MAT Medicine Anthropology Theory

INTERVENTIONS: COMMENTARY

Habit or addiction?

Collaboration and misunderstandings in international debates about coca-leaf chewing

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Editors' note: This commentary is intended to be read alongside the essay by Adam Warren (this issue).

It is a pleasure to comment on Adam Warren's thoughtful and engagingly written account of the mid-twentieth-century collaboration between representatives of the United Nations Commission for the Study of the Coca Leaf and Peruvian scientists and authorities. Although outside of my immediate field of expertise, this topic is familiar to me for several reasons. As a Peruvian, I grew up exposed to the constant and continuing lay and academic discussions about the benefits and harms posed by coca-leaf chewing. Furthermore, as a medical anthropologist, I did my doctoral fieldwork in a major Peruvian psychiatric hospital where one of the vocal detractors of coca-leaf chewing, Dr. Carlos Gutiérrez-Noriega, conducted part of his research about the effects of coca and cocaine. My experience as a postdoctoral fellow in an addiction unit at the University of Sherbrooke and as an ethnographer who has conducted extensive research with people who use cocaine in Montreal, Canada, has also influenced my reading of Warren's essay.

I learned early in my postdoctoral training that cocaine use is a major public health concern particularly in North America due to the extensive number of people who abuse this substance, its harmful effects, and the absence of substitution therapy to treat addiction. Most international efforts to control cocaine trafficking have focused historically on the supply side and to a lesser degree on the demand side. The collaboration that Warren keenly describes allows me to consider an earlier version of international concerns about increasing 'cocainism' in North America in the late 1940s and the implementation of anticocaine

Medicine Anthropology Theory 5 (2): 52–55; https://doi.org/ 10.17157/mat.5.2.534.

measures to control the production of coca in Southern countries. Rather than focusing on limiting the trafficking of cocaine or coca, these concerns interestingly targeted the traditional practice of coca-leaf chewing and its effects on the extensive Andean Indigenous population of coca consumers. As Warren points out, one of the aims of this collaboration was to determine whether the cocaine alkaloid was extracted through coca-leaf chewing in amounts harmful to health. If this was the case, measures to eradicate coca-leaf chewing and to limit coca production as well as to improve the health and living conditions of marginalized Andean Indigenous peoples would have to be enforced. This collaboration was thus not a classic international health initiative that aimed to eradicate a specific disease or health problem. Rather, it was shaped by the tensions that arose from its divergent goals of reducing drug trafficking and addressing questions surrounding the health and physiology of Indigenous people who chewed coca.

Warren describes how, within Peru, before the arrival of the UN commission, there was already a lively debate among scientists and intellectuals about the dangers and benefits of coca consumption, which was tainted by the country's long history of racism, inequality, and internal colonialism. Efforts on both sides of this debate were focused on determining whether coca-leaf chewing among Andean people was a mere habit or a *toxicomanía* (addiction). Warren shows how on one side, researchers like the renowned physiologist Carlos Monge considered this practice a benign habit that facilitated the adaptation of 'Andean man' to harsh high-altitude conditions by helping him suppress hunger sensations, combat fatigue, and work for longer periods of time. On the other side, the psychiatrist and pharmacologist Carlos Gutiérrez-Noriega and his collaborators saw coca-leaf chewing as a pernicious habit that played out as an addiction (especially at high doses), and that over the course of time had brought moral and racial degeneration as well as backwardness to Indigenous peoples. Despite the fact that both scientists built on the distinction between benign and pathological habits at the core of the medical concept of addiction to understand coca-leaf chewing, their distinctive racialized conceptions of Andean Indigenous peoples made them arrive at opposite conclusions.

To distance itself from racial remarks, the UN commission (United Nations 1950) drew on the definitions of 'drug addiction' and 'habit-forming drug' used in the newly formed World Health Organization to conclude that coca-leaf chewing in moderate doses was a habit, as Monge had indicated. However, closer to what Gutiérrez-Noriega suggested, the commission also stated that this habit was 'dangerous' because the leaves contained cocaine alkaloids, which in large doses occasionally led to addiction. In this particular context, the commission's use of the modern concept of addiction, itself informed by racialized assumptions about Chinese opium consumption forged in the nineteenth century (Foxcroft

2007), intersected with local conceptions of race to define coca-leaf chewing as a dangerous practice.

A topic that might be explored in future research is how the transnational circulation of authoritative concepts, such us the modern notions of 'habit' and 'addiction', brought together divergent racialized conceptions about drug use in China (and among Chinese immigrants) and the Americas through the United Nations and the relationships of collaboration between diverse scientists and institutions. What tensions emerged when the modern concept of addiction, modeled on components of opiate abuse (such as loss of control, physical dependence, inevitable progression, need of treatment, etc.), was used to understand the traditional practice of coca-leaf chewing among Andean Indigenous peoples? How were these tensions negotiated between the power-differentiated actors (international agencies, elite scientists, Indigenous/marginalized research subjects, etc.) involved in this international collaboration? How did internal colonialism shape understandings of the gold-standard concept of addiction and the implementation of interventions oriented to preventing and controlling drug addiction?

Warren explores in detail the various tensions, divergent interests, and irreconcilable views that lay at the core of the collaboration between UN representatives and Peruvian scientists. Although on the surface these actors were driven by common goals (such as determining whether the effects of coca-leaf chewing were harmful or harmless), they had different and contradictory agendas that complicated their collaboration. The UN commission echoed international calls to limit coca trafficking and was concerned about the health and living conditions of Andean Indigenous people, while Monge aimed to promote his views of coca and Andean physiology as well as the work of the Institute for Andean Biology.

Warren's analysis reminds us that in international collaborations the movement or circulation of ideas from North to South and vice versa does not necessarily proceed in smooth ways; intellectual disagreements and political divergences may emerge at any point. Some of these conflicts could be triggered by unintended errors of translation (for example, translating '*estudio científico en el terreno*' as 'field survey') or by conceptual misunderstandings (such as different notions of 'habit' and 'addiction'). Yet, it is important to highlight that these misunderstandings were also productive (Tsing 2005; see also Taylor, this issue): they helped to create coca-leaf chewing as a contested scientific object that despite not being considered a full-fledged addiction was nevertheless defined as a dangerous habit and therefore a target for intervention. Although the implementation of the UN recommendations is outside the scope of Warren's article, from my experience as a medical anthropologist, I know that, historically, biomedical interventions to address various forms of 'cocainism' have proved difficult and unsuccessful because of the absence of a well-defined disease target, and even nowadays there are not many effective evidence-based treatments (there is no substitution

therapy to treat cocaine addiction). Furthermore, most interventions have focused on the addicted individual's body and not on the structural inequalities that supposedly gave rise to a population's coca-leaf chewing practices, as recommended by the UN commission. I therefore wonder how partnership between international agencies and local Peruvian authorities to improve the impoverished living conditions of Andean Indigenous peoples actually played out, if it did at all, and how it added layers of complexity to this already entangled collaboration.

About the author

Rossio Motta-Ochoa (PhD in cultural anthropology, University of California, Davis) specializes in science and technology studies, medical anthropology, and person-centered anthropology. Her areas of interest are public policies, mental health systems, and their relationship to addictions, as examined through a critical and phenomenological lens. Currently, Dr. Motta-Ochoa is a postdoctoral fellow at the School of Physical and Occupational Therapy at McGill University. Dr. Motta-Ochoa conducts ethnographic fieldwork at a department of psychiatry in Montreal to study the everyday ethical tensions created by the implementation of new policy, and the interfaces between technology and alleged mental health problems

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