Panel event

A pill for every ill?: Dialogues on drug practices, possibilities and harms

2-4pm, 25 October 2018
Japanese Studies Centre

The Humanities, Social Sciences and Medicine network at Monash invites you to an expert panel on the pharmaceuticalisation of twenty-first century health care practices.

The production, promotion and consumption of drug treatments are significant to economies across the globe. It is argued that prescription and over-the-counter medications figure so prominently in health care that, for many, good health is no longer assumed possible without the involvement of swallowed, sprayed, absorbed and injected substances. Drugs offer possibilities not only to treat illness but to enhance physical and mental capacities. It is also axiomatic that medicines have side effects – some minor and some significant – and the risk of iatrogenic illness is important to clinical practice and public policy. The WHO, for example, has acknowledged the need to encourage pharmaceutical markets and scientific development in harmony with the regulation of health harms. The over-, under- and misuse of psychoactive treatments and antibiotics are major challenges to health care, leading, in the case of antimicrobial resistance, to major threats to everyday medicine. Online access to prescription and drugs is decenring the role of medical experts and troubling the collection of data regarding illness and its treatment. In health care for companion animals, psychoactive medications like Prozac are used to modulate mood.

Our interdisciplinary panel from medical anthropology, history of medicine and addiction studies will address pharmaceuticalisation with reference to: the iatrogenesis of drug-resistance; drugs as magical and commonplace; mid-twentieth century troubles for drug regulation, and; the delivery of overdose prevention pharmacy and its implications for the lives of drug users.

Invited speakers:

Dr Paul Mason (Monash University)
“Conspicuous Consumption: Tuberculosis and the pharmaceuticalisation of poverty”

Professor Andrea Whittaker (Monash University)
“Antimicrobial resistance and culturally and linguistically diverse communities in Australia”

Professor Nicolas Rasmussen (University of Sydney)
“Goofball panic: Prescription drug abuse and the regulation of medicine in 1940s America”

The panel will be chaired by Michael Savic and Mark Davis.

A light lunch will be served. For catering purposes, please RSVP here by 22 October 2018.

HSSM promotes cross-disciplinary dialogue in the fields of medical humanities, medical sociology, medical anthropology, bioethics, health psychology, psychiatry and public health.
Conspicuous consumption: Tuberculosis and the pharmaceuticalisation of poverty

Paul H. Mason, School of Social Sciences, Monash University

This historical and ethnographic paper examines shortcomings of technological and pharmaceutical biases in global tuberculosis control and prevention. Prior to the antibiotic era, the epidemiology of tuberculosis disease shifted from being a global burden to a problem concentrated in low-income countries. Socio-economic improvements in high-income countries helped reduce tuberculosis incidence without the need for sophisticated pharmacotherapy. The discovery of antimicrobials, however, skewed the globalisation of disease control efforts towards a singular focus on the production and distribution of standardised drug regimens. The discovery of antimicrobial treatment for tuberculosis solidified biomedical authority over the disease and simultaneously laid the foundations for the growth of big pharmaceutical companies organised around meeting the health needs of consumers. Medical institutions and social processes, justified by the moral power of germ theory and fortified by the market power of pharmaceutical companies, have slowly transformed consumption, an undesirable disease of wasting, into consumerism, an acceptable commonplace practice for tuberculosis control. Pharmacological interventions create powerful institutional allies in the health sectors for drug manufacturers who support industrialised production and developing new research programs and markets for their products, but these interventions have not reduced infection rates in a straightforward fashion. Just thirty years after the first TB antimicrobials were produced, the number of tuberculosis cases in low- and middle-income countries doubled. Moreover, economic growth in low-income countries after the availability of antimicrobials led to increasing prevalence of drug resistant tuberculosis, especially when public healthcare struggled and private healthcare thrived. For a person living with tuberculosis, medical treatment is an offer they cannot refuse. A diagnosis of tuberculosis places the patient under a surveillance system where their consumption of pharmaceutical products is closely monitored. In inculcating and being inculcated by the global pharmaceutical enterprise, patients are pulled into adopting and reinforcing a biologically reductive narrative of disease and a consumerist model of health.

Bio: Paul H. Mason is a cultural anthropologist at Monash University. He has conducted fieldwork with arts communities in Indonesia and Brazil, religious minorities in Brazil and India, and infectious disease patients in Australia and Vietnam. At the centre of his research interests is a deep fascination with biological and cultural diversity. His current research in medical anthropology spans tuberculosis care and prevention, human research biobank ethics, and global mental health. He teaches Encountering Cultures and Drug Cultures in the School of Social Sciences.
Antimicrobial resistance and culturally and linguistically diverse communities in Australia

Andrea Whittaker, School of Social Sciences, Monash University

Drawing upon work undertaken in two studies investigating the use of antimicrobials in the community in this paper I focus upon people of linguistically and culturally diverse backgrounds. The results derive a pilot study of in-patients with AMR complications within a tertiary hospital situated in a highly diverse population in the South-east of Melbourne, and from interviews with members of the general community conducted as part of a broader study on AMR narratives. Together they provide insight into the experiences of people of diverse ethnicities as well as their understandings and reception of AMR information. Knowledge of antimicrobials, medicine use, explanatory models of how medicines work vary across different cultural groups. Travel between Australia and countries of origins also contribute to exposure to resistant bacteria, but also the use and self-medication with antimicrobials. Self-importation also occurs. The paper considers some of the implications of our understandings about how mobility intersects in various ways with medical usage, whether through the movements of people through migrations, or travel, or through the movements of medicine through self-importations. These have implications for the spatial assumptions underlying notions of ‘compliance’ and ‘rational drug use’ as well as our models of how resistant bacteria spread and are sustained within populations.

Bio: Professor Andrea Whittaker PhD is Australian Research Council Future Fellow and Convenor of Anthropology at the School of Social Sciences, Monash University, Melbourne, Australia. As a medical anthropologist, she specialises in the fields of reproductive health and biotechnologies with a special interest on Thailand and SE Asia and leads the Health and Biofutures Focus Program within the Faculty of Arts. She received her PhD from the University of Qld in 1995. Her major publications include Intimate Knowledge: Women and their Health in Northeast Thailand (2000), Women’s Health in Mainland South-east Asia ed. (2002), Abortion, Sin and the State in Thailand (2004), Abortion in Asia: Local dilemmas, global politics ed. (2010) and Thai in Vitro: Gender, Culture and Assisted Reproduction (2015). Her latest book, International Surrogacy as Disruptive Industry in South-east Asia is in press with Rutgers.
Goofball panic: Prescription drug abuse and the regulation of medicine in 1940s America

Nicolas Rasmussen, University of NSW

The wartime and immediate postwar United States was rocked by an outcry over widespread abuse of barbiturates, a popular class of prescription sedatives. I explore the moral and social dimensions of this crisis, and its connections to contemporary regulatory initiatives affecting pharmaceuticals and medicine more generally. Ultimately I argue that the episode represents an effort by government to amplify moral panic for political leverage to obtain new powers over drugs, ultimately frustrated by the same alliance between industry and the medical profession that has left the United States with such a spectacularly inefficient health system and impoverished public health apparatus.

Bio: Nicolas Rasmussen has higher degrees in History & Philosophy of Science, Biology, and Public Health and has taught history of life science and medicine at Princeton, Berkeley, UCLA, University of Sydney, and since 1997 at UNSW. Much of research has dealt with the history of drug development, abuse, and regulation, and he is author of ‘On Speed: The Many Lives of Amphetamine’ (NYU, 2008) and ‘Gene Jockeys: Life Science and the Rise of Biotech Enterprise’ (Johns Hopkins, 2014).