

Social Theory
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Final Exam: Case Study
Fentanyl Epidemic Analysis
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A new epidemic has been sweeping the nation, (Fusion, 2017). A faucet of opioid addiction, a drug closely related to morphine and commonly mistaken for heroin has increasingly emerged. Fentanyl is a drug used to treat patients with severe pain or to manage their pain after surgery. It can be prescribed by a physician, in the form of lozenges, transdermal patches, or injections. But it is also being illicitly produced. These forms of the drug are mainly produced in clandestine laboratories and are sold in powder or tablet form, spiked on blotter paper, or mixed or substituted for heroin. With these forms of the drug, individuals can swallow, snort, or inject fentanyl, (NIDA, 2017). In October of 2015, the Center for Disease Control released an official health advisory. Public health officials are calling this current opioid epidemic “the worst drug crisis in American history”, (Seelye, New York Times). This is a vastly apparent issue affecting the nation (and beyond). Sociological theories can help explain its complexities. Specifically, the theories used in this analysis are Functionalism, Conflict Theory, Symbolic Interactionism, Rational Choice Theory, Collective Conscience, and Solidarity.

According to Functionalist Theory, all parts of a society serve a function, and each of those parts are necessary for the society to survive. Some individuals use drugs excessively, and abuse them. Conversely, there is also medical and scientific research on the drug fentanyl to prove that it has been a positive influence on society. Fentanyl helps patients who may be battling cancer or other chronic illnesses. They may not feel relief from any other drug. This serves a function to society. The production of pain-killer medications not only helps ill patients, but is a profitable business. It circulates wealth within the economy, which helps stimulate overall economic growth. It makes sense for individuals to want to sell these drugs because they can receive a very high income in a short amount of time, with little labor required. It can be risky for these dealers, but just how risky in comparison to what they are getting out of it? They may subconsciously be doing a cost-benefit analysis of the activity. Many find that they receive more benefit than it costs them. Some believe their actions are even justified because the system (or economy) has been hard on them, so selling drugs has become an acceptable means of income for them. For functionalists, drug trade and drug abuse is just a way our society is functioning.

Drug trade could be a response to the social norms that are weakening in a society; it could be a result of Emile Durkheim’s term, “anomie”. Society could feel that the norms and values of the society in which they belong are ambiguous. This creates a state of confusion about how one is supposed to act. The pharmaceutical companies may also be acting by anomie. Durkheim states, “when society undergoes suffering, it feels the need to find someone whom it can hold responsible for its sickness, on whom it can avenge its misfortunes; and those against whom public opinion already discriminates are naturally designated for this role”, (Ritzer, p. 17). When drug users experience suffering, some turn to blaming the pharmaceutical companies, and these companies turn to placing the blame back on the drug users. Any individual or group that is even remotely related to the suffering seems to attempt to place the blame on someone other than

themselves. Society is built up of humans and their actions. Each individual in a society has an internal human nature. I believe that it can be a result of human nature to search to place blame for our struggles. This does not mean it is moral, but in a functionalist view, social stratification and the consequences attached can seem natural. The problem that arises is that those who are blamed are usually the ones who are already in a “lower” tier in the hierarchy of society. These “subordinates” can potentially be punished for something they have nothing to do with, or unjustly and unreasonably punished. This is an unfair aspect of society, but in the pursuit of trying to create a fair system, individuals can be unfairly punished.

This also relates well to drug crime. Many punishments that criminals receive can be biased, but they can’t do much about that because they are at the mercy of the authorities, even if these authorities’ behavior is governed by the scapegoating theory. Wherever the blame and whatever the reason, functionalists see the actions of the pharmaceutical companies as expected responses to the situation. Talcott Parson says that “the economy is the subsystem that performs the function for society of adapting to the environment”, (Ritzer, p. 83). There is a high demand for illicit drugs, so they create a high supply. This concept is based on fundamental economic concepts; Big Pharma is just functioning and acting rationally to its environment, right? Even if this explains one of the motivations for the ongoing creating of fentanyl, it does not necessarily mean that it is morally sound.

What can help us explain some of the origins of this deeply-embedded problem? Who benefits from this drug? Who suffers from it? And does one outweigh the other? Conflict theorists emphasize the importance of the power positions impacting drug culture. Drug use may occur as a response to inequalities in society, which could be a problem regarding capitalism. Karl Marx would argue that individuals turn to drugs to escape the oppression they feel from a capitalistic society. “The work that most people did under capitalism did not permit them to express their human potential. In other words, rather than expressing themselves in their work, people under capitalism were alienated from it”. (Ritzer, p. 23). How does this happen? How could a society become enslaved by its own capitalistic make-up? The “golden rule” states that the most powerful in a society create the rules. They determine the legalities and the penalties surrounding those involved with drugs. They hold the power to punish other members of society for their choices.

“What makes it legitimate for some people to issue commands that other people are likely to obey?” (Ritzer, p.38). There are some people that may say that through rational-legal authority theory, the law-makers were legitimate in the creation of restrictions on drugs. These law-makers were also under regulations and had to follow certain rules to create regulations for drugs. They had to use scientific reasoning, and medical explanations, and this makes their actions legitimate. Others disagree. Referring to Ralf Dahrendorf, George Ritzer and Jeffrey

Stepnisky say that “within every association, those in dominant positions seek to maintain the status quo while those in subordinate positions seek change”, (Ritzer, p.97). If you “follow the money”, the pharmaceutical companies are the ones who hold the power. Those affected by the fentanyl epidemic are in the subordinate position. This could be those who have died from an overdose, those who have survived, and their family and friends. According to a recent report from the Center of Disease Control and Prevention, it states that “the number of fentanyl encounters more than doubled in the U.S. from 5,343 in 2014 to 13,882 in 2015,” (CDC, 2017). This part of the opioid epidemic is being conversed about by few; and who is to say what the number will climb to in following years? This theory of authority helps me understand one of the reasons why it is so hard for these families to find positive change and closure. “The problem in the contemporary world is that very little communications is undistorted. It is especially the case that power affects virtually all communication with the result that not only is all communication distorted, but there is a general failure to arrive at a true consensus, and therefore, at the truth”, (Ritzer, p. 131). According to Jürgen Habermas and his Colonization of the Lifeworld Theory, if our society truly had free and open communication, the groups who had the best argument would win. He called this an “ideal speech situation”. The side with the best argument wins, not the wealthiest or the most powerful. If this case study of the fentanyl epidemic was presented within an ideal speech situation, there may be a very different result. The “subordinates” would not exactly be subordinates anymore, as well as omitting any position that may be considered “dominant”. Essentially, Habermas’ ideal would disseminate the power these authorities hold. The arguments would be backed by validity and reason, rather than undeserving power. Because this is an ideal, and not a reality, it frustrates a lot of families who have been affected by the opioid epidemic. They may feel that legislators who make and carry out the laws are unqualified or do not hold the right to present their family member with a punishment. Sometimes it does not seem fair. Other times, families are unsure of how to handle the issue, and they feel gratitude for a criminal system that will help them deal with the situation. Symbolic Interactionism concentrates on the social construction of the meanings associated with drug use. Symbols can be interpreted to help us understand society. If the initial experience of drug use is positive for an individual, they are much more likely to do it again. These individuals may start using the drug regularly, or get involved with other drug culture. The looking-glass self explains why “personalizing one’s fate”, adopting labels, having a fatalistic attitude, acting upon learned helplessness, anomie, and the objective culture can affect an individual. A person using the drugs may earn the label of a “drug user” and internalize it, which could just escalate the behavior. Symbols may be used by the public from a political push, somewhat similar to manipulation. Politicians can require school districts to hold “Red Ribbon Week” or entertain the “DARE” program; even when studies of these programs do not effectively show a significant amount of prevention among the children.

This theory also focuses on the various frameworks different groups of people may hold about specific situations. “Habitus” is the concept of the mental processes people use to deal with the social world. Each individual has their own processes, and sometimes these can help us understand their actions. This also links to the Theory of Intersectionality because it relates to all of the different experiences and cognitive processes that people individually have. It is a framework that is unique to the individual and can help us understand the reasons behind their actions. On the other hand, habitus lacks determinism, so we cannot assume or calculate the action of an individual. “Although habitus is an internalized structure that constrains thought and choice of action, it does not determine them”, (Ritzer, p.186). This is an interesting concept regarding drug abuse. Just because an individual may be “constrained” by his past experiences and his habitus, doesn’t mean he will automatically act in the same way he previously had. This gives hope for the rehabilitation programs we have in the country, and those who have been affected by addictions. I agree with Marx and Weber; I think reason and the concept of choice brings hope to an epidemic like this.

Another obvious framework that can be used to understand the drug trade is highlighting the significance of race. The current opioid epidemic is seen by the nation as a public safety problem more so than a criminal justice matter. In my opinion, this is how any response to a drug epidemic should be. The treatment and prevention of drug use cannot be understood through just one facet it’s involved in (law); it must be holistic. Approaching the issue as a public health problem is more effective. There is a stark contrast from the approach taken to the present opioid epidemic, versus the crack cocaine epidemic. Why is there a difference? Symbolic Interactionist Theory uses the framework of race to point out that the crack epidemic has been acknowledged as a black issue, and the opioid epidemic as widely white. Andrew Cohen, in his article *How White Users Made Heroin a Public-Health Problem*, says that “some experts and researchers see, in the different responses to these drug epidemics, further proof of America’s racial divide”. He goes on to ask, “can we explain the disparate response to the “black” heroin epidemic of the 1960s, in which its use and violent crime were commingled in the public consciousness, and the white heroin “epidemic” today, in which its use is considered a disease to be treated or cured, without using race as part of our explanation?”, (Cohen, *The Atlantic*). It’s apparent that those currently involved with heroin or fentanyl are mostly white, and policymakers have been much easier on them than any drug issue involving mostly blacks. What about the heroin epidemic of the 1960s (mostly blacks) versus now (mostly whites)? What about the attitudes about marijuana through the years? It was commonly used by blacks in the 1930s, with harsh punishments closely following. Compare that to the boom in marijuana use by white college students since the 1960s. Mayor Myrick from New York, who is black, says in response to this “white” drug epidemic, “oh, when it was happening in my neighborhood it was ‘lock ‘em up.’ Now that it’s happening in the [largely white, wealthy] Heights, the answer is to use my tax dollars to fund treatment centers. Well, my son could have used a treatment center in

1989, and he didn't get one", (German Lopez, Vox). The view of drugs through a prism of race presents a historical pattern, Big Events Theory as well as Path Dependency Theory show the importance of historical events and how they impact the present. Even with the evidence, many policymakers are driven by the concept of Contact Theory; they fail to question the racial stereotypes and just go along with what they have been taught, refusing to address the vivid impact race makes on the response to drug epidemics. This creates a sense of group position, further aggravating the problem. If policymakers and the public made a call to action, challenging subtle biases and double standards, and encouraging unconscious bias, the outcome to these drug epidemics would be altered dramatically.

Rational Choice Theory helps us understand the reasons for the social and economic behavior of society. The individuals involved with the pharmaceutical companies or foreign illicit factories creating fentanyl may not feel a direct connection to the individuals harmed by the fentanyl epidemic. They may feel that their actions are rational. They are making money, and working within a big business. They can create a drug that could possibly help someone. They may use these justifications to act, because according to this theory, their actions are in fact rational. Those who are negatively affected by the opioid epidemic are also considered to be acting in a rational manner. They receive a high from the substance, and may get social validation. Both of these groups are weighing their opportunity costs and creating cost-benefit analyses to determine their own behavior. Karl Marx and Max Weber had concerns regarding the increasing rationality of society. "Increasing rationality tends to lead to technocratic thinking. That is, people grow concerned with being efficient, with simply finding the best means to an end without reflecting on either the means or the end" ... "Such thinking serves the interests of those in power. In the case of capitalism, both the capitalists and the proletariat were dominated by this kind of thinking", (Ritzer, p.114). I would argue that Big Pharma is saturated with technocratic thinking. This relates to Weber's iron cage of rationality; the focus is not on the human beings themselves, but what will generate the most economic growth. Those who are earning money from fentanyl don't seem to care how they are getting that money. They don't reflect on the means or the end of the other individuals involved, they are only focused on what they are getting out of it. I think drug related case studies are very complicated in particular because much of the harm seems indirect; a specific human who is earning money through the pharmaceutical company does not directly see another human being harmed by his specific action. Illicit drugs and the black market are like a masked trade. Some would argue that there needs to be more regulation on the pharmaceutical companies. Others say there needs to be harsher punishments for those involved with illegal drugs, or that there needs to be better rehabilitation. These are many perspectives from many people who have all had different experiences. Back to the concept of authority, who really should have the authority to choose what happens in these situations? The other issue is that every one of these "solutions" cost money. So which of these groups has the right to infringe their interests (Dahrendorf's term) on the rest of society? Does a certain group have more

validity than another? “To the [Frankfurt School] critical theorists, the hope for society was the creation of a society dominated by reason rather than technocratic thinking, where human values take precedence over efficiency”, (p.115).

In a Fusion interview of David Harak, he states, “the companies always win. ‘Do you want to get better? Pay us. Do you want to get worse? Pay us’”, (Fusion, 2017). One could believe that there is a sense of a fatalistic attitude within Harak’s framework. But how can one know, unless they were in his place? His interests are starkly different from someone who works within one of these companies that he is referring to. This is a belief Harak holds, and it is through his rationale and habitus that he believes it. Harak also gives us a perspective on rational thinking within addiction by saying, “you know somebody who overdosed from it. It must be good. You’re gonna do exactly what they did. It’s just the name of the addiction”, (Fusion, 2017). Harak must believe that there is a sense of rationality within addiction. It would be necessary to assume that each human being would have to be rational if their thought process followed similar lines to Harak’s. This suggests that addiction is somewhat rational, even though we usually think addiction takes away our rational choices. In the *Journal of Political Economy*, Gary Becker and Kevin Murphy published “A Theory of Rational Addiction”. They explain their stance by saying, “Addictions would seem to be the antithesis of rational behavior... but we claim that addictions, even strong ones, are usually rational in the sense of involving forward-looking maximization with stable preferences”, (Becker, 1988). Ritzer may connect Social Learning Theory to their claim, because they are claiming that addiction is rational behavior. By using the concept of “maximization”, they are able to explain why they believe addicts are acting on rational motivation. If the drug is making their situation better, of course they would engage in it again. And again. And again. The problem comes when the rule of diminishing returns kicks in. This states that the volume of the benefit you gain from something diminishes over time, each time you gain the benefit. There is also a limit on the high you can achieve from a drug. If you are increasing the high each time, sooner or later you will hit that limit, which results in an overdose. The theory of rational choice is complicated and complex, but the aspects of each perspective can be very useful in understanding how society works.

One way I understand Durkheim’s notion of “solidarity”, is understanding the importance of unity. The idea that we are all created with the same human make-up and most of us only want to practice the right to protect our own joys. Because no individual can define or create a map that explains in a step-by-step list how to be happy, “collective conscience” (Weber) emerges upon us as a society. I think society (and every individual within it) is just searching (whether consciously or subconsciously) for happiness. This itself, creates solidarity. In this case study, each of the groups have their own way of getting there. The pharmaceutical companies may believe that money will bring them happiness, so they act upon that, gaining that wealth through whatever means it may take. The same may be true for drug users. They could just be searching

for something to make them happy. Their lives before using the drugs may have been unfulfilling, and they believed this alternative would give them something better than what they currently had, or at least allow them to escape the present discontent. Their primary groups surrounding them could have been involved with drugs and created a space where there was no other alternative, that being involved in drugs is just a part of life, and it is one way to cope with the inevitable issues that accompany us throughout our lives. The problems only arise when we act upon our own perceived individually designed path to achieve that, and we display a “blind spot bias” getting there. We may believe our way is the best way, and push others to go the same route, or indulge and support us in ours. When in reality, this is extremely counterproductive. Rather than forcing our ideals on others, a holistic sense of solidarity can be reached by respecting others’ paths, offering understanding when others (or ourselves) stumble, because failure is inevitable while experiencing our journey to happiness. Social justice still needs to be a priority, but if we included some of this understanding among affected groups, there may be different results.

It is much more complicated when applying this to a real situation, because society does need to strike a balance between respect for another’s actions, and respect for its own values. For example, some of the actions of the pharmaceutical companies are facetious and present cases of “callous cruelty”. I am not suggesting that because for the individual they may believe this is their path to happiness, we just sit back and let them use whatever means they want. Individuals can be wrong. But I believe it is society’s responsibility to come together and through an attitude of respect and understanding, demand justice. Judging the individuals within the companies won’t solve much, instead, groups who have been negatively affected by the actions of Big Pharma should stand up against the company as a whole. So that they can have a fair chance of pursuing their path to happiness. The drug users do have their agency to choose how they go about their path to happiness as well, and whether or not we as individuals agree with it, they have that right. But, just as society demanded justice about the unfair actions of Big Pharma, society also can demand regulations on drugs to protect what may make them happy-their loved ones and their wellbeing. All we need to do as a society, is respect, support, and protect our individual (while at the same time, inextricably intertwined) paths to this collectively conscious goal.

The research gained from a music experiment completed by Pierre Bourdieu presented an interesting case within the sections of social stratification. He came to the conclusion that he believes we cannot often befriend across classes. I understand some of his reasoning; homophile and stereotypes do play a role in who we regularly interact with. I think social factors (like bias, socialization, anomie, and lack of solidarity) do wedge a wall in between us all. But I disagree with his stance.

In critique of Bourdieu, I believe the only reason we may not associate across classes is because these social factors blanket us in a “false consciousness”. That we all “strive for limited economic and social reforms. [We] accommodate to capitalist exploitation and blame [ourselves] for problems that stem from structural injustice, and [we] will often fail to develop movements that address structural injustice,” (Concept theory bank, week 6). In my opinion, this is unnecessary. Society can rise above this “false consciousness”, eliminate each of our “blind spot biases”, and (like I explained previously), we can achieve a higher level of solidarity.

Works Cited

- Ahmed, Azam. "Drug That Killed Prince Is Making Mexican Cartels Richer, U.S. Says." *New York Times*. Web.
- Becker, Gary S., and Kevin M. Murphy. "A Theory of Rational Addiction." *Journal of Political Economy*. 96.4 (1988): 675-700. Web.
- "Centers for Disease Control and Prevention." Centers for Disease Control and Prevention. CDC, 21 Mar, 2017. Web. 27 Mar, 2017.
- Cohen, Andrew. "How White Users Made Heroin a Public-Health Problem." *The Atlantic*, Atlantic Media Company, 12, Aug. 2015. Web. 22 Apr. 2017.
- Fusion. "Death by Fentanyl." *Death by*. N.p. Web. 28 Mar, 2017.
- Lopez, German. "When a Drug Epidemic's Victims Are White." *Vox*. 04, Apr. 2017. Web. 20, Apr. 2017.
- Ritzer, George, and Jeffrey Stepnisky. *Sociological Theory*. New York, NY: McGraw-Hill, 2014. Print.
- Seelye, Katharine. "Heroin Epidemic Is Yielding to a Deadlier Cousin; Fentanyl." *New York Times*. Web.