Published in final edited form as:

J Psychoactive Drugs. 2009 March ; 41(1): 39–47.

Controlled Release: A Cultural Analysis of Collegiate Polydrug Use

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Abstract

Social science research on polydrug use among young adult college students is scant, adopts definitions of this practice that are often devoid of sociocultural context, and emphasizes a very narrow range of use patterns. This article, based on ethnographic interviews from a study of collegiate prescription drug misuse, expands this focus by offering a cultural analysis of polydrug use. Two specific types of collegiate polydrug use, simultaneous interaction and sequential management, are examined within a cultural framework that relates these practices to the expression of two complementary values—control and release. The college experience provides young people with a culturally sanctioned “time-out” period that affords freedom from many of the roles, responsibilities, and other constraints that come to structure later adult life. At the same time, college students are expected to meet academic and social demands that require organization, initiative, and direction. Specific types of polydrug use provide young adults with a means to navigate these competing prescriptions that are characteristic of contemporary college life.

Keywords

college; culture; polydrug use

This study is meant to advance two main aims: first, to reconceptualize how social scientists and anthropologists define and analyze polydrug use, and second, to describe how some types of polydrug use practiced by users in collegiate settings reflect certain cultural values.

Polydrug use is a widespread practice among American college students and a notable public health concern (McCabe et al. 2006; Perkins 2002; Feigelman, Gorman & Lee 1998; Schorling et al. 1994; Martin, Clifford & Clapper 1992). Yet from a cultural perspective, research tells us virtually nothing about polydrug use by young adults in collegiate settings. Few published studies provide even descriptive information regarding polydrug use trends among college students, let alone offer analyses of how these patterns are shaped by sociocultural factors. Those college-based studies that do purport to describe polydrug use typically employ operational definitions of this practice that are arbitrary to the extent that they adopt abstract time frames for measuring drug use. This is exemplified in studies that define polydrug use based on 30-day self-reports. If an individual reports that they have used alcohol, marijuana, and tobacco within the same 30-day period, for instance, they are classified as a polydrug user (Mohler-Kuo, Lee & Wechsler 2003; Shillington & Clapp 2001; Gledhill-Hoyt et al. 2000; Feigelman, Gorman & Lee 1998). Such descriptions give us little sense of how the actual combinations of certain drugs might relate to specific

sociocultural factors, or even how the use of one drug is directly linked to the use of another. Put differently, current definitions and conceptualizations of polydrug use “do not include sufficiently refined measures of time, combination, or agency/intentionality in drug selection, combination, sequencing, use, and mediation of effects” (Schensul, Convey & Burkholder 2005).

The limits of studies based on such culturally arbitrary operational definitions are compounded by a problem-focused orientation in social science investigations. Put simply, polydrug use is approached solely as an abusive, health compromising behavior and not as a controlled activity practiced by low level users. As a result, there is a great deal of information regarding polydrug use by higher level, abusive users, but virtually nothing is known about how more casual, less pathologic users engage in this practice. This inattention to low-level users is significant because it promotes the idea that all polydrug use is equated with clinically recognized abuse and dependence syndromes. Patterns of more controlled polydrug use are ignored, even though they are practiced by greater numbers of users and, as will be argued more thoroughly below, reflect important social and cultural influences.

Along the same lines, many extent studies typically attempt to highlight associations between polydrug use and a number of attributes or conditions beyond drug use that are deemed pathological or otherwise problematic. These include studies that link polydrug use to deviance, addiction, and criminal activities (Best, Sidwell & Gossup 2001; Galaif et al. 2001; Johnson et al. 1994); investigations of specific population segments of users based on demographic characteristics such as gender, pregnancy status, or ethnicity (Galaif & Newcomb 1999; Field, Scafidi & Pickens 1998; Menard & Huizinga 1989); and research that focuses on specific high profile drugs that have attracted significant attention from public health, law enforcement, or the popular news media, such as Ecstasy, crack, methamphetamine, and heroin (Brecht, O'Brien & Von Mayhauser 2004; Scholey, Parrott & Buchanan 2004; Blanken, Barendregt & Zuidmulder 1999).

In sum, social science research on polydrug use among young adult college students is scant, adopts definitions of this practice that are devoid of sociocultural context, and emphasizes a very narrow range of problematic use patterns. This article attempts to expand this focus by offering a cultural analysis of polydrug use. It will do so by briefly examining two specific types of collegiate polydrug use—simultaneous interaction and sequential management—within a cultural framework that relates these practices to the expression of two complementary values—control and release—that reflect age-specific social roles and cultural expectations that are part and parcel of being a young adult college student.

BACKGROUND

Analyses of control and release typically examine specific social activities as expressions of shared ideologies. A growing body of literature describes how bodily practices, including consumption patterns, time management conventions, and health behaviors can be insightfully investigated within a framework of culturally constructed distinctions between control and release. Although the specifics differ, these studies generally focus on cases where individuals conduct themselves in ways that assert either the value of control through some type of discipline or release through practices that express the personal gratification of desire.

Rosenzweig's (1983) social history of the development of leisure, for instance, highlights how demands for free time among the working class of Worcester, Massachusetts in the late nineteenth century developed in conjunction with increased controls implemented by employers, including rules against workplace drinking. As industrial work time became

increasingly set apart from the informality and socializing that had previously characterized artisan labor, workers actively sought new venues within which to relax, including the saloon. Sassatelli (2001) describes the dynamic opposition of controlled release with reference to “tamed hedonism”—a practice through which personal gratification is channeled and managed through the proper exercise of consumer choice. Release through various types of consumption is allowed and even expected so long as it stays within certain boundaries and does not adversely effect the social position of the individual. Also relevant is Gusfield’s (1996) classic analysis of the role alcohol plays as a keying device that facilitates the transition from controlled work time to more relaxed leisure time.

Crawford’s (1984) cultural analysis of health in American society provides a particularly germane example of this line of research. Crawford examines health in Western culture as an extension of the Weberian Protestant work ethic—a moral project in self-discipline, self-denial, and will power. Through various secular rituals of self-control, including dieting and exercising, individuals attempt to achieve health. For some, health is actualized by eating right, maintaining what is deemed a reasonable weight and exercising regularly, and by controlling cholesterol and blood pressure. In short, health is control over habits and bodily states.

Crawford, however, also describes a complementary value system that looks upon relaxation and release as pathways to health. Rather than emphasize control as a means toward achieving health, this arrangement looks at release as a means to gain a sense of well-being by “living the good life” and focusing on well-being, contentment, and enjoyment. In this system, control is viewed as a source of stress and anxiety and as such represents a threat to health. Too much self-control is inherently unhealthy as the stress induced by this mode of living is seen as contributing to the etiology of disease (cf. Lupton & Chapman 1995). Health means being able to do what you want to do when you want to do it, to indulge and gratify desires. In other words, health is an outcome of release and pleasure.

Crawford associates the values of control and release with the material conditions associated with capitalism. Control provides the ideological basis for manufacturing productive bodies, while release allows for the creation of a consumption ethic that is important to the continuation of the capitalist economic system. And yet it should be noted that these values have an expressive history in Western culture that predates many of these economic transformations. Burke (1978:178–204), for instance, notes the popularity of Carnival in early modern Europe: a culturally sanctioned period of indulgence and release that included “massive eating” of meat and other foods, heavy drinking, ritual violence, and intense sexual activity. Lent, on the other hand, represented a period of restraint, self-denial, and self-control: “a time of fasting and abstinence – of abstinence not only from meat but from eggs, sex, play-going and other recreations” (Burke 1978:188). Carnival can be seen as a cultural time-out period of “licensed disorder” (Burke 1978:196), a time when the world is turned upside down through physical, social, and cultural reversals. Burke notes: “Carnival was, in short, a time of institutionalized disorder, a set of rituals of reversal. No wonder contemporaries called it a time of ‘madness’ in which Folly was king. The rules of culture were suspended” (Burke 1978:190; cf. Sexton 2001). These opposing values may even have a much longer history in the Western tradition than Crawford suggests, especially if we consider portrayals from classical antiquity; compare the steady sobriety and industry of the Phaeacians, for instance, with the oblivion and loss of self represented by the Lotus Eaters in Homer’s *Odyssey* (Fitzgerald 1961).

In more contemporary times, ideologies and practices of control and release are apparent in many of the structures, expectations, and activities common to college life. Historically, colleges and universities developed as institutions of social control through which youth

developed into productive, useful citizens. Social historians point out that colleges and universities were founded on the premise that adolescents lacked the social, economic, and biological restraint of adults, and that these institutions were intentionally structured in a manner that allowed youth to develop self-control (Horowitz 1987; Kett 1977).

Today, control is manifested in the collegiate setting in many ways, including formal procedures, work assignments, and academic regimen. The application process, for instance, includes testing, filling out numerous forms, and providing documentation such as transcripts or diplomas. There are multiple work assignments with deadlines, as well as explicitly demarcated time periods of testing, including mid-terms and finals. The college regimen requires students to comply with specific course times that include the time of day, day of the week, and times of the year when and where a course will take place. These structures also include degree requirements—a specified number of units completed at or above a certain level of competency particular to a degree program, within a specified time frame. For those students who live on campus, control may extend to rules that govern other aspects of behavior, including quiet times, meal periods, drinking, smoking, and social interactions with the opposite sex. These structures and controls are important components of a system that is intended to produce a specific result—matriculation, or graduation with degree—which serves as a passport to a profession or graduate school and ultimately the more structured demands of adult life.

But if college is a time of control and regimentation, it is also widely recognized as a time to experience freedom and release. A substantial body of research on young adulthood in Western societies recognizes this life stage, roughly between the ages of 18 and 25 years, as a culturally distinct segment of the lifecourse characterized by a “moratorium” period or time-out “imposed on ... youth during which they are expected to sort out the components that will constitute their adult identity” (Côté & Allahaar 1996:74; see also Arnett 2004; Maguire, Ball & Macrae 2001; Côté 2000; Kett 1971; Erikson 1968). The college experience provides a culturally sanctioned environment for this time-out period for young adults (Côté & Allahaar 1996:74).

The use of drugs, most notably alcohol, has been a basic feature of this time out period in the United States since at least the late 1800s (Horowitz 1987:12; Warner 1953). More recent research on young adult populations indicates that alcohol and other drug use, particularly among males, tends to peak during this phase of life and thereafter declines significantly or ceases altogether (Bachman et al. 2002; Schulenberg et al. 2001; Jessor, Donovan & Costa 1991). Studies also note that many collegiate social events, including parties, drinking games, spring breaks, tailgating at football games, and homecoming activities are highly associated with alcohol and other drug use (Baer 2002:48; Johannessen et al. 2001; Mewhinney, Herold & Maticka-Tyndale 1995; Engs & Hanson 1993; Engwall & Goldstein 1990).

These observations stand alongside a body of cross-cultural anthropological research which suggests that alcohol and other drugs are commonly used as a means to facilitate passage from a relatively controlled and socially conventional state of comportment into a culturally prescribed state of “time-out” and release (see MacAndrew & Edgerton 1969 for the seminal statement on this position). Alasuutari’s (1992) analysis of drinking by Finnish men, for instance, underscores how this activity provides a means to gain release from the controls that characterize both the work-a-day world and the domestic sphere of the home. Cultural accounts of drinking encapsulated in narratives are as much about freedom and release as they are about imbibing alcohol.

In sum, the cultural environment for young adults in college is characterized by two competing dynamics. On the one hand, students expect to experience new freedoms and enjoy the leisure time associated with their youth, but on the other they must exhibit enough control to meet academic demands, social expectations, and successfully move into the next, more structured phase, of their adult lives.

METHODS

This study is based on 50 ethnographic interviews conducted with college students at a public university in New Mexico as part of an exploratory study entitled “The Social Context of Collegiate Prescription Drug Abuse,” funded by the National Institute on Drug Abuse (R21 DA16329). The overall objective of this study is to examine the sociocultural factors related to prescription drug abuse among college youth, including the attitudes, behaviors, risks, and negative outcomes that college students associate with prescription drug abuse.

Participants were recruited through advertisements and snowball sampling. Recruitment ads were placed in a student newspaper and local entertainment magazine, and handbills and flyers were distributed at student social venues (e.g., bars). At the conclusion of their interview, participants were asked if they knew of other likely candidates for research. If they responded positively, they were asked to notify up to three other potential candidates by providing them with business cards that had a telephone number they could call to learn more about the project. Each card was assigned a unique identification number so that referral chains could be documented to control the types of chains recruited and number of cases in any particular referral chain.

Individuals who called in response to the ad or snowball referral were screened systematically for eligibility utilizing a purposive sampling procedure. In order to meet participation criteria for this project, an individual had to be 18 to 25 years old, an enrolled college student, and had to have misused pharmaceuticals within the past year. Misuse was broadly defined as past year use of one or more prescription drugs without a prescription from a doctor or use that was contrary to a doctor’s direction. The demographic background of participants is provided in Table 1.

Data collection consisted of interviews comprised of both structured and semistructured items and focused on a variety of aspects of drug use, including types of pharmaceuticals misused, the college drug scene, recent experiences, social settings, and outcomes. Interviews were conducted by graduate research assistants and all recruitment, data collection, and informed consent procedures were approved by an Institutional Review Board. Semi-structured data from tape-recorded interviews were transcribed and then coded using Nvivo (QSR 2002), a multi-functional software system. Preliminary coding and analysis focused on examining the range of patterns and themes related to general drug use, prescription drug abuse, and polydrug use. Analysis followed an approach whereby a descriptive coding scheme was developed from transcripts based on specific questions and broader domains from the interview. Analysis then proceeded to developing pattern codes. As described by Miles and Huberman (1994:57) pattern codes are more inferential and explanatory than descriptive codes and allow the analyst to index data that illustrates emergent themes and categories. In the context of the research presented here, pattern coding was employed to highlight examples of themes relevant to prescription drug misuse, polydrug use, and control and release in the collegiate setting.

RESULTS

Simultaneous Interaction and Sequential Management: Polydrug Use, Control and Release

Polydrug use involving pharmaceuticals was a very common experience for research participants; of the 50 individuals interviewed, 45 reported this practice (90%). Interviews explored situations surrounding lifetime experiences of prescription polydrug use, including accounts of episodes describing the first and last use of particular drug combinations, with an emphasis on prescription polydrug use within the last year. This line of questioning resulted in reports of 138 episodes of polydrug use that involved pharmaceuticals. Prescription drugs were most commonly combined with alcohol (57% of all episodes), marijuana (17% of all episodes), other illicit drugs, including cocaine, Ecstasy, and methamphetamine (15% of all episodes), and other pharmaceuticals (11% of all episodes). As noted in Table 2, analgesics and central nervous system (CNS) depressants were the most commonly utilized classes of pharmaceuticals used in combinations.

Research results suggest that some forms of polydrug use provide a means to manage and negotiate the tensions between the competing prescriptions of control and release in collegiate settings. This type of use will be analytically examined in two ways. First to be considered is the simultaneous interaction of two or more drugs that facilitates what is here termed controlled release—a pattern of drug use that allows the user to manage highs or lows, optimize release, or manage productivity. Second, drug use as a strategy for sequential management of two alternating and complimentary modes of control and release will be examined.

Simultaneous interaction involves the intentional use of two or more drugs in order to achieve desired social, physical, and psychological effects. Within this category of use two examples will be highlighted briefly. In the first, polydrug use is a strategy for attaining highs while still allowing for the adequate maintenance of physical and social functions. One 21-year-old described her use of Vicodin (a narcotic analgesic) and alcohol in this way:

Well, recreationally, I would take Vicodin and I would take half of one to drink. When I get drunk I get kind of loud, and so when I take half of one I can still be functional, but be a little [more] mellow and my body just feels looser and relaxed. And I'm more aware of my senses, as opposed to when I use alcohol only. I just feel really numb to things that happen. But if I take something like Vicodin I'm more aware of what's going on (1–0016).

In the second example, polydrug use is adopted as a means to manage stress while avoiding undesirable side effects. One student, a 25-year-old female, described how she used alcohol and hydrocodone (a narcotic analgesic) as an alternative to marijuana. By using this combination of drugs she still attained the desired high and release from stress and thoughts about school, but without the undesirable side effects of pot smoking. She noted:

When you're stoned, you get paranoid and you have all those side effects, and with hydrocodone you don't. And if you take it with alcohol it's just a little bit more. You would be down and you wouldn't really care but you wouldn't have the side effects of paranoia, or the munchies. You wouldn't have any of that. But you would still be relaxed, you would be calm, you wouldn't have any pain, you wouldn't be thinking about problems that are coming and things like that. You wouldn't be thinking about school (1–0018).

In sum, these examples suggest that the simultaneous interaction brought about through polydrug use is a means to control the extent and character of the release that drugs provide. Stated differently, the simultaneous interaction of specific drug combinations within a relatively short temporal frame facilitates controlled release.

Sequential management refers to the complementary use of one drug to counteract the effect of another within a particular time span. Perhaps one of the most well known examples of this type of use in our own culture is the ingestion of a stimulant (caffeine) in the morning to focus on work and production coupled with the use of a depressant (alcohol) in the evening to facilitate relaxation (cf. Gusfield 1996). In the collegiate setting, this type of polydrug use provides a means to purposefully manage the production and release required for academic assignments. One student shared how polydrug use enabled her to manage academic demands by utilizing the stimulant properties of caffeine to induce the focus she felt was necessary for writing papers and Klonopin® (a benzodiazepine used in the treatment of some seizure disorders) as a means to induce release through sleep. These rest periods allowed her to be more prepared for class after long study sessions. She noted:

I was up really late doing homework and I had been drinking coffee, which is a bad idea at night, but I wanted to get a paper done, so I was staying up drinking coffee, and then I just took a Klonopin so that I could fall asleep. Even if I've had too much caffeine it will put me to sleep because I wanted to be rested enough to go to class in the morning (2-0013).

One variation of this type of sequential management involved the use of marijuana and Adderall®, an amphetamine-based stimulant primarily prescribed for attention-deficit hyperactivity disorder. The use of these two drugs was closely interrelated for one student who used the former to generate creative thinking for school papers and the later to focus that creativity for the purpose of putting these thoughts on paper in a timely manner. In this case drugs are used to enhance the effects of each other by optimizing creative release and focusing control for academic production. This student, a recently graduated 25-year-old male, discussed how he and a friend would utilize this drug combination in this manner:

When I did Adderall I was in a zone to do a lot of writing and literary stuff for my independent paper. Pot and Adderall went hand in hand. Those went heavily hand in hand. Pot connected us in the literary sense where we'd do most of our thinking. Then I would go off on those conversations the next day, sit in a coffee shop for like two hours and write my ass off. I would write all the time. Adderall is like high powered, high energy, and high focus. It wasn't really about the high or anything. It was just about getting the fucking work done (1-0025).

Another 25-year-old male recalled how his Ritalin® abuse came about during his freshman year in college:

The school I went to was under a block plan system. They compress one course into three and a half weeks and you're just busy all day. And then after three and a half weeks, you have a week off to do whatever you want. And I found myself just starving for energy and just needing to be alert so a friend of mine offered me Ritalin and I tried it and as pathetic as it sounds it actually helped me concentrate and be alert for an extended amount of time. And I found that I could study more efficiently with it than I could without (1-008).

It is interesting to note that although he drank alcohol at the time, this student would not mix alcohol and Ritalin. He noted that he "would usually take Ritalin Monday through Friday" but reserved alcohol for the weekends. In terms of sequential management, the control and focus provided by Ritalin during the work week was countered by the release facilitated by alcohol consumption on the weekend.

Another student, a 19-year-old sophomore, discussed how he used Adderall during finals the previous spring semester as a way to manage the competing demands of academics and social life (partying). He recalled:

It was before exams at the end of the spring semester this year. Somebody offered it to me. So I took one that night and then one the next night. It got me a lot more focused. I was able to be a lot more productive. At the time I couldn't sleep much. If I had something to do in the morning I'd wake up and do it and then if there was a party at night I'd go to sleep whenever that was over. Sometimes I ended up staying up late. I was just really, really, sleepy. I just figured I could sleep whenever, but if there's stuff I have to do, there's stuff I have to do. But I kept going on like that and I got real sleepy and then came exam time and I had to catch up on reading and then write four papers and so I just took Adderall for two nights. I got a lot of stuff done. I felt like I was super focused (1–027).

This student noted that his use of Adderall was directly tied to completing schoolwork. When specifically asked, he pointed out that he would not use Adderall as a party drug. Instead, when academic demands were not too great, he smoked marijuana about once a week and would sometimes start his day in this way—a practice he referred to as “wake and bake.” He explained:

You just smoke right when you wake up. After a long night, you wake up and you are already sort of perky already. You don't have to drink a cup of coffee. When you wake up, it brings you alive when you smoke and you're ready for the day. It makes you think about things that you wouldn't actually, ordinarily think about. I don't know how to explain it. It just makes you think differently. It might be a different perspective than I might've had if I didn't smoke. And usually it's more thoughtful, sometimes it's a lot more forgetful. Sometimes I do it by myself just to think about things and just spend some time by myself.

In this case two drugs are used to facilitate entry into alternate modes of consciousness. Adderall allows this individual a means to more rapidly recover from the fatigue created by an active social life and at the same time aids academic focus and production. Marijuana, on the other hand, assists in allowing less structured and relaxing thoughts.

DISCUSSION

The patterns of polydrug use described here have important implications for two areas of study in particular: research on polydrug use and anthropological investigations of drug use. The polydrug use practices illustrated here suggest that the definitions and timeframes typically utilized to investigate these behaviors should be reconsidered and broadened if we are to achieve a more comprehensive, culturally informed understanding of this phenomenon. Operational definitions of collegiate polydrug use are usually based on the use of multiple drugs within a 30-day time period, regardless if this use takes place in a simultaneous or sequential manner shaped by sociocultural factors. This accepted standard for defining and investigating polydrug use overlooks important cultural time frames and sequences that shape drug use and narrows the range of research and interpretation. Accepted definitions allow us to say that two or more drugs are taken within a 30-day period, but do not allow us to understand how polydrug use is culturally meaningful. As a result, there is a need for more research that looks beyond arbitrary 30-day time frames and includes attention to temporal frames organized around culturally important life phases and associated social processes, goals, and roles.

Likewise, the data presented here suggest the types of understandings that are possible if definitions of polydrug use are broadened to include individuals with less abusive, pathological use patterns. Currently, studies of polydrug use are dominated by investigations that focus on problem users. Such studies not only emphasize what is proportionally a small segment of the polydrug use that takes place in society, but also add little to the

understanding of emerging trends that are taking place in important segments of the populations. This is particularly true in the case of college students, who are often at the leading edge of changes in drug use that eventually spread and influence other segments of the population (Johnston, O'Malley & Bachman 2000:197).

In addition, from a public health perspective, polydrug use among college students presents a unique intervention challenge. At a time when numerous indicators suggest that college students are using multiple drugs, often at the same time, collegiate prevention efforts remain predominately focused on the use of one drug—alcohol—and on one particular practice—heavy episodic (binge) drinking. Drug use practices among young adults, however, appear to be changing rapidly and user repertoires include a number of substances in addition to alcohol. The research presented here suggests the importance of expanding the current research agenda on collegiate drug use by investigating how changes in the range, variety, and combinations of drugs that are used by collegians may be related to and integrated with college drinking practices, and how prescription drug misuse relates to drinking. Such an agenda is clearly needed in order to develop programs that address not only problem drinking but also a wider range of drug use practices, particularly the use of prescription and illicit drugs in combination with alcohol.

An important precursor to such prevention efforts is an informed understanding of the myriad social and cultural factors that shape drug use practices. To gain a deeper and more comprehensive understanding of polydrug use among young adult college students, we must not only focus on how perceptions of drugs are propagated by the pharmaceutical industry, or the role that physician prescribing practices play in establishing these patterns, but also examine how cultural ideals of control and release fit into expectations regarding social age to shape the expression of specific health-related risk taking activities.

One way to move toward this deeper understanding involves rethinking current definitions and frameworks commonly utilized to study and describe polydrug use. Looking at the use of two or more substances within an arbitrary time periods such as a month or year, as is current prevailing practice in substance abuse epidemiology, provides circumscribed information about the prevalence of substance abuse, but an anthropological approach to polydrug use can illustrate how these patterns of use express cultural ideals. The frameworks and definitions utilized to conceptualize and examine polydrug use need to be expanded in ways that take into account the various ways in which social and cultural factors motivate individuals to use substances in particular combinations. Pharmaceutical misuse in drug combinations by young people in a collegiate setting illuminates aspects of social age in Western society, culturally prescribed risk taking and experimentation, and role maintenance.

The data presented here also point to the importance of examining a relatively little studied behavior: the integration of pharmaceuticals into recreational drug use patterns. This practice may be the latest manifestation of a decade-long trend toward the diversification of drug availability and recreational utilization experienced by young people in Western cultural settings and characterized by an increasing range and mixture in young people's drug repertoire (Parker, Aldridge & Measham 1998). The blurring of lines between licit and illicit use that the type of polydrug use described here indicates presents a challenge to traditional social science approaches to drug use. In anthropology, for instance, the field has been dominated by studies of one substance—alcohol—since the 1970s (Marshall, Ames & Bennett 2001). Along similar lines, anthropological studies of pharmaceutical practice have focused predominately on the use of medications in biomedical terms of compliance or adherence, as well as factors influencing use in international settings, and symbolic aspects of use. The recreational use of pharmaceuticals in Western settings and their use in

combination with other substances for simultaneous interaction or sequential management have been ignored.

Ultimately, the patterns of use described here should alert us to the fact that in many cultural settings an analytical focus on the use of one drug overlooks the range and variety of use patterns and how these practices facilitate the expression of particular ideals and roles. These complex patterns of use in particular social groups may require anthropologists and other social scientists to expand the traditional scope of their studies and incorporate epidemiology, ethnography, and history to examine how social and cultural factors explain these emerging trends in drug use (Agar & Reisinger 2001).

CONCLUSION

This article has offered a modest contribution toward a cultural perspective to a relatively neglected topic of research: polydrug use among college students. This approach to collegiate polydrug use suggests the need to reexamine critically the definitional temporal frames usually utilized to study this practice. To date, operational definitions of collegiate polydrug use have almost exclusively been based on the use of multiple drugs within a defined time window, whether or not this use is taking place in simultaneous or sequential manner that is significant in a sociocultural way. If we adopt these prevalence rates as a standard for defining and investigating polydrug use we do so at the risk of ignoring cultural time frames and sequences which shape drug use and have important implications for its interpretations and study. It is important to note that just because a study finds that two or more drugs are taken within a 30-day period does not mean we can say anything about how their use is related in culturally meaningful ways. As a result, attention should be focused not only on arbitrary epidemiological time frames, but also on other temporal frames organized around life phases and culturally important processes, goals, and roles. Finally, while studies of deviant and other problematic populations are important, the investigation of polydrug use as a strategy for navigating between control and release in more normative groups is crucial to increasing our understandings of the full range of drug use within a culture. Studies that situate polydrug use within a cultural framework that relates this practice to the social and cultural position of young adults in a collegiate setting are needed to complement the existing literature that emphasizes relatively uncontrolled users operating within arbitrary time frames.

Acknowledgments

The research this paper is based upon was funded by the National Institute on Drug Abuse (R21 DA16329). The author would like to thank Jeffrey Peterson and Bonnie Young for conducting the interviews associated with this research.

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TABLE 1

Informant Background Characteristics (N = 50)

Average Age	22 years	
	Frequency	Percentage
College Class		
Freshman	10	20
Sophomore	6	12
Junior	15	30
Senior	12	24
Graduate	7	14
Gender		
Male	21	42
Female	29	58
Hispanic or Latino		
Yes	13	26
No	37	74
Residence		
Dorm/Residence Hall	3	6
Apartment	24	48
House	20	40
Duplex	1	2
Other	2	4
Racial Background		
American Indian	3	6
Asian	2	4
African American	1	2
White	40	80
Refused	4	8
Living Arrangement		
Self (alone)	7	14
Roomate(s)	28	56
Boyfriend/Girlfriend	12	24
Parent(s)	3	6
Employment Status		
Full time	6	12
Part time	26	52
Not employed	18	36

TABLE 2

Major Pharmaceutical Categories Utilized in Polyuse Combinations

	Frequency	Percentage
Analgesics	77	51%
CNS Depressants	38	25%
CNS Stimulants	9	6%
Antidepressants	5	3%
Other	22	15%
Total	151	