

THE SENSE OF THE FUTURE *

*O body swayed to music, O brightening glance,
How can we know the dancer from the dance?*

W.B. Yeats

THE FUTURE OF CULTURES AND SOCIETIES

The argument throughout this book has been that it is impossible to think about, or helpfully respond to, any aspect of drug-taking without at every stage seeing drug-taking (and our responses to drug-taking), in its sociocultural context. The lines quoted from William Butler Yeats at the heading of this chapter catch up in a flash of poetic vision what this book has been striving to say: it is impossible to separate human behaviour from the invitations to behaviour which the sociocultural context prescribes and provides; at some final point the dancer and the dance merge in unison. Man or woman abstracted from society and culture is a fantasy. This is not to deny the importance of understanding individual differences in constitution, but the individual, however constituted, can live, move, and have his being only in a culturally and socially determined environment.

This is not the place for an extended essay on futurology but it would be futile to suppose that those who are specially concerned with drug problems could divorce them from the world in which we are going to live, and the future of that world background. Shifts and growth in world resources, new poverty or new wealth, are likely to have fundamental impact on drug problems and to determine how much money will be invested in drug programmes. Beyond those external and material aspects of the future, drug use (and response to drug problems) will be profoundly affected by such factors as values; the place accorded the individual in society, in every sense; the value put on freedom and rights to pleasure-seeking; and importance and essential meaning given to health. A concern with these types of question is sometimes dismissed

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as utopian, but it might be argued that one of the changes we are seeing is a rediscovery that these questions are exactly those which we have a right to ask. If we ignore them, we do so at our peril, and among those perils may be an acceleration in misuse of drugs, or misuse of treatment and preventive actions.

THE FUTURE OF DRUG PROBLEMS

In the first chapter of this book, an outline is given of the world's present drug problems, and it emphasizes the rapid shift over the last few decades in patterns and extent of drug use. The picture appears in many ways to be menacing, and there are more instances of the spread of drug problems than of their regression. Quite clearly, in a world experiencing upheaval and breakdown in old structures and values, much of the long-standing equilibrium between societies and their use of drugs will break down too. In the immediate future the world is likely to experience an intensification of drug-related harm.

There is already a tendency towards world homogeneity in drug use. Cannabis, which until recent decades was largely indigenous to the East, has now become well established in Western societies. Alcohol, which has been so much the traditional drug of the Western world, is now increasingly giving rise to problems in countries of the East. The misuse of psychotropics is rapidly becoming an universal problem. But, parallel with this growing homogeneity, a previous unitary pattern of drug use is fragmenting in many cultures into a variety of patterns: plural societies give rise to plural drug problems.

If we take the definition of what counts as a problem as being essentially socially and culturally determined, we may also expect to see profound shifts in the processes of definition. What counts as a problem now may not attract the same definition in ten years; or new definitions of the problem may emerge over that period. It is possible, for instance, that in recent years we have tended unduly to emphasize drug use itself or the state of dependence as the essential problem, rather than defining the problem more fundamentally in terms of consequent damage. On the one hand, some societies are moving towards a more tolerant view of forms of drug use that are not very harmful but at present disallowed; on the other, cigarette smoking is increasingly being regarded as a problem in term of the damage it causes. At present, alcohol use is not seen in most countries as a problem in terms of its mere use; it is alcoholism that attracts concern. A movement is under way however, to define a certain level of alcohol use as a problem for societies, given the probable association between national drinking levels and the amount of alcohol-related damage.

Even where there are no large changes in the definition of problems, there may be alterations in the ordering of problem priorities. For example, a trend may be emerging towards according a higher priority to socially accepted drugs such as alcohol and tobacco or licitly prescribed drugs such as the benzodiazepines, in relation to the traditionally illicit drugs. The dichotomy between policies directed towards licit drugs, on the one hand, and illicit substances, on the other, may be breaking down.

THE FUTURE OF TREATMENT FOR DRUG PROBLEMS

Some aspects of the future of treatment have already been discussed in Chapter 5. But, irrespective of theoretical considerations, it is evident that in many parts of the world sociomedical help at the most basic level is still lacking for people in trouble with their drug-taking. In many countries, still, people often languish in prison instead of receiving constructive help. Alcoholics die of delirium tremens for lack of the most simple technical knowledge. Much-needed facilities for drug detoxification are lacking. Even the rudiments of rehabilitation are often missing. It must be hoped therefore that one trend for the immediate future will be an energetic effort to ensure that these needs are met and organizational problems tackled.

But, at the same time, care must be taken that the extension of facilities does not mean the cruder extension of the medical model, which conditions the individual to learned helplessness and the community to surrendering its responsibilities. The helping professions must not expect or be to take responsibilities for all problems. A response planned in terms of medical care alone would be not only beyond the economic resources of any country, but also likely to be largely ineffective. What is needed rather is the further development of a model that would see treatment as a partnership between the individual, the community and the helping professions, with the helping professions in an assistant role.

Also, it seems likely that over the next decade there will be increasing interest in what were previously deemed to be the nonspecifics of treatment: set and expectation, the role and self-definition given, the optimism that is engendered, the goals that are collaboratively defined, the sense of autonomy that can be restored, and the therapeutic relationship. The hope for the future must be more in terms of understanding and developing those processes and less an expectation of wonderful new technologies. (Nevertheless, the significance for therapy of recent discoveries of the body's capacity to produce opiate-like substances is potentially very exciting). There must, of course, be a willingness to explore further the alliance between natural processes that foster and reinforce recovery and treatment interventions.

THE FUTURE OF PREVENTION

Here again, we touch on a theme that has received attention in a previous chapter (Chapter 7). In this instance, too, the same basic theme of the need for congruence between society's response and the sociocultural context needs to be emphasized as the issue that requires continuous awareness and scrutiny; it must be hoped that this will receive more attention than it has in the past. In some areas, what may be seen is a new balance of investment in overall programmes, with prevention being given higher priority. With regard to alcohol problems, for instance, it seems likely that in some countries there has been too much emphasis on treatment, and that prevention has been neglected.

Another question, and a disturbing one, is whether some of our present preventive efforts may not be doomed to failure, whether action on substance problems may not be diversionary activity to excuse our neglect of more profound societal problems that breed the misuse of substances. To take the example of the case study on drinking patterns in Kenya, no one could seriously suppose that Kenya's drinking problems are going to be dealt with by an antialcoholism campaign alone. This is not to preach despair or lend support to neglect, but we have to be careful lest society is evading responsibility by focusing unduly and too superficially on drug problems. We come back to daring to be utopian.

Having argued that the cruder application of the medical model can sometimes carry with it learned helplessness so far as the individual's ability to help himself is concerned, one might then examine the parallel argument as regards prevention. Could we expect that communities themselves—people in particular work-places or schools, groups defined by some special shared awareness such as women's groups—would take initiative for their own prevention policies, rather than leave it to the state to do so?

THE FUTURE CONTEXT OF RESEARCH

The sense of future that is being developed here in terms of a need to be aware of the relation between wider sociocultural changes and drug use and drug problems, and in terms of changes in definitions of the drug problem and in treatment and prevention, carries the implication of a new research agenda. Without spelling the matter out laboriously it can be said that all the issues raised under previous headings are potential issues for research. In practical terms, what one might hope for is some movement away from the dominance of a particular form of epidemiological research on drugs, which, although it has its place,

has at times become rather mechanistic and perseverative, with the drug user treated as an object of study divorced from the study of the culture and social institutions.

THE FUTURE OF INTERNATIONAL COOPERATION

Chapter 1 of this book describes WHO's activities on drug problems. Many of these efforts point to directions which must now be further explored. At the level of international organizations, what one might hope to see is closer cooperation between different organizations, and further efforts at cooperation within the organizations. The need, which has been emphasized in this book, for responses to drug problems to be related to wider aspects of health and social programmes, should be recognized also in the structure and programmes of international organizations.

Whether international effort is mediated through international organizations or by any other process, what is clearly needed is an increased willingness to take account genuinely of experiences of countries other than one's own. It must be hoped that in the future there will be much more open exchange of ideas than has sometimes been seen, with no one dominant cultural view. This is a vital consideration equally for treatment, preventive action (whether dealing with demand or supply) and research.

To listen to other countries' experiences one must, first, be given a chance to hear of those experiences. An enormous amount is being thought about, argued about, and accomplished in many different countries, and further ways of exchanging these experiences are badly needed. Much of WHO's current drug programme is directed to that end. It is to that endeavour that this book also seeks in some way to contribute.