A Case Against Medicalization

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Closely Borrowed and With Excerpts Taken From...

Cohen, David. (2005). Doing away with prescription privileges. Keynote Address at the *National Association for Rights Protection and Advocacy*, East Hartford, CT.

Haden, Mark, Emerson, Brian, & Tupper, Kenneth. (2016). A public-health-based vision for the management and regulation of psychedelics. *J Psychoactive Drugs*, 48(4), 243-252.

Walsh, Charlotte. (2015). Psychedelics and cognitive liberty: Reimagining drug policy through the prism of human rights. *Int J of Drug Policy*, 29, 80-87.

Arguments for access based on...

- Religious freedom --- [religious exemption]
- Therapeutic use --- [medicalization]
- Human rights & cognitive liberty --- [decriminalization]
- Public health / Harm reduction --- [legalization/regulation or medicalization]

Medicalization "to make medical"

> Defining social or personal problems in medical terms

> Attributing medical causes to problems

> Managing problems by medical means



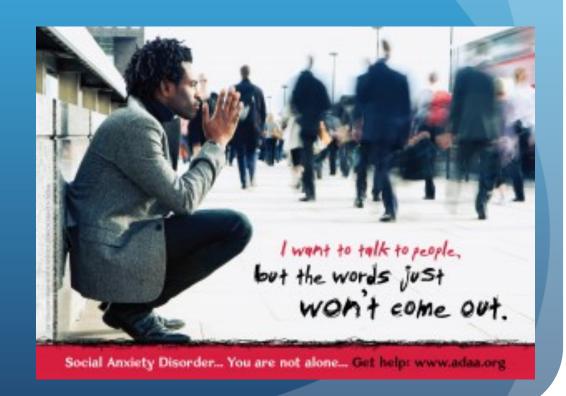
Early medicalization

- "From badness to sickness"
 - Behaviors that were immoral, sinful, or criminal are given medical meaning
 - Ex: excessive drinking, homosexuality, masturbation, suicide

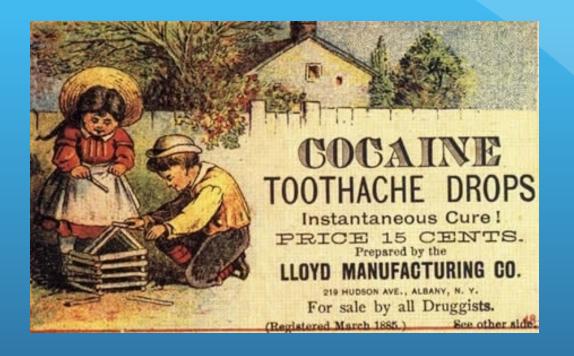


Expanding Medicalization

Social Anxiety: "Imagine being allergic to people"







Cocaine-laced toothache remedy ad targeted to children -- 1885

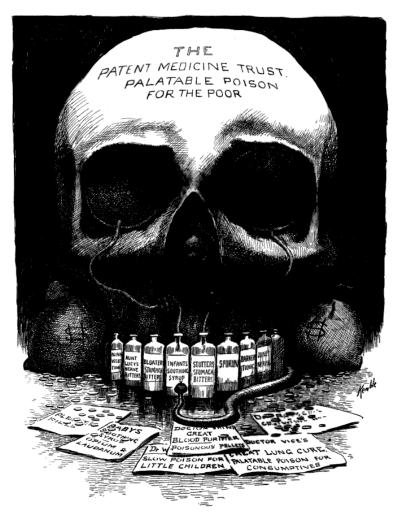
Between 1890 and 1910 heroin was sold as a non-addictive substitute for morphine. It was also used to treat children with a strong cough.



A series of articles published in Collier's 1905-1906, exposed patent medicines and led to the Pure Food and Drug Act.

Essentially a 'truth in labeling' law

Collier's THE NATIONAL WEEKLY



DEATH'S LABORATORY

Patent medicines are poisoning people throughout America to-day. Babies who cry are fed laudanum under the name of syrup. Women are led to injure themselves for life by reading in the papers about the meaning of backache. Young men and boys are robbed and contaminated by vicious criminals who lure them to their dens through seductive advertisements

1951 Durham-Humphrey Amendment

- Created the classes of prescription and over-thecounter drugs
- Defined some drugs as unsafe for use without medical supervision

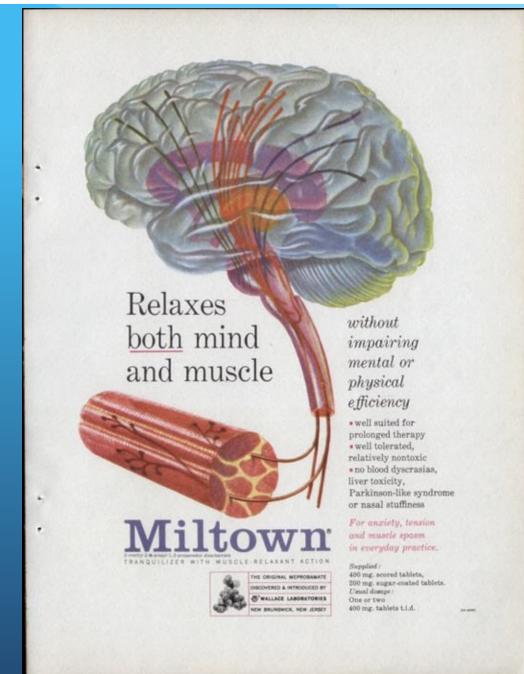
https://www.fda.gov/about-fda/fda-history/milestones-us-food-and-drug-law

A New Drug Brings Relief for the

Tense and Anxious

Safe and quick, Miltown does not deaden or dull the senses, and is not habit-forming. It relaxes the muscles, calms the mind, and gives people a renewed ability to enjoy life

BY LAWRENCE GALTON



Settlements and fines involving **illegal marketing activities** of pharmaceutical companies

Drug Manufacturer	Year	Illegal Activity	Amount of settlement or fine
Abilify	2008	Off-label promotion	\$4 million
Bristol-Myers Squibb	stol-Myers Squibb 2007	Off-label promotion	\$515 million
Celexa / Lexapro Forest	2010 Off-label promotion and paying kickbacks to prescribers	\$313 million	
	2010	2010 Concealing negative data about harms and making misleading claims about efficacy and safety	~\$300 million
Geodon Pfizer	2009	Off-label promotion	\$2.3 billion ^a
	2009	Off-label promotion	\$33 million
Neurontin Pfizer	2004	Off-label promotion	\$430 million
Paxil Glaxo-Smith Kline	2009	Off-label promotion	\$400 million ^b
	2008	Withholding negative data about safety and efficacy	\$40 million
	2007	Misleading claims about safety	\$64 million
	2004	Withholding safety data	\$2.5 million

Risperdal	2012	Off-label promotion	\$1 billion
Johnson & Johnson	2012	False advertising and improper influence	\$158 million
	2011	Deceptive marketing and misleading claims	\$327 million
	2010	Misleading claims about safety	\$257.7 million
Seroquel Astra Zeneca	2011	Off-label promotion and failure to disclose information on adverse effects and harms	\$68.5 million
	2010-2011	Numerous lawsuits for failure to adequately warn of risk of diabetes	Totaling \$350 million
	2010	Off-label promotion and paying kickbacks to prescribers	\$520 million
Topamax Johnson & Johnson	2010	Off-label promotion	\$81 million
Trileptal Novartis	2010	Off-label promotion and paying kickbacks to prescribers	\$422.5 million ^c
Zyprexa	2010	Off-label promotion	\$20 million
Eli Lilly	2009	Off-label promotion	\$1.4 billion
	2008-2009	Numerous lawsuits for off-label	Totaling
		promotion and concealing adverse effects	>\$139 million
	2007	Inadequate disclosure and presentation of metabolic risks	~\$500 million
	2005	Inadequate disclosure and presentation of metabolic risks	\$690 million

Why does a doctor stand between a patient and a drug they wish to use?

- ✓ Drugs are inherently dangerous.
- ✓ Laypeople are not/cannot be sufficiently informed of risks and benefits of drugs.
- ✓ A knowledgeable intermediary, or gatekeeper, is needed to protect us.
- ✓ Prescribers possess unique, specialized knowledge and apply that specialized knowledge to individualized patient care.

Concentrating authority for drug access has had unintended consequences

- Drug companies shape prescribing practices; medical profession has been slow to catch on to lived reality
- Greater exposure to toxic effects of drug cocktails that patients otherwise would likely never attempt
- Increased exposure of psychotropic drugs to young children
- Research studies answer questions that drug firms want to tell us, not questions patients/users want to know
- Has this arrangement led to better outcomes for patients? (See Whitaker, 2011, Anatomy of an Epidemic)

In the absence of a free market competition between legal and illegal psychoactive drugs—say, lithium and opium—the benefits of psychiatric drugs, as the patient defines benefit, will remain unknown and unknowable. (Szasz, 2004)

Rights-based approach

- No profession or particular person should possess a state-enforced monopoly to grant or deny people permission to use drugs
 - ✓ Opposes the powerful monopoly of organized medicine (professional guild + pharma industry + insurance industry)
 - ✓ The drug war must be ended
 - ✓ Individuals gain freedom & responsibility over their own drug use

In a free society, it is none of the government's business what idea a man puts into his head; it should also be none of its business what drug he puts into his body. (Szasz, 1973)

"The corollary to a free market in drugs is a free market in healing"

- Medical doctors should have no special state-provided advantages in competing with other healers, whether naturopaths, chiropractors, or faith healers.
- Do we need doctors to decide which drugs we need or want and how to take them?
 - Possible alternative role of doctor or other professional as "coach," consultant, or guide

De-medicalization

- Problem is no longer defined in medical terms, and medical treatments are no longer deemed appropriate
 - Example: Homosexuality removed from DSM by vote in 1974
- Succeeds only with strong organized public, professional, and ideological mobilization to challenge medical definition/tx and offer an alternative definition/management that is more practical, efficient, and humane



- 1. Re-schedule
- 2. Decriminalize (all drugs)
- 3. Licensed pharmacy sales, with patient certification
- User controls and public messaging