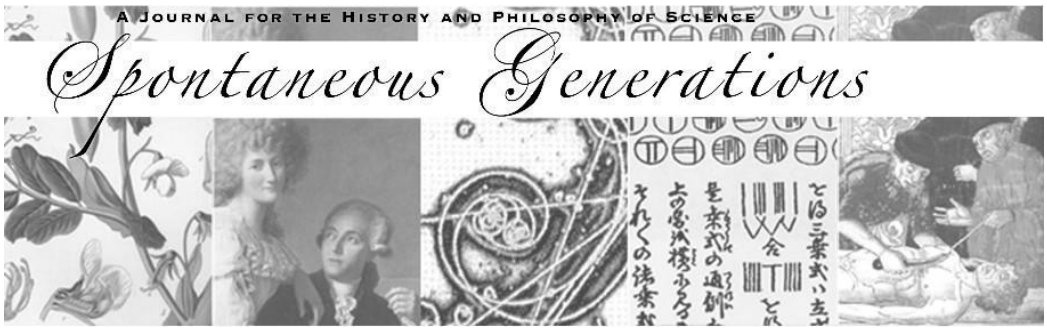

Review of *Strange Trips: Science, Culture, and the Regulation of Drugs* by Lucas Richert. Montreal and Kingston: McGill-Queen's University Press, 2018. 247pp.

Author(s):
Sergio Sismondo
Queen's University

Source: *Spontaneous Generations: A Journal for the History and Philosophy of Science*, 10 no. 1 (2022) 123-124.

Published by: The University of Toronto

E D I T O R I A L O F F I C E S

Institute for the History and Philosophy of Science and Technology Room 316
Victoria College, 91 Charles Street West
Toronto, Ontario, Canada M5S 1K7
hapsat.society@utoronto.ca

Published online at *jps.library.utoronto.ca/index.php/SpontaneousGenerations*

Spontaneous Generations **10:1** (2022). University of Toronto.

Review of *Strange Trips: Science, Culture, and the Regulation of Drugs* by Lucas Richert. Montreal and Kingston: McGill-Queen's University Press, 2018. 247pp.

Sergio Sismondo

Lucas Richert's *Strange Trips* is a collection of studies of conflicts over access to certain drugs, or certain ways of obtaining drugs. The episodes take place in the US and in Canada, mostly between the 1970s and the present day. Richert's focus is on public discourse, and especially on explicitly political discourse, about regulation and de-regulation of drugs.

Especially since it leads with a discussion of heroin, the book's "strange trips" suggests a focus on conflicts over recreational drugs with medical uses, or medical drugs with recreational uses. But Richert uses "trips" in three very different senses. The more "trippy" drugs are balanced with less trippy ones, but for some of which literal trips across border were needed to access them – such as the alternative cancer treatment Laetrile, or less expensive prescription drugs in Canada than in the US. And then there are drugs for which neither that metaphorical nor literal trips apply, such as diet drugs. However, all the substances Richert discusses have taken trips among statuses – such as from being unregulated to being prohibited to having potential medical value, or from being accepted treatments to being dangerous additives. Drugs almost always carry multiple and contradictory meanings. When there is conflict, there is conflict over these meanings. This book is about those conflicts, and the settling of the meanings of drugs as useful treatments, addictive dangers, potential miracle cures, quack remedies, or pleasant recreational substances. Most of the drugs at issue are or have been potential treatments for major health problems in North America: end-of-life pain, cancer, obesity, and depression.

The book's opening accounts compare efforts in the 1970s and 1980s to legalize medical heroin for end-of-life care – successful in Canada, unsuccessful in the US. To be clear, Richert is talking about only medical heroin, and only about its use in palliative care settings. In both Canada and the US, there were vocal advocates for legalization, such as a Canadian syndicated newspaper columnist, now retired, who went by the name of Dr. W. Gifford-Jones, and a US hospice activist and lobbyist Judith Quattlebaum. In both Canada and the US there were skeptical opponents from within the medical world and its periphery who argued against the uniqueness of heroin amidst an array of other painkillers: the Canadian Cancer Society and the American Medical Association. And in both Canada and the US there were serious concerns about addiction more generally, meaning that the tremendously negative symbolic quality of illegal heroin affected views of medical heroin. However, Canada had not joined the US "War on Drugs", a war that loomed large in the minds of both conservatives and liberals – like Rep. Charles Rangel, founding member of the Congressional Black Caucus and a Congressman deeply concerned about the damage done by illegal drugs to African-

Americans and African-American communities. And balancing the negative views of medical heroin in Canada, but not in the US, was a colonial role model: The UK had allowed the use of small quantities of heroin as a prescription painkiller in a variety of circumstances, and there was little sense that there were substantial problems there. Thus, political conservatives in Canada could support colonial medicine and allow medical heroin.

The chapters on heroin are followed by ones on the hopes and demise of Laetrile in the 1970s and 1980s, recent attempts to find uses for LSD in psychotherapy, the legalization of recreational cannabis in Canada in the 2010s, cross-border pharmaceutical purchasing in the 2000s, regulated and unregulated diet pills in the US between the 1970s and the early 2000s, and Ketamine today. Some of the chapters are far too short to provide good understandings of their drug's success or lack thereof. In particular, I wish that Richert had written more about efforts to rehabilitate LSD and to use Ketamine as a treatment for severe depression. And I wish that Richert had more often strayed from explicitly public discourse, so that he could have had more fine-grained analyses of cultural resources and pressures, and interested actors in the background.

In Richert's account of cross-border shopping we can see some revealing contests over meanings of drugs. Because of price controls, the prices of Canadian drugs are often considerably lower than of the same US drugs, and over the past three decades this has spurred individual and collective action to "reimport" drugs from Canada into the US – it is *re*importation because in many cases the drugs were originally manufactured in or were distributed through the US. Reimportation sometimes takes the form of individuals crossing the border into Canada to fill their prescriptions, is sometimes more organized, as when busloads of senior citizens would cross the border, and sometimes takes the form of the mail-order filling of prescriptions. US pharmaceutical companies are solidly opposed to reimportation, because they lose revenue. And the US Food and Drug Administration is opposed because reimportation loosens its control over its regulatory domain. The result has been a public campaign, funded by pharmaceutical interests, to brand Canadian drugs as unsafe and even, as Richert points out, security problems – the latter a powerful rhetorical move in post 9/11 America. This created an odd situation: substances touted as extremely safe as long as they travelled within the US became potentially dangerous as soon as they made a voyage across the border, and even more so if they crossed it again. US Government actors announced that the FDA could not vouch for drugs that had left the US, since the Administration was unable to monitor storage and transport conditions, possible adulteration with counterfeit drugs, etc. – all implying that it could monitor drugs circulating within the US.

Various actors – physicians, patients, members of the public – want access to regulated or illegal drugs. They also, as Richert points out, want to claim the freedom to access their preferred drugs. But whether they are successful depends on too many contingencies for there to be any large regularities. Thus, Richert draws no strong generalizations from his collection of episodes, and in effect that becomes one of the book's points.