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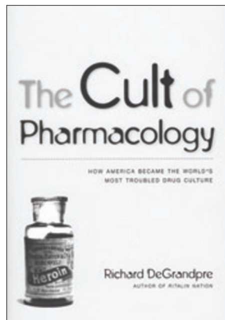
Angels and demons; heroes and villains



The Cult of Pharmacology: How America Became the World's Most Troubled Drug Culture

Richard J DeGrandpre

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Reviewed by Michael J Zigmond

Most science revolves around objective study of the world. But politics can intrude on this objectivity, and many believe that political encroachment into science is pervasive in the US. The Union of Concerned Scientists recently identified 79 areas of study being influenced by political considerations. However, the topic of psychoactive drugs is missing from this list, perhaps because the incursion of politics into psychopharmacology is something we now take for granted. We shouldn't.

Although commissions have reviewed the scientific literature on psychoactive drugs for over 100 years with the goal of informing public policy, the great majority of their recommendations have gone unheeded. For example, in 1961, one committee concluded, "Drug addiction is primarily a problem for the physician rather than the policeman, and it should not be necessary for anyone to violate the criminal law solely because he is addicted to drugs." Yet no such conclusions inform US policies, and the consequences are a national tragedy. The US represents about 4.6% of the world's population, yet houses 22.4% of its prisoners. Of these, about half are imprisoned for drug-related offenses. Moreover, although white and black Americans use illegal drugs at about the same rate, 62% of those imprisoned for drug-related offenses are black males.

Richard DeGrandpre wants us to become more rational in dealing with psychoactive drugs. In his recent book, *The Cult of Pharmacology*, no one comes out well—not politicians, the pharmaceutical industry or the research community. DeGrandpre is angry, and I agree with many of his concerns. But anger can serve to obscure as well as to motivate, and in this volume it does both.

A recurring theme is the dichotomization of essentially similar drugs into "angels" and "demons." There is something to this. But DeGrandpre has his own tendency to dichotomize—to separate those involved in drug research and policy into heroes and villains—and in his analysis there are few heroes. Policy makers are villains because they place political intentions ahead of objective interpretation of scientific results, those in the pharmaceutical industry are villains because they promote drugs under false pretenses, and we scientists are villains because we do not acknowledge or understand how drugs act. This is much too simple an analysis.

Here are three of DeGrandpre's central tenets:

1. *The impact of a drug cannot be wholly explained by its structure, as its effects are influenced by the environment. Thus, it is a mistake to explain drug action in biological terms.* But the concept of drug-environment interactions is not news—much work is being done in this area and few would argue that the impact of a drug is strongly influenced by a variety of environmental factors. But surely those interactions will ultimately be explainable in exactly the biological terms the author rejects. What is the alternative—that environment affects the brain in some extrabiological manner?

2. *Methylphenidate (Ritalin) and cocaine have the same effects on the brain. Thus, the two should be treated similarly, rather than as an angel and a demon, respectively.* It is true that both drugs increase the availability of dopamine in the brain; yet, the author's lengthy analysis of the implications of this similarity is disingenuous. The U.S. Drug Enforcement Agency *does* consider these drugs to be equivalent in their potential for dependence. Both are "Schedule II" drugs and are available only by prescription. Moreover, DeGrandpre gives the impression that the use of oral Ritalin for treatment of childhood ADHD is equivalent to the use of intranasal cocaine by adults to attain a 'rush'; hardly a fair comparison. Of course, if adults abusing these two drugs are treated differently by the law (which may well be the case), then we have a problem—politics trumping science. Unfortunately, DeGrandpre gets in the way of his own valid point by oversimplification.

3. *The pharmaceutical industry and its all-too-compliant agents, physicians, invent diseases (e.g., depression) and ignore side effects in order to sell drugs.* But does clinical depression really not exist? Have antidepressants not done anyone any good? Should we not continue the search for still better drugs? Again, there is an important point for the author to be making: in recent years, some drugs probably *have* been over-prescribed and sometimes to ill effect. But I am quite certain that many people who would otherwise be incapacitated are able to lead more normal lives because of pharmacotherapy. Neither overuse nor misuse is the same as useless.

Central to each of these tenets is DeGrandpre's concept of "pharmacologicalism," defined as an ideological system that demonizes drugs. Indeed, the author compares this "ism" to Nazism, which demonizes Jews. Obviously, DeGrandpre does not mind using histrionics to capture his readers' attention! Unfortunately, histrionics can turn on the perpetrator, alienating readers who might otherwise be sympathetic.

This is not to say that DeGrandpre's book is without value. It makes important points, which we should take to heart: When the state makes money through the sale of tobacco and alcohol, yet puts people in prison for marijuana use, the government has failed. When the pharmaceutical industry successfully promotes their drugs for use by individuals who will not benefit from those drugs, our system of protecting patients has failed. And when we scientists let such things happen without speaking out, thereby abandoning the social responsibility to use our knowledge for the public good, we have failed, too.

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