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FROM “DRUG-ADDICTION” TO THE “TOXICOPHILIA” NEW IDEAS FOR THE PROMOTION OF HEALTH AND FOR THE CLINIC



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Abstract

This paper deals with the contrasting use of drugs both legal and illegal. The complexity of consumer issues involves collaboration between different scholars and between different disciplines. In fact, the issue is now addressed by using different approaches, some of which take precedence over others, in relation to how organized structures deal with drugs. If it is true that these are different from country to country, it is also true that the architecture of social and health systems are often very similar, due to the medical direction, which gives rise to the spread of procedures and practices of intervention. Although, in many cases, medical research has helped to better focus on some aspects of consumption, anyway, this approach does not allow an understanding of other aspects, for example in cases where there is a full-blown addiction or a psychiatric disorder. Many services in charge of intervention on drug addiction are in trouble today because users are not as easily intercepted as in the past. Countless young people use psychotropic substances based on specific cultural beliefs, which, while unfounded from a scientific standpoint, become narrative fabric on which to draw in the consumer. In order to better understand some methods of substance consumption, some researchers have introduced a theoretical difference between "addiction" and "toxicophilia", putting the spotlight on which psychological processes drive the different experiences. This research has important implications at the operational level, both in the context of health promotion and at a clinical level.

Keywords: Drug addiction, toxicophylia, health promotion, psychotropic substances, identity

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1. Introduction

It is often difficult to talk about topics such as drug addiction without risking improper generalizations. The complexities of the phenomenon and the moral implications, existential, medical and economic- commercial, have led professionals and non-professionals to speak freely on the subject. For example, it is not always common knowledge that the majority of substances now called "drugs" have been, or still are, "medicines." The distinction between drugs and medicine is in fact based more on ideology, ethical- political, than on a scientific definition (Arnao, 1999). While the current language for "drug" refers to a "substance subject to the law on drugs," the traditional meaning of "drug" in medicine is "raw substance of natural origin used as a drug" (Cappuccino, 1999). The majority of discourses on drugs are, therefore, often permeated by a basic flaw: they tend to omit the assumptions on which they rest their arguments (Bachelard, 1993). This produces an epistemological ambiguity in, for example, those who believe, although currently ineffective, that there is a direct correspondence between neurophysiological mechanisms and socially significant behaviours (Schneider, 2005). This trend is common even with regards to the diagnosis and treatment of drug addiction. A second trend is to use generalizations, in particular the use of such expressions as "addict", "due", "toxic", "wasted", "stoned", "self-defeating" that can generate a reification of the consumer of drugs. A third trend is to resort to hasty reductionism, as in some pharmacological explanations and some psychiatric and psychological interpretations (Kyaien, Conner, & Rosen, 2008). To-date, in the context of drug addiction, no discipline, however evolved, can boast prevalent knowledge, nor declare its methods as unique and exclusive. A fourth trend, perhaps the most widespread in the social and medical services, is the "correctional" method, and its purpose is to correct the behavior¹ of drug users (Chavis, De Pietro & Martini, 1994; Barattini, 1999; Cohen, 1999; McLellan, Lewis et al. (2000); Burkhart, 2003, Hyman, 2007). This process is often activated in response to a common question: why do you use drugs? This has resulted in leading professionals, especially those in the medical field, seeking the causes of behaviour, which is still unproven. After decades of studies and research into the causes of behaviour of key biochemical addicts (Erickson & Wilcox, 2001; Gutman, 2006; Salvini & Zanellato, 1998; Turchi, 2002; 2007), is it time now to broaden our gaze to other conceptualizations, for example to search for the intentions and meanings attributed to drug use and drug users?

¹ On the impropriety to consider the behaviour as an index of change see Turchi G.P. (2002, 2007).

2. Problem Statement

The above trends outline a way of addressing the issue of drug use that leads to identifying whether a user is a drug addict or not. There are, however, other intermediate ways that have not been considered. For example, the consumption pattern of teenagers or young people whose intentions are often driven by social and symbolic reasons rather than from causes related to addiction.

3. Research Questions

Research into drug addiction has generally focused its efforts on medical references and research into what causes people to take drugs. There have been fewer in-depth studies and research into people's intentions when they use drugs.

4. Purpose of the Study

This theoretical study aims to present a new conceptualization of drug use, which complements that of "drug-addiction", the toxicophilia.

5. Drug addiction and Toxicophilia

Drug use is defined in as many different ways as there are areas of observation (scientific, common sense, legal, medical, moral). The coexistence of different points of view on something as articulated as drug use often leads to an ambiguity in terminology and semantics that sometimes overwhelms even the experts. In particular, the term 'addiction', being composed of the words "toxic" and "addiction", refers respectively to the biochemical and psychological. If it is true that the term "addiction" is used to explain the mechanisms related to tolerance and reward biochemistry, it is also true that the same term also reflects psychological attributions, then theoretical construct. For the purposes of the objective of this work, it is useful to unravel what is identifiable with the reward biochemistry called "drug addiction" from those who cannot be reduced to biochemical mechanism, the toxicophilia. Please note that the distinction in work presented from this point forward does not intend to oppose these two constructs. It is actually two conceptualizations that illustrate two contiguous aspects.

Drug addiction refers to the irrepressible need for a psychoactive substance, which is required to maintain a physiological balance and avoid withdrawal symptoms. This is achieved through the repeated use of some psychoactive substance. The object of addiction is the biochemical mechanism that is activated for the use of that specific drug. The most relevant way to intervene is by using the bio-medical model, which is a set of procedures and

pharmacological approaches aimed at modifying biochemical equilibrium (Hawkins et al. 2002). It is for this reason that drugs or alcohol related methadone can change the biochemical structure. This is due to the fact that it presents a high degree of adequacy and relevance with regards to the level of definition of the object of study (that is exquisitely neuro-chemical); the theoretical model adopted for the description of the phenomenon (biochemical model) and; the resulting method of investigation (purely experimental), or investigates that which fails to meet their assumptions.

The noun “addiction” generates from the linguistic point of view the word "addict" and the collective representation of the same is that of an individual not able to self-determine and with poor cognitive maturity (Iudici, Faccio, & Salvini, 2013; Salvini, 2002). Many therapeutic communities make this representation the guiding principle of their practices and rehabilitative purposes. However, this stereotype is partially invalidated as many studies on deviant behavior show the transgressive action that was planned and implemented effectively, including by the addict, required a high degree of self- monitoring, supported by a high social and psychological competence. For example, when comparing two groups of drug addicts that used similar levels of heroin and cocaine, it was found that the career advancement of the addicts did not decrease. There was, however, an increase in their personal ability to turn social situations to their advantage and to present aspects of themselves that were most suited to the situation, independent of social judgment and with a more significant degree of self-awareness (Salvini, Conti, & Turchi, 1998).

This example explains how the biochemical structure is not sufficient to explain the consumption of substances, nor their recurrence. Even after detoxification, people return to substance use. This is summarily attributed to the psychiatric characteristics of the individual (Iudici, Faccio, & Salvini, 2011b). The ideology that tends to judge immature, morally imperfect or mentally disturbed all those who use psychoactive substances appears to be functional to the idea that only external control can persuade people who are not considered capable of self-control to use drugs. Denying self-control as a prerogative of man is legitimizing the role of those who want to exercise some form of power over others (Galimberti, 2006). Seeing an addict as a person who gives in to temptation or desire knowingly and intentionally is the opposite point of view to that of those who tend to regard people who take drugs as victims, sometimes depriving them of the ability to understand and of free will (Salvini, 2002). There are also many examples of people with a high degree of "addiction biochemistry" that were able to cease using drugs. This means that biochemical

activation is not sufficient to explain the phenomenon (Turchi & Della Torre, 2007; Cohen, 1999; 2004).

Toxicophilia is the search for the rewarding effects of one or more psychotropic substances. These substances are instrumental in generating changes in a person's psychological state, for example to change or confirm their own idea of self; to feel and explain new sensations; to share experiences with their reference group, although socially frowned upon. The effects of "rewarding" can take different forms, such as euphoria, excitement, sedation, disinhibition, efficiency sense-perception. They are both bodily and mental states of varying intensity, capable of creating complex and symbolic effects, such as an experience of disinhibition with a partner, the completion of a job or a commitment considered stressful to disconnecting from painful issues, allowing a mystical experience, discovering a different side of oneself or to sharing a new experience with a group (Macchia, Giannotti, & Taggi, 2004).

The study of toxicophilia allows the treatment of consumers of illegal drugs from positions that are not necessarily pathological. The construct of toxicophilia does not require categorical diagnosis and nosographic, but allows researchers to reconstruct the meanings and the psychological journey that was brought about when the subject made use of substances. Toxicophilia focuses on the thoughts and actions of intentional and conscious consumers of drugs that go in search of a physical and psychological experience. An example of toxicophilia is a group of marijuana consumers whose actions are articulated, conscious, deliberate and mediated to the members of the group. Choosing a semi-secluded area, gathering in a circle, determining the beginning and the mode of consumption are just some of the moments in a ritualized experience that certainly do not end in the biochemical effects of marijuana. However, becoming marijuana users in that environment involves the need to learn and master a suitable ritual for smoking (to ensure that the drugs produce certain effects) and learning to perceive these effects and translate them into an experience where feelings can be shared (Iudici, 2002). This is often done by training consumers and meanings being mediated by more experienced smokers (Becker, 1963). This action, which, unlike in the past, is not considered as the effect of subjects necessarily pathological. Toxicophilia is, therefore, a more relevant construct in identifying a psychological experience, not separate from the neuropharmacological mechanisms that make it possible. In fact, every form of toxicophilia may be mediated by the mechanisms of reward and by the specific biological substance used. However, perceived effects cannot be separated from the meanings that are socially and culturally learned (Burrell, 1999).

6. New ideas for the promotion of health and for the clinic

From the research of the etiology to the search of the attributed meanings. The success of medicine in nineteenth century (before nineteenth century the success rate was 50%) and the advent of pharmacology in recent decades have led many disciplines, including psychological ones, to believe that many phenomena could be addressed and resolved using biochemical or neurophysiological mechanisms. Even the study of drug use has been affected by this trend. The effect has been to seek "the cause of the behavior" determining interventions and approaches aimed at removing the causes. Although some scholars have solved the issue on ideas multi causal, in fact now, no-one can say that a specific medicine for resolution of drug addiction has been identified. The construct of toxicophilia sheds some light on aspects that have hitherto had little attention in scientific literature, such as the search for intentional effects of consumption (Truan, 1993), both chemical and psychological.

6.1. From reductionism to contextualization

Often we tend to consider the consumption of substances through an individual analysis and personology. This occurs, as already mentioned, following the medical approach. However, the exclusive use of such an approach may not take into account the symbolic context, relational and the territories in which the consumption occurs (Miller & Giannini, 1990; Sederer, 1984). For example, youth consumption occurs mainly in the form of groups and each group often follows rules implicit to its members. Not considering the meanings attributed to use in that context means reducing the understanding of what is happening in the group in which the action of consuming substances may be a logical consequence of a certain way of thinking (Bogetto & Munno, 2002).

6.2. From a moral approach to a semiotic approach

The consumption of drugs is often considered from a common sense perspective and sometimes by experts as behavior that is "wrong", "pathological", "to be corrected." This triggers a series of procedures and interventions aimed at correcting the behavior of the consumer of drugs. When this approach does not consider the point of view of the consumer of substances, it is likely to become an end in itself and, driven by instances of ideology and morality, gives rise to value judgments (Acker, 1993). The experiences and vision of the world built by those who are under the influence of a substance, waiting to be, or have memories of substance use requires an understanding of their way of thinking and acting. It is, therefore, very important to consider the cultural dimension (Iudici, 2013) in an effort to understand the different ways in which human beings shall inscribe the use of drugs in their biographies

(Faccio, 2011; Cipolletta & Faccio, 2013, Faccio, Castiglioni, & Bell, 2012; Faccio, Belloni, & Castelnuovo, 2012). Consequently, it may be useful to adopt a 'semiotic' perspective from which it becomes possible to understand, for example, a rewarding state of intoxication where its meanings can be introduced by people in their perception of each other and the world. In some contexts more than the fear of becoming ill, students may be discouraged from using substances where there is a fear of "yellow teeth" and of "their skin being ruined." This implies that the consumption of substances can change when accessing the narrative used by the people themselves, rather than from a moral criteria or values standpoint. The semiotic approach is also developed in other research (Faccio, Centomo, & Mininni, 2011; Romaioli & Faccio, 2012; Castiglioni, Faccio, Veronese, & Bell, 2012; Belloni et al. 2013; Iudici & Faccio, 2013a, 2013b, 2013c; Faccio, Iudici, Costa, & Belloni, 2013).

6.3. From stigma to the path of "deviant career"

Often a drug consumer is referred to as an "addict" or "toxic", a term then generalized to the whole person. This process is not naive and has a large spillover effect on how the person acts and thinks. Scholars who have dealt with "labelling" showed that constant attribution in a role, such as deviant or drug addict, can help create a sense of self as deviant and thus a push to continue to making use of substances consistent with that role (Lemert, 1951; Matza, 1969; Buchman & Reiner, 2009; Iudici, Faccio, Belloni, & Costa, 2013). All this is often through being ingenuous or a lack of awareness of the people who interact with the consumer. For example, by providing unconditional assistance, morally judging the consumer to sending the person away from the family or fearing the family's reaction, these processes lead indirectly to creating what Becker (1963) called "deviant career", i.e. in going through these phases in the individual becomes more expert in the application of a certain role initially attributed to him or her (Iudici et al., 2013).

6.4. From the analysis of individual behavior to the role of identity

Tossicofilia reflects a set of beliefs, attitudes, expectations and positive provisions associated with what various drugs can offer. Over time, drug consumption becomes the main topic of conversation pervading all, or almost all, other aspects of a consumer's life. The continuous intake of substances, their symbolism and the emotional states accompanying them become almost a "second skin" and the person does not just look like a drug addict. The way of representing oneself and the construct of identity, therefore, represent some of the key criteria for understanding the decision-making processes of individuals and for understanding

how the same processes become actions consistent with the consumption of drugs (Faccio, 2013; Faccio, Bordin & Cipolletta, 2013; Faccio et al., 2012; Faccio et al., 2013).

7. Conclusions

If it is true that studies with a medical approach on drug addiction have led to the understanding of some neurophysiological and biochemical aspects associated with the use of drugs, it is equally true that the study of non-medical phenomenon has not yet been developed in a satisfactory manner. While waiting for collaboration between the different disciplines, working practices emerged to deal effectively with the consumption.

This article has sought to deal with the distinction between aspects investigable through medical procedures and other aspects of theoretical and practical tools. For example, there are aspects of consumption that pertain to a level based on the biochemical mechanisms, such as the effect of the substances on the body and on the mind of individuals, or the effects of the use of multiple substances or neurophysiological effects associated with detoxification.

There are also issues associated with different levels of knowledge. For example, the meanings given to the search for a performance increase, psycho-social or criminal in group activities (dancing for hours at a rave party) or doping use in sport or in amateur activities.

To better understand two different phenomena, it is necessary to distinguish the construct of drug addiction from that of toxicophilia. Taking as an object of study the biochemical mechanisms related to substance use, then the term "addiction" is more suited to depicting the object. If the focus shifts to how to make (and repeat) consumption (even after detoxification), then the term "toxicophilia" allows a greater understanding of drug use.

In this sense, the consumption of legal and illegal drugs is easier to understand if the effects connected with the recruitment and symbolic benefits anticipated by the subject itself are taken into account. That is considering the orientation to alter one's state of consciousness mediated by intentions, objectives and benefits, that we called toxicophilia. Through the distinction between addiction and toxicophilia, it was highlighted that consumers are not always socially compromised or delinquent. Compared with the use of amphetamines for example, the social use and the effects of the same psychobiological tend to build or support some self-representations, which play (albeit temporarily) a privileged role in defining a precise idea of self. These are aspects that cannot be understood only with the details of pharmacology or psychology of traits. No pharmacological or neuropsychological approach can explain why certain psychotropic substances are used only at certain times or in certain situations; why others are used without apparent reason; or others are related to a certain type of identity in which the effects of the drug are functional. The use of cocaine to support a

televised performance or drink alcohol per Bolivian miners to thank the Tio (God of miners) for protecting them do not have the same meaning and are not reducible biochemical effects of the substance. All aspects are comprehensible if the tools that are being used to read the situation are adequate to the reality that is being investigated. Just as the scalpel is a suitable tool for taking action on the body, it is much less relevant for taking action on jealousy that a man feels for a woman.

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