used for pleasure, but also as an instrument which can serve for self-development and broadening of perception. They were strongly involved in drug-taking and found it to be a meaningful activity that distinguishes them from the rest of society.

The use of particular substances is partly dictated by the market and interlinked with their availability and price. For example, the popularity of amphetamine in Poland is mainly an outcome of its low price and easy availability, which is caused by the fact that this drug is produced in Poland. In the period when the research was conducted, designer drugs were semi-legal in Poland and available online, which accounted for their commonness. Some of my respondents also used to buy legal medicines, the likes of the cough medicine Thiocodin⁵ or Acodin⁶ and overdose them to achieve the desired effect. My interviewees purchased psychoactive substances via the internet, from dealers or in a pharmacy.

The main tools of my fieldwork were participant observation and recorded in-depth interviews. The idea of conducting research in the drug users' milieu emerged when I met a few drug users over the course of my studies. Then, using a snowball technique, I developed a network of interviewees and was gradually allowed to take part in their every-day activities including those related to drug taking. During my research, I was observing a number of drug-related practices and rituals; I engaged in many off the record conversations regarding experiences with psychoactive substances; I also participated in club parties and culture-specific festivals. Due to the illegality of most psychoactive substances in Poland, an essential condition for carrying out in-depth research interviews was building longer term relations with and winning the trust of the interviewees. Observation of individual persons over the years has given me a deeper insight into how they changed their attitude to the use of psychoactive substances and how they redefined their approach and ways of referring to them.

During all the stages of research, participants were asked for their consent to participate. Confidentiality and anonymity was ensured for all interlocutors. However, during the research I was observing practices related to psychoactive substance use which are illegal in Poland. The anthropological research ethic in this case requires loyalty toward the interlocutors⁷.

5 Tiokodin is a cough medicine containing codeine which belongs to the group of opiates.

6 Acodin is a cough medicine with an active substance dextromethorphan which in higher doses works as a dissociative drug.

7 Research in the form of an interview is published under the *expressis verbis* provision that the source of the interview remains anonymous.

DRUGS AS AN INSTRUMENT

While observing the practices of drug users, the first aspect that drew my attention was the fact that they treat drugs as an instrument which can fulfil a specific function that each user discovers on their own during the process of learning the drugs' influence and gaining control over their effects. As one of my responders said:

"You can treat it as a spice [...] I don't like feeling the same all the time, I take many things, I don't like to stay in the same mental state, let's say that's my way of spicing my life".

As there is a broad range of psychoactive substances with different effects, the users allot them to different social situations. For instance, the higher concentration levels produced by amphetamine could be used to study more effectively, while the lack of tiredness and the sensitisation of the senses produced by cocaine could multiply experiences during clubbing. The flow of synesthetic elements during a psychedelic session can increase one's creativity, while opiates can be used to reduce tension in order to alleviate stressful situations, etc. During my fieldwork I observed that users at the first stage of drug taking learn what outcomes a particular substance could induce in the specific set and setting and realise that, to a certain degree, they start to control the effects. The drug users in my research treated psychoactive substances as mind altering tools, and many of them have been using drugs for years without ever reaching the compulsive consumption stage or significantly changing their lifestyles. However, some of them lost control over their drug use and after a period of instrumentalisation of the drugs went into the compulsive consumption stage.

In order to be able to treat drugs as instruments, one must assume the possibility of controlling their effects. Reflecting on the experiences of the users of psychoactive substances, I have concluded that the notion of control when applied to drug use can refer to two significant factors – the control of the intensity of consumption, and the control of the effects of the substance.

The consumption intensity, comprising the dosage and frequency of use, is the object of social regulations which aim to protect users against overdose and addiction. The circles of users develop various rituals and practices in their community which are supposed to enable users to work out moderate dosages and frequencies which do not lead to addiction. They are passed on within the user networks and worked out by individual members who acquire new experiences. In the studied groups, the method of ingesting the drug could be considered as this kind of ritual. Sniffing powder or swallowing pills was appropriate and socially acceptable, but using syringes would be seen as crossing the metaphorical line. Another important ritual, aimed at controlling consumption intensity, was the use of substances in the appropriate social setting and combining their use with daily duties and other social roles.

The object of the effect control is acquisition of the skill of influencing the action of the psychoactive substance, directing it towards a concrete activity, avoidance of bad trips, and the ability to control one's own body and behaviour, or of entering into a social interaction. Different social situations require a different degree of control over one's body or behaviour. While spending time with other drug users, the disturbance of motor skills could be accepted but during an everyday social situation like being at work, attending classes or interacting with one's family, the user has to maintain control over his/her body and behave according to the shared rules of society, even under the influence. Although drug users generally manifest fewer inhibitions, the rules connected with the substance effect in the studied group would concern, for instance, no tolerance of aggressive behaviour. The control of the effect in the observed environment was also directed toward avoidance of bad experiences while under the influence of substances. Psychoactive substances cause emotional sensitivity and require appropriate set and setting in order to benefit from the drug's effect. More experienced users, who had discovered how to instrumentalise the substances, were aware of how to manipulate their choice of substance, as well as set and setting, in order to get the experience they desired and avoid unpleasant ones.

In my opinion, it is this ability to control the effects of a substance that allows one to treat it as an instrument. In the interaction with psychoactive substances, the agency and control are distributed between the drug and its user; therefore, as I try to show below, drugs can only be instrumentalised to a certain degree.

The agency of the substance is understood here according to the combined perspective of Don Ihde's notion of postphenomenology and Lambros Malafouris' framework of Material Engagement Theory. This theoretical orientation is situated within those approaches which expand the notion of agency on non-human entities and postulates that people are constituted not only through biology or culture but also through the use of material forms and techniques. Humans have a predisposition towards technological embodiment and because of this fact material forms can shape their minds and extend their bodies. Technological artefacts can mediate our perception and interpretation of the world, transforming the way we experience and, as a consequence, ourselves (Ihde and Malafouris 2018). In the case of my research, psychoactive substances can be seen as a technical mediator because of their ability to influence the human nervous system and cognition. Substances and their users create hybrids; drugs can give them certain features, change their emotions, alter the perception of reality and its phenomena. The substance is not a passive instrument used by the user but an actant. The agency of substance is its ability to change the human state of mind and co-constitute the user's experience of the world. However, the change that emerges from the substance effect is also subordinated to human agency. During the experimentation and instrumentalisation states of drug-user interaction, the non-addicted drug user can operationalise agency over aspects of

the experience. This agency includes the choice of setting, the selection of the drug itself, the ability to use the mental state evoked by the drugs to achieve certain goals and even how the drug is subjectively experienced (the “set”). However, drug use takes place in the particular socio-cultural context where an individual participates in social relations, thus the user’s agency is not just a product of his/her individual choices, but operates within the social structure. Therefore, it might be conceptualised within the framework proposed by Pierre Bourdieu. According to his theory, people’s actions are guided by socially built-up expectations, assumptions, and dispositions to react, which emerge from particular social experiences and conditions (the *habitus*). The individual agency is constrained by the social field, but still able to operate “freely” within that field (Bourdieu 2000). In the case of drug use, the political and economic realities constrain, for example, the choices of “setting” or substances. The illicit psychoactive substances, due to their juridical status, might only be used in the socio-cultural niche in which drug use is socially accepted. In a social setting which does not accept drug taking, the user has to maintain a high degree of control over the drug’s effect and his/her body, which influences the choices of substance or dose. The established discourses and narratives also constrain the range of meanings and interpretations that can be associated with the stories told about drug experiences.

CASE STUDIES

In the following section of the paper, I analyse two case studies from my research which illustrate narrations of subjective experiences during long-term drug use. Natalia was part of one of the groups of friends taking psychoactive drugs which I described at the beginning of the paper. Anna wasn’t connected with any of them; I met her over the course of my research using the snowball technique. Based on their narratives, I examine how the functions of drugs change depending on the users’ intentions toward drug use and meanings attributed to it in the individual drug use trajectory. Natalia’s and Anna’s stories are the starting point for analysing the process of building relations and negotiating agency with psychoactive substances with reference to Müller and Schumann’s theory.

Natalia’s story

Natalia began her experience with drugs by trying to smoke marijuana when she was sixteen. Initially, she smoked marijuana for social purposes without experiencing other effects of the substance, apart from improvement in her mood. Over time, she began to take more and more pleasure from the effect caused by the drug, and also learnt to control its consumption to such an extent that she was able to function under its influence in everyday situations. She then smoked marijuana to alter her perception of the world and deepen her experiences.

“The original reason for taking drugs was, for me, curiosity, but also the fact that despite my enthusiasm for life, I did not quite see the meaning of it, I felt that it was not lived fully. Because you always want to see something more and you develop to some point as a human being and the whole world seems like an interesting place to you, but then you get the impression that you understand everything and I did not like that feeling because it made me feel bored”.

At the beginning of high school she started experimenting with another substance – amphetamine. Initially, she used it for typical entertainment purposes as a stimulant used during parties, but changes in her life situation made her change the function of the drug.

“I was exhausted with school, I started to take it to be able to function faster, I took it at work, at school, and then I started going to clubs. It was the time when I moved out of my family home and started living in Warsaw. Previously, my friends kept dropping by all the time, I never suffered from loneliness, and now in Warsaw I did not have such friends, my situation, in general, was hopeless, and drugs improved my mood and generally made me feel very strong”.

In the past, Natalia had taken amphetamine only when someone offered it to her, now she began to seek it. This gradually intensified the consumption of the substance until it became part of her daily routine. Amphetamine served as a means of helping her to cope with more duties resulting from paid employment, and was also a way to deal with loneliness. The influence of the drug made her more productive, and helped her to overcome hyperactivity:

“Amphetamine gave me a better understanding of the current moment, as well as greater enjoyment of it. It must be added that it acted differently on me than on other people. I am a very chaotic person, I was certainly this way because of my hyperactivity, I have never behaved with caution, but under the influence I exercised a lot of it, I took in everything that was going on a lot more slowly and I did not have to talk and do everything so fast, but was able to think first. My friends could not understand why I liked it so much or how I could use it on a daily basis. But being high on amphetamine I could totally control myself, so I knew that no one was aware that I was under the influence”.

Natalia took amphetamine almost daily for a period of two years. With the intensification of consumption, the drug slowly ceased to bring the earlier benefits and began to induce psychotic states in Natalia. One day, when travelling, when she could not take amphetamine with her across a border, she took all of her supply at once. Since then, she has practically stopped using the drug, and has slowly replaced it with other substances primarily belonging to the group of psychedelics and dissociatives, the effects of which transfer Natalia to unreal worlds created during her narcotic visions:

“I started to live in such a fairy-tale reality, the wind that was blowing was the best wind in the world, just amazing, everything was amazing, the point was that everything was super nice to you, gave you so much pleasure, I would say, you walked and there it was this asphalt you walked, or a blade of grass”.

With the increasing importance of drug-related practices, Natalia began to get to know more experienced users of psychoactive substances who showed her drugs which she had never had the opportunity to experiment with and which opened up a new spectrum of experiences. She decided to rent a flat together with two of them. They were often visited by other users of psychoactive substances, and the rituals associated with their use became the main focus of the time they spent together. They primarily used substances belonging to the group of psychedelics and dissociatives, such as methoxytamine, LSD, dexamethasone and 2CP but after a while they started to experiment with every substance which was available:

“Though I had taken some stimulants before, now I took literally everything, all that year I did not say no to any of them. Collecting every experience going along the way, it was not important whether it was good or bad, enough that it was new, new, new, I wanted to get the most out of all sensations. Then I reached this moment when I thought I had tried all the substances and decided that now the whole mastery was to mix them properly. People who use drugs have such an insatiable desire that they always want more and more experiences. You have this impression that what we are experiencing may be cool, but not loud enough when it should be blasting”.

After half a year of intensive use of a variety of psychoactive substances, during which she still did not neglect her daily duties and enjoyed the drug experience, Natalia found herself alone in the apartment after the friends she was sharing it with had moved out. Then she began to take drugs in solitude, gradually turning away from other life activities, and the psychoactive substances, instead of bringing the intended effect, began more and more often to evoke nightmarish sensations:

“I did not go to school any more so I did not get out of bed, and at some point I got so muddled in my head that I did not know whether I had taken anything or not, and so I was not getting what was going on, and at times it seemed a pleasant condition, but it kept on going forever in this empty apartment. This flat started to run away from me, maybe I wanted to leave it so badly. I was under the influence of methoxy and the buildings around me were moving, I was sitting in this apartment, and this apartment was swinging, I was sitting there and it was all rocking, sometimes I was inside the apartment, sometimes outside, sometimes in it and it continued on and on...”

Following this event, Natalia stopped using psychoactive substances for a year. Currently, she takes them occasionally.

“Once I was very scared, before I met drugs, of what would happen to me, what thoughts would come to me, now I have no such fears at all. And the most horrible scenarios were that I was alone, and I don't want to be, I have this bad streak right now and I really had these panic attacks, I know I had some deep problems. If you've experienced bad trips, you may not be afraid of anything, you have already met the most terrible things that can be in your head. It is a very good moment in my life and I am very happy with the kind of person I am becoming. I do not feel any more this need to do something every day, what I like most is the fact that I remember those times when I got up and the first thing I wanted to do was to be influenced by a substance. I think I'm just happier now. Drugs give me joy, but this is not my first and only happiness, not the one most important in my life”.

Natalia, in her course of drug taking, was using drugs for self-medication, treating attention disorder, enjoying herself more at the party or trying to enhance productivity. Although the use of drugs started to get beyond her control, the environmental clues of losing control was enough for her to cease using drugs in a compulsive way without medication. Today, as she states, she has passed through the personality-disorder problem, so now she is able to use drugs occasionally, mainly to remind her of the new perspective they brought. The change in the instrumental goals attached to the drug was mainly modified through the change in meanings connected to them and her engagement to the social setting of the drug-user.

Anna's case

Anna, when I met her in the course of my fieldwork, was 28. At 22 she experienced drugs, LSD, for the first time. However, the psychoactive substance which she continued to use the longest and most intensively was methoxetamine, a dissociative drug. The main effect of the drug is based on sensory deprivation and a feeling of dissociation, often described as depersonalisation. With larger doses, methoxetamine produces hallucinatory visions, a sense of levitation and out-of-body experience.

To analyse the interaction between Anna and methoxetamine, we have to go back to her first contact with hallucinogenic substances. The fact that her experience was a result of a mere coincidence makes it unusual in comparison with other cases from my research. There was no previous expectation about the effect of the drug; there was no previous influence of the community, no curiosity pushing her to try this drug. Anna had a blurred idea about how drugs work, one based on morality stories from school and the message spread by the mass media. During the Burning Man festival in the United States, somebody gave her mint drops. Until the moment she felt changes in her perception, she did not have the slightest idea that her first psychedelic trip had just begun:

“I had thought that it was just a breath freshener, then when I went to a toi-toi I started to see the air in multi-colours and it was in waves, and the walls started to move away, and when I left the toi-toi everything outside was totally different than before. It was so colourful, everything had multiple dimensions and I found it difficult to go back to my caravan, which was just a few meters away, but for me it seemed a galaxy away and with the remains of my conscious mind I thought, oh I have just taken some drug. That was the first time I tried a psychoactive substance. It was a really strong acid”.

This first psychedelic experience was for her an amazing one; she was not at all terrified of this unknown mental state. When the psychoactive substance stopped working, she decided to find that substance again. After coming back to Poland she started to seek the company of people who took drugs. She also began to experiment with different psychoactive substances which she used for different purposes.

“The first acid was just a coincidence, but on all other occasions I took it consciously, motivated by this curiosity: what more could happen here, what other boundaries could I cross. With other substances it was for some practical purposes: such as antidepressants, or I took speed to clean my apartment quickly before my dad’s arrival, because there was just two hours left, so it was often for such practical purposes, without this or other hedonistic pleasure, always for something”.

To conclude, psychoactive substances which are not classified as hallucinogenic were used by her for practical purposes, whereas acid was a way to discover the world in all its dimensions, a pursuit of sensation, and a means of broadening her perception.

“I didn’t take them for pleasure, listen, You can’t foresee what will happen on an acid trip, it can become the worst bad trip, for me it was education, education about man and the world, about the whole Universe, micro and macro cosmos, for me it was science. [...] That was the best period of taking anything, the healthiest and the most developing”.

At the beginning she would prepare herself for each acid trip like she would for a “real” journey; she would take it only on special occasions. Later, acid taking started to be an aim in itself, motivating enough to make her travel hundreds of kilometres and spend lots of money.

The methoxetamine period of Anna’s life lasted from December 2010 to March 2012. Anna herself makes distinctions between several stages which she labels as “psychedelic”, “heroin” and “the black whole”; each one lasted a few months. The early dose of one shot was gradually diminished (100–80–50 mg).

“December 2010 was my first methoxy, which didn’t impress me too much; in general I died 3 times, ok, fine so I experienced how to die. But the following experiences with methoxy, added to acid, ok, maybe it was not a true acid, the boom in research chemicals had begun, so these acids probably weren’t real acid but kind of 4-aco-dmt, 2c something all the 2c something⁸... And this exact combination was fantastic!”

Although Anna did not like her first experience with methoxetamine, she tried it again just because it was easily accessible. That way she discovered that methoxetamine could work differently with the well-known LSD (or its new replacements). So after a few unsuccessful experiments she learnt how to use this drug to achieve specific goals.

“Well, I really like music. There is no other stuff that makes music sound so good as methoxy. My beginnings with methoxy were just so innocent, I took it to listen to music, it was like you had some fucking great earplugs. I had never taken methoxy without music, it was always with music, I used to lie or sit locked in my room, someone close to me could be with me to listen to music, just in the evening, like, for example, people have a beer to relax in the evening, so I went to bed, with music and methoxy [...]. And then it became more and more frequent, I would start a day without music but with methoxy”.

8 Substances belonging to the group of new designer drugs which were semi-legal at that time in Poland. They have a similar influence to the well-known psychedelics like LSD or psilocybin mushrooms.

During this stage, labelled by Anna as “psychedelic”, methoxetamine served as a means of deepening the perception of music and of producing visions. Another change in her way of using methoxetamine started when Anna began to notice the first symptoms of depression. While on drugs, she was still able to function in the social environment.

“I felt like a mentally healthy person, I could do things, I could go to town and take care of every-day duties, I realized that being intoxicated with methoxy I felt actually better, it was an antidepressant for me, other medications didn’t work for me or I felt even worse after taking them [...] I simply treated methoxy as my antidepressant”.

When Anna started feeling the first symptoms of depression she did not yet understand what was going on with her. She felt demotivated all the time and found it difficult to manage the simplest things. She wanted professional help to cure depression, but as she was a drug user her doctor referred her to the detox ward where she spent ten days. Then she went to therapy in the “Monar”. She said that during that therapy she became a “real junkie”, and following a detox therapy she became seriously drug dependent.

“When I was attending those meetings I was taking drugs the most, because when you are among junkies, being one of them, you just perceive yourself as a drug addict, and what do drug addicts do? They do drugs. So I felt justified in doing drugs, because I had it documented that I was a drug addict, so I was allowed to do that. [...] There was such an atmosphere of doing drugs, they gave us needles, and they gave us syringes so I would not have to buy them”.

With the continuing depression, a new function of methoxetamine appeared. It started to be a way to escape from reality for Anna, a way to self-cure, and a soporific.

“I also discovered when I was suffering from really strong depression, that methoxy, especially when injected intramuscularly, was just a puff, and a few minutes later I was no more, I took it because it made me sleep well, the last methoxy of the day was to fall asleep. [...] I felt warm, safe, calm, I could leave the entire world behind”.

Around that time she started a relationship with a recently met boyfriend who suffered from alcoholism. After a New Year’s Eve party, where they met, he asked Anna if he could stay at her place. She did not mind anything then. That way they spent the next few months lying in bed, she would take methoxetamine and he kept drinking beer from early morning. A secure financial situation provided access to intoxicants for both of them. Her parents gave her an apartment and paid the rent, she also had savings from an Erasmus student exchange.

Anna is not able to recall much from the winter months of 2011–2012. She would spend whole days lying in bed injecting methoxetamine, no longer understanding why she was doing that. That made her feel even worse, and “the planet Earth became an alien place” for her, as she recalls. Even epileptic seizures did not stop her. Then came

the turning point which, after William Burroughs, we could call “the naked lunch” (1991). It is the moment when addicted people experience a lucid moment during a cycle of drug use. One March day, opening her eyes during a continuous methoxetamine trip, Anna saw her boyfriend wobbling at the window frame.

“And this ended in March, with his delirium I mean, when I was somewhere between doses of methoxetamine and I saw him standing on the window sill (I live on the 5th floor), actually outside the sill, on this little sheet metal roof, I sobered up in an instant, I grabbed him, I don't even know how, it was so shocking, and it was so shocking that I got such an adrenaline rush that could wake up the dead. I called the ambulance; they took him to a mental hospital. He had delirium with awfully scary hallucinations, what happened was that he'd had it even the day before but I was constantly intoxicated with my substances I didn't realise that he had been drinking since January, and he had been drinking incessantly! [...] Then, after his delirium, I sobered up, too, and I stopped doing methoxy. He was in hospital for a week or 10 days and when he came out he visited me, sat down close to me, and I felt like he was a stranger. I remember asking myself who he actually was, what we talk could talk about, both so sober, he also didn't talk, he just stared at me, it was so weird, and that was the moment when we slowly started to get to know each other”.

Although she quit methoxetamine that day, she took it twice afterwards. Nowadays, she still occasionally takes drugs for certain purposes. Thus, we may assume that she has returned to instrumental use.

THE SUBSTANCE AS THE AGENT

The metaphorisation of the loss of control in the case of Anna can be found in her very personal drug experience. She says that being intoxicated in some way seemed to mean for her an interaction with some kind of intelligence. She was even able to describe how methoxytamine looks: “a middle aged woman with blond hair, in my aunt's style, so warm”. However, when she began to lose control over her drug consumption, and when the drugs ceased to satisfy her in any way anymore, she felt the symbiotic relationship with the drug as being parasitic.

“When I was on methoxy, I felt that I was going crazy, that my person had been trampled, crushed by this substance, this alien, like it wasn't just a drug but some kind of an intelligent entity. My own body would because an empty vessel, like some kind of astral bodies would use it, leech on it. Waking up I would feel exhausted”.

According to her own interpretation, this was a metaphor of addiction:

“That's the metaphor of the addiction [...] I experienced it a few times when I was addicted to something, it made me act unlike the real me, I subordinated my life to feed this “something”: it was like a parasite which was able to live somehow, thanks to my body, thanks to my life, I let it live at my own cost”.

Looking at Anna's story we could conceptualise addiction as a type of internalised power that comes from the sense of being controlled by a substance. As Anna herself puts it: "It is a compulsion that feels as if there is someone inside of you, an alien that moves your hands, as if pulling the strings".

"HIJACKED" REWARD SYSTEM VERSUS DRUGS INSTRUMENTALISATION

Regarding the changing functions of drugs in Natalia's and Anna's stories, I will discuss how each period of their drug use corresponds to the three types of drug taking Müller and Schumann distinguish: experimental, instrumental and compulsive.

Experimental consumption is related to the period when Natalia and Anna, as beginner drug users, experienced the effects of various substances for the first time and were not yet able to predict their effects. During this period, they tried different types of psychoactive substances and slowly learnt what state of mind they could trigger, and how to derive pleasure from it. Together with subsequent experiments with the same substance in different sets and settings, they also discovered how their actions could be used to achieve specific goals depending on the dose and context of their use. Gradually, they began to control the drug-induced altered states of mind and give them functional purpose.

The instrumental stage of drug use begins when the effect of specific substances is already predictable for Natalia and Anna, and their use is accompanied by specific rituals. The instrumentalisation of substances is closely related to the fact that they are able to control drug-induced altered states of mind and use this state for specific purposes (as a tool to change perception, deepen stimuli, increase productivity, transfer oneself to a visual reality, self-creation, or for a therapeutic effect). With the intensification of consumption and changes in the life situation, their drug use goals also change: before taking methoxetamine to anaesthetise herself "because her life was so painful", Anna used to take LSD to deepen her life "which she liked and enjoyed so much". But when the consumption of drugs began to be compulsive, the use of psychoactive substances ceased to serve specific purposes, it became a habit difficult to control, an end unto itself.

The analysed cases also reflect the ever-changing relationship between man and substance. During the "instrumental" stage of drug taking, Anna and Natalia could form a sort of "hybrid" relationship with drugs. The substances were changing their mental state in the way they wanted and allowed them to experience sensations which are impossible to achieve without drugs. Psychoactive substances partly dictated their mental state, but they learnt how to instrumentalise this state for their own goals. When they stopped bringing the desired effects, the relationship started to become parasitic, and Natalia and Anna felt the substance taking control of them. The moments that

became turning points for both of them are interesting. For Natalia, it was the horrible experience caused by the drug, as well as the fact that she had ceased to perform her duties. For Anna it was the experience of seeing her boyfriend standing outside the window which broke her somnambulistic dream of continuous intoxication. In those moments they regained their agency.

Involvement in the drug use setting and the sense of belonging to a group are some of the motivators that pushed Natalia and Anna towards further drug taking. When they started using drugs they also found their niche, people who shared their experiences. They found interesting people who were very different from the public image of junkies who prostitute themselves at a train station, or aggressive criminals. They became part of the environment of users of psychoactive substances, where their agency could be realised via “doing drugs”. The perception of their first drug experience remained in strong opposition to their image of drug effects based on cultural background. When the official culture offers you a scenario that is totally incompatible with your own experience, you will probably reject all the warnings which the culture tries to instil in you. The public discourse in Poland and the health/education campaigns often take an unambiguous and simplified approach to illicit drug use, because their illegal nature makes them unambiguous in the jurisprudential nature of these substances. Many drug users who I met in the course of my research emphasised that the naive public narratives about the harmfulness of drug taking and the view of the loss of self-control attributed to substance use were based on “urban legends” rather than on the real-life experiences of drug users and their actual problems. The public view of drugs as “evil” in nature was rejected by the groups I studied. They shared an opinion that drugs may cause someone to lose control, but this loss was not attributed to the substances *per se*, but rather to the particular way they might be used. The loss of self-control is a cultural construct (Room 2015) and it is the culture that informs social actors about what it means to lose control over one’s body or life. In many western industrialised societies, including Poland, productivity, work and family are important social values and, in the public discourse, drugs are seen as leading to the negation of those values. However, many drug users perceive drugs as a tool that helps them find meaning in the world, to construct themselves; they do not have to be connected with the negligence of other social roles. As Craig Reinerman, Dan Waldorf and Sheigla Murphy (1991) point out, the more a person has a stake in conventional life, the greater the chance of maintaining control over drug use.

As Daniel Lende (2012) emphasises, addiction cannot be treated as a phenomenon reduced only to the level of biology (changes occurring within hard-wired pleasure circuits and chemical imbalances caused by drug use), it is also socially constructed. A full explanation of how the transition from learning to take drugs to habitual use happens lies in the dynamics of community and socially-derived meanings. In Anna’s story, the new social context of drug taking appears during her stay in Monar. The

constant presence of stimuli producing craving, the availability of means, the structure of the environment, the sense of belonging to a group that supported drug consumption, influenced the formation of new patterns of drug use. In this social context, using psychoactive substances may have had no purpose; it was a goal unto itself. Moreover, the doctors' granting her the status of an addict also granted her permission to become one. As Anna puts it: "among junkies, being one of them, you just perceive yourself as a drug addict, and what do drug addicts do? They do drugs". The change in the consumption context and the resulting change in drug use habits illustrates the essential point made by Daniel Lende (2012): addiction is not solely an interaction between the substance and the brain, but also a social process.

CONCLUSIONS

Drug use is a long term process of learning how to manage psychoactive substances to reach the desired results: how to take advantage of them and how to control the consumption. During a trial and error period, the user creates his/her own way of using drugs: he/she finds the substance that meets his/her expectations and observes its effects in certain settings and contexts. He/she also discovers whether it is possible to channel those effects through appropriate steps. In my opinion, the first stage of instrumentalisation is the discovery that a psychoactive substance is able to change a mental state and that this change may lead to many different directions. The next stage of instrumentalisation is trying to direct that flow and adapt it to one's own objectives. The field observation has shown, however, that a constant interaction of a person with his/her environment causes alterations in his/her needs, and subsequently, the goals of taking drugs. Therefore, the type of drugs used, intensity of use, and the significance attributed to them are never fixed.

According to the analysed material, the process of instrumentalisation is a reciprocal interaction between person, substance, set and setting. In the drug-user interaction the substance and user's agency is in the process of constant negotiation and is inter-linked with the function of the drug for the user, his/her intentions toward use and the socio-cultural context.

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