The Construction of "Drug Abuse" in the Philippines: The Case of Cough Preparations

Michael L. Tan

Much has been said about the need to introduce "rational" use of drugs. Such campaigns, which seek to define "essential" drugs as those that are safe, effective, and biomedically needed, often fail to consider popular perceptions of medicines. In this article, I will present a case study about cough and cold preparations, showing how these drugs—currently the second leading category of drugs sold in the Philippines (after antibiotics)—are seen as both desirable and dangerous. On the one hand, people desire these drugs even if these are not biomedically needed. On the other hand, people also demonize these medicines, associating particular brand preparations with "addicts" and crime. How did this paradoxical situation emerge and what are the implications for public policy? These are questions I will try to answer in this article, using information from interviews and focus group discussions which I conducted for a larger research project in relation to my dissertation, "*Magaling na Gamot*: Pharmaceuticals and the Construction of Power and Knowledge in the Philippines."

Cough preparations have a long pharmaceutical history. A wide variety of substances have been employed to control coughs. Heroin, first synthesized in 1874 through a process of treating

Philippine Sociological Review Vol. 43, Nos. 1-4 (1995):17-42.

morphine with acetic anhydrite, was marketed by the German company Bayer as a sedative for coughs (McCoy 1972:2-5, Medawar 1992). In a sense, heroin was the forerunner of other central nervous system depressants which were used to suppress cough. Two of these—codeine and dextromethorphan—are still used in cough preparations. Another major pharmacological group has been expectorants and mucolytics, substances that are supposed to liquefy phlegm. This makes it easier to cough out the phlegm, an action which eventually means less coughing. Many products of this type have appeared on the market over the last 50 years.

Biomedically, cough is seen as one of the body's defense mechanisms to rid itself of noxious substances through phlegm and mucus. Cough is seen as "good" in that sense. Cough suppressants are generally indicated only when a persistent cough might cause harm to the patient, such as damage to the bronchi. A dry or "unproductive" cough is seen as more harmful because there is more strain on the respiratory system than with a cough that has phlegm. Persistent cough which prevents a person from getting sleep and rest is also seen as something that needs to be controlled. Finally, cough suppression is seen as useful in patients who have, say, undergone eye surgery and where cough could result in further tears or stitches coming apart. The British National Formulary or BNF (British Medical Association 1995:143) summarizes the different arguments this way:

> The drawbacks of prescribing cough suppressants are rarely outweighed by the benefits of treatment and only occasionally are they useful, as, for example, if sleep is disturbed by a dry cough. Cough suppressants may cause sputum retention and this may be harmful in patients with chronic bronchitis and bronchiectasis.

On mucolytics, the BNF (British Medical Association 1995:142) notes that few patients, however, have been shown to derive much benefit from them although they do render sputum less viscid. Steam inhalation with postural drainage is good expectorant therapy in bronchiectasis and some chronic bronchitis.

On expectorants, the BNF (British Medical Association 1995:144) states ". . .there is no evidence that any drug can specifically facilitate expectoration."

Preparations for colds and flu (for convenience, I will refer to these simply as cold preparations)

are even more controversial. Since colds and flu are caused by viruses, many pharmacologists argue that there is no sense taking medicines since there are no effective antivirals yet for these illnesses. The cold preparations available all over the world are meant to deal with symptoms and are usually fixed-dose combinations of an analgesic/antipyretic such as paracetamol for fever; one or several medicines for cough (either a suppressant and/or an expectorant); and antihistamines and decongestants to dry up the mucous membrane.

An early edition of the BNF (British Medical Association 1990:130) says that

> ...compound drug preparations have no place in the treatment of respiratory disorders. Many of them contain an unnecessarily large number of ingredients, often in subtherapeutic doses, and often with similar therapeutic properties. Other preparations contain ingredients which have opposing effects...Such preparations are to be deprecated not only as irrational but also for administering a large number of drugs to patients in inappropriate dosage and in excess of their needs.

Despite the limited medical usefulness of cough and cold preparations, these drugs still account for 12 percent of total drug sales in the Philippines. Among the 20 top-selling drugs in the country, there are actually four products used for coughs and colds, including Ventolin, which ranked first in sales for 1991, the latest year for which drug sales figures are available.

Why people "like" cough medicines

Why do people "like" cough and cold medicines? Perhaps a better way to put the question is: "Why do people think they need cough medicines?" There are many reasons that can be used here. Looking at the figures for morbidity and mortality in the Philippines, one might appreciate why people look for these cough and cold preparations. Among the 10 leading causes of death in the country, 3 are related to the respiratory system: pneumonia, tuberculosis, and chronic obstructive pulmonary disease (which includes bronchitis, emphysema, and asthma). Among the cancers, which as a group ranks as the fourth leading cause of death, lung cancer is the most frequently reported. These causes of mortality are, of course, also leading causes of morbidity, with the addition of colds, flu, tonsillitis, and whooping cough (pertussis). Many of these

problems are now lumped together as "acute respiratory infections" or ARI. Several drug utilization studies (Malanyaon Quimba, Malanyaon and Commayo 1991, Hardon 1991, COMMED 1994) found cough to be the second most common "illness" among respondents, the first being fever. These respiratory problems were especially serious among children. A study by Tupasi and others (1990) found the incidence of ARI to be 6.1 per child per year in a depressed urban community in Manila. The researchers also reported that deaths from ARI accounted for 62 percent of all child deaths.

These biomedical "facts" of morbidity and mortality are reinterpreted in many ways. A cough—considered a symptom—is feared as an illness in itself. It is an illness seen to precede other illnesses of a more serious nature. Prolonged cough is believed to lead to tuberculosis. It is not uncommon to hear people say: "*Naku, matagal na ang ubo mo. Baka maging TB 'yan.*" (*Naku*, that cough's been around so long. It might become TB.) From a biomedical perspective, prolonged cough might be a symptom, not the cause, of tuberculosis. Certain types of coughs, such as those involving difficult breathing, are feared.

Based on their fieldwork in Mindoro Oriental, Nichter and Nichter (1994:361) present a flow chart showing popular perceptions of cough and different sequelae from the various types of cough. For example, a "dry cough which develops from perspiration drying on the back" with "mucus dried in the chest" is believed to lead to *bronkitis* and eventually weak lungs. "Weak lungs" can, in turn, lead to tuberculosis.

People also differentiate productive and nonproductive cough by referring to the presence or absence of *plema* or phlegm. The color of phlegm is also noted: white phlegm is usually seen as the start of an illness, or even as something "normal" in children. Green phlegm is seen as a possible sign of infection. Yellow phlegm is seen as part of a terminal stage of an illness. Among lower-income mothers, there are also references to the *malansa* (rotting) smell of phlegm, suggesting that the cough is serious. The accumulation of phlegm in the lungs is believed to be dangerous because it hardens (*lumalapot*) and may cause other respiratory diseases (see also Nichter and Nichter 1994).

When a respiratory ailment occurs, health-seeking behavior is extensive and eclectic: medicinal plants; *salabat* (ginger tea); *hilot* or massage; and, of course, pharmaceuticals. The types of pharmaceuticals used are varied, considering the nature of the market. Since a cough provides a

key link to so many other symptoms and illnesses, the treatment of cough becomes quite convoluted. Thus, I have seen people taking Medicol (paracetamol plus aspirin) for a cough because Medicol "worked" in an earlier cough episode. What may have happened was that the person had a cold with a cough and then took Medicol, whose action is supposed to reduce the fever in the cold. Another example of a confusion of categories is the use of cough preparations for fever, again because the cough preparation was used during a cold and was interpreted as being effective in bringing down the fever.

The "treatment" for cough must always be understood in the ways that treatment relates back to the way the cough is perceived. There is, for example, the perception that phlegm and mucus "harden" (*lumalapot*) in the lungs and that this can lead to respiratory diseases. This means that drugs are taken to "soften" the mucus. The manufacturers of Bisolvon (bromhexine) have used this theme, "Gets rid of phlegm, gets rid of cough," in their advertisements, playing, too, on the idea that the cough will worsen if phlegm remains.

In other cases, a cough is linked to asthma; therefore, antiasthmatic preparations are used even if there is no clinical evidence of asthma. This has been further complicated by the drug manufacturers' practice of producing different formulations of the same drug. Thus, Ventolin is available as an "anti-asthmatic" (salbutamol) and as an expectorant (guaifenesin plus salbutamol), a dangerous situation for people who only "need" an expectorant but gets salbutamol as well.

The treatment of cough sometimes involves the use of antibiotics because of the belief—held by both lay people and by physicians—that an "infection" is involved. People say antibiotics should be used "*pag matagal na ang ubo*" (if the cough is prolonged) but there is no consensus on what *matagal* (prolonged) is. I have found this to be as short as three days and as long as a month, with higher income informants tending to give shorter periods than those from lower income groups. Women tend to give longer periods (as long as a month), except when they are referring to their children, where even three or four days of cough elicits alarm and a recourse to antibiotics.

Finally, we should note how cough may be seen as a sequel of *sipon* or colds. Thus, several of my informants talk about how they use cold preparations on their children *para hindi matuloy sa ubo* (so the cold will not lead to cough).

These utilization patterns, of course, reflect the problems that rise out of fixed-dose combination drugs amid a highly complex folk system of classifying coughs, colds, fevers, and infections.

My discussion has so far grafted a biomedical framework on cultural practices—both of lay people and of physicians—for treating cough. Thus, I explain the treatment as an "objective" and "scientific" response to morbidity and mortality, even as these are culturally reinterpreted and rationalized. Complications from illness figure as a central theme both for lay people and for physicians.

This framework is, however, limited. I want to refer back to the concept of "rational" use of medicines as being based on "need." A "rational" pharmacologist will insist that most coughs do not "need" to be treated. This, of course, centers on the cough itself, which is defined as a symptom, even as a useful body defense.

Popular perceptions are, however, quite different. We have seen how coughs are dreaded because coughs form the core of a complex of illnesses. The "badness" of coughing is, however, not just biomedical. Many aspects of coughing are in fact socially framed, even in instances where they seem to be biomedical.

We can start first with the individual. Coughing is distressful. The descriptions of expectations of cough medicines are clear: from *"siempre, para mawala ang ubo"* (of course, so there will be no cough) to more subjective descriptions such as one that I hear frequently and which is particularly significant: *"para guminhawa ang damdamin,"* a phrase very difficult to translate since *ginhawa* represents an inner comfort and ease while *damdamin* means at once a feeling as well as feelings. These descriptions show that cough is undesirable because it brings discomfort and unease.

One way of explaining the popularity of cough remedies is that the patient is in such great discomfort and therefore seeks ways to get rid of that discomfort. But this is a simplistic way of explaining the complex health-seeking behavior that has been documented for coughs, including the variations in pharmacological resorts.

I suggest that coughing is seen as "bad" not just for the person who coughs but also for people around him or her. Coughing affects a person's ability to do things. One example comes with the matter of work productivity:

Mahirap na kasi kung ubo ka ng ubo, tapos may kasama pang sipon... hindi ka makakatrabaho. Nakakahiya nga sa mga kasama mo sa trabaho. (It's difficult if you keep coughing, and then there's a runny nose... you just can't work. It's shameful to your workmates.)

The "shame" here can be interpreted in several ways. It can be the embarrassment over not being able to do work, as well as the awkwardness of having a runny nose and a cough. The two, however, are not necessarily discrete concerns. The television ads for cough preparations constantly play on this theme. One recent ad has someone worried because he needs to give a speech the next day but has cough. His wife gives him a cough preparation which brings instant relief and, presumably, a successful speech, saving him from "shame." Another ad shows a disappointed son who is all set to go camping but has been told that he cannot go because his father is coughing. Again, a cough preparation comes to the rescue, saving the father-son relationship.

The badness of cough is therefore not just "economic" in terms of how it affects productivity but is also eminently social in the way it is linked to relationships. Thus, many mothers I talked to explain how it is *nakakaawa* (pitiful) to see a child who is coughing away. This is related to other functional criteria: "*matamlay siya...hindi na makakalaro*" (he/she becomes lethargic and can't play). Suppressing the cough is therefore important to bring the child back from lethargy, to allow the child to play again. It is almost as if this lethargy distances the child from the mother.

A popular long-running ad for Vicks Vaporub shows a child crying, followed by the mother gently applying the medicine on the child's chest. The audio refers to "Vicks Vaporub" and *haplos ng ina* or a mother's touch. Vicks is not just a metonym for the mother's touch but for the mother's health-restoring touch. Again, one needs a mother here because the social construction of home healing revolves around the figure of the mother.

I would like to cite a passage from an interview with Diana, a young mother from an urban poor community. The passage graphically depicts more complex dimensions of the social undesirability of cough.

Kasi tuluy-tuloy ang ubo, naiistorbo ang tatay niya. E kung galing siya sa trabaho, mainit ang ulo, tapos maririnig pa niya ang ubo ng bata... . (Because if the cough is continuous, the child's father is disturbed. When he

comes back from work, and is hotheaded, then he still hears the child coughing... .)

Diana's concern is how the child's cough affects her husband. The text refers to how he gets "disturbed," but the context shows that being disturbed is not a mild irritation. Diana's reference to his coming home "already" hotheaded shows that there is a potential for something more serious. On further probing, Diana explains: *"Ako kasi ang nanay, kaya kung may sakit ang bata, ako ang sinisisi."* (Because I am the mother, if the child is sick, I am blamed.)

On still more probing, Diana responded by talking about the pressures of being a young and inexperienced wife and about how critical her mother-in-law was: *"maramot sa payo; mabilis sa puna"* (stingy on advice; quick to criticize).

This mother- (woman-) blaming applies to many children's illnesses, but it is more acute with coughing because coughing is both visual and auditory. Coughing, we see here, is both distress and distressful. This distressfulness is, in turn, affected by social dynamics, in this case, gender roles and gender dynamics. I have yet, for example, to meet a Filipino father who talks about giving cough medicines to a child so as not to disturb the mother.

Given all this, it should not be surprising that the manufacturers of cough and cold medicines emphasize in their advertising a hacking dry cough. The dry cough conveys not just the image of lungs bursting from the strain but also the potential of social disruption. Not to treat the cough, therefore, becomes transformed to a kind of a breach of etiquette. Coughing becomes personified, the imagery being not just of distress but of anger. I therefore find it most appropriate when people talk about the need to take cough medicine *para kumalma ang ubo* (to calm down the cough). In a country affected by an average of 25 typhoons each year, the metaphor of "calming down a cough" can be quite evocative.

But the badness of cough does not end there. More seriously, coughing reifies people's fear of getting "infected" not just by respiratory diseases but by a host of problems "out there." Drawing on older explanatory models for illness causation, people talk of *masamang hangin* (bad winds) in areas affected by environmental pollution.

These fears find personification in a person who coughs. Coughing sometimes becomes a sign of a person's neglect of his or her own

body. This process starts early, as even children are sometimes scolded for "getting" a cough: "*Ayan, laro kasi ng laro, kaya inubo tuloy.*" (Because he/she keeps playing, so now there's a cough.) Among adults, the blaming becomes stronger. People whisper about how a person gets tuberculosis because of *mga bisyo* (vices; see Nichter 1994:653.) In recent years, smokers have become new targets for this victim-blaming. A smoker who is not coughing is seen simply as a nuisance because of the smoke. But a smoker who coughs elicits deeper reactions, concern, as well as ostracism. As one exasperated wife puts it:

> *Ewan ko lang. Naawa ako sa kaniya pero minsan naiinis din ako, lalo pa sa umaga, 'yung* morning cough *na 'yan, parang ini-*imagine *ko na ang kanser. Naiisip ko tuloy ang mga bata pag naririnig ko ang ubo.* He is a very strong person, *kaya* I can't understand why he doesn't have the will power to quit. (I just don't know. Sometimes I pity him, but sometimes I get irritated, especially in the morning, with that morning cough, it's like I can imagine the cancer. I think of the children when I hear that cough...)

This wife's comments show how a cough elicits such anxious feelings, including a relatively recent sequel to cough: cancer. At the same time, while the wife is concerned about cancer, her language describes her husband's behavior almost as contagious: "I think of the children when I hear that cough. . ." It is not a lack of biomedical knowledge at work here: as I have pointed out in an earlier study about theories of illness (Tan 1987), the notion of *pagkahawa* (contagion) has both biomedical and sociocultural meanings in the Philippines. A person who exhibits undesirable social behavior is chided as being *hawa* (contagious).

One can understand how cough preparations could also suppress some of the ostracisms a smoker would get. The cough suddenly represents not just illness but also an assortment of undesirable personality traits, such as weak will power, or undesirable behavior such as being inconsiderate. This inconsiderate behavior is seen as especially serious because it involves the potential transmission of disease. One's cough becomes a marker of his or her contagious nature, in both biomedical and social senses.

To summarize what has been said so far, cough preparations are

popular because coughing is so undesirable. This is in contradiction to the orthodox biomedical view that it is a "symptom" of illness and that it is "good" because it is one of the body's defenses. Coughing is most undesirable, and therefore cough medicines (as well as cold preparations and all the other medicines now cognitively linked to cough medicines) are extremely desirable. The use of cough medicines draws popularity partly from the need to do something about this "bad" thing. Coughing is seen as possibly leading to complications, differentially defined by lay people (e.g., tuberculosis and bronchitis) and by physicians (e.g., "primary complex," "secondary bacterial infections," and "bronchiectasis"). Beyond these biomedically based interpretations, coughing is socially undesirable because of the way it interferes with one's social relationships and because of what it says about one's self (e.g., the smoker who has no will power to stop and the mother who neglects her children). A cough preparation's efficacy is not seen in terms of a "cure" or even of cessation of cough. Relief comes in many forms, reducing frequency of cough and getting a feeling of *ginhawa* as the chest clears.

Given all this, one would expect that cough preparations are always seen positively and that the high consumption rates represent the ability of cough preparations to "answer" the needs of cough sufferers and those around them.

The second half of this article deals with the way cough preparations, or more specifically, cough syrups, evoke another set of images completely different from those that I have just finished describing. Here we speak of cough preparations as being associated with "drug addiction" and social deviance.

Drugs, urban myths, and moral panic

I would like to leave cough syrups for a short while and refer to the images about drug abuse in the Philippines. In word-association exercises I conducted with university students, "drugs" were associated with several clusters of terms:

pusher
user
addict
masama (bad), dangerous
death, overdose
bawal (prohibited), illegal
barkada (peer groups)
out-of-school youth
squatters
teenagers
street children
Americans
Black Americans

punk
rock

The terms reflect very negative views which are not found in relation to "medicine." Moreover, the terms view drugs as "bad," as criminal, with being delinquent. These images are also found in the media which paint a picture of large numbers of "drug addicts" crazed and prone to crime. Whenever a rape or a murder is reported, newspaper reports speculate that it was "perpetuated by drug addicts." The drug addict is usually depicted as a young male who deviates in a "progressive" way from one vice to another.

Spencer and Navaratnam (1981) note that studies in the Philippines tend to conclude that marijuana use leads to use of other harder drugs such as opiates. Spencer and Navaratnam (1981:109) comment that there is no evidence for such an "alarmist conclusion." Many studies on drug dependency in the Philippines, particularly masteral theses, do follow this practice of linking the drug problem with various forms of social deviance ranging from smoking to homosexuality and attempt to show correlation or even causation.

I have mentioned the role of media in propagating these stereotypes, partly by reporting on such studies of cigarette smoking and drug abuse and partly through their reportage on crimes as being drug-related. The media has also been important in weaving drug-related urban folk tales or urban myths—stories that have never been verified but are believed by many people.[1]

One such urban folk tale, first reported in the 1980s, was that of people selling stickers to children and that these stickers were impregnated with LSD. The reports were never substantiated—no vendors were ever apprehended and no one could produce the stickers—but the stories have resurfaced several times in the media. The story is obviously useful to emphasize drug pushers preying on the very young.[2]

Not quite fictional but still the stuff of urban folk tales has been the Ativan Gang, which deployed men dressed as women to lure gullible tourists. The transvestites would add Ativan (lorazepam), a tranquillizer, to the drinks of the tourists and then would rob them. The Ativan Gang received a lot of publicity, culminating with the arrest of one of their leaders, whose life story was eventually turned into a movie. Although still in jail, she occasionally receives media coverage on her escapades behind bars.

Several films have, in fact, been made relating to drug addiction and the drug trade. In 1994, a film called

Bawal na Gamot (Forbidden Drugs) was made, followed by a sequel *Bawal na Gamot II*. Other films on crime often play on the theme of drug addiction, showing "drug-crazed" criminals plotting their next heist. This, of course, feeds back into the media. Early in 1995, I was watching a television newscast where the reporter was covering a series of kidnappings and bank robberies. The reporter asked a high ranking police official if these crimes could not have been perpetuated by "drug-crazed criminals." The official was partly amused, partly irritated and quite wisely dismissed this theory by pointing out that it would have been difficult for drug addicts to plan and to perpetuate the kidnappings and bank robberies.

What is happening then is that "drug addiction" and the use of *bawal na gamot* becomes synonymous with all forms of deviance: from transvestism to kidnapping. The influence of the *barkada* (peer group) is also frequently mentioned in the media and is a favorite story line for television, radio, and movie: a good kid becomes a bad kid, drawn by his or her (but more often his) *barkada*. The discourse on drug addiction is therefore a discourse on the perils of youth and adolescence and creates material for a daily morality play on the media and through various channels. For example, the national mayors' league has put up almost identical billboards throughout the country with the same message: "Get high on God, not on drugs."

The world of drug dependents is not a distant "other." It is perilously close, as we see in the way terms associated with that subculture have permeated into the mainstream. A person suffering from the side effects of amphetamines is said to be *praning*, from the English paranoia. *Praning* is now used as part of Filipino mainstream language. A drug dependent is a *durugista*, from the root word *durug* which means to crush. The terms are themselves graphic, with connotations of destruction and loss.

As public concern grows, we see an emergence of moral panic translated into political pressure to "crack down."[3] In 1992, six years after capital punishment was abolished, there was a successful movement to restore it for "heinous crimes." Among the arguments used for the death penalty was the example of Malaysia and Singapore where air travellers are welcomed with gentle reminders that the penalty for drug trafficking is death as their plane lands. Eventually, the death penalty was restored, and drug trafficking is one of the seven "heinous" crimes for which capital punishment would apply.[4]

In other instances, the pressure to crack down takes on qualities of a witchhunt. In 1995, for example, the Junior Drugwatch—a government-sponsored association of young people to fight drug addiction—called for the banning of three pop songs because they supposedly extolled drug abuse. The banning proposal had the support of at least one senator (*BusinessWorld*, September 1, 1995). One of the songs, *Alapaap* (Clouds), had the following controversial lyrics:

> *Masdan mo ang aking mata,*
> *hindi mo ba nakikita?*
> *Ako'y lumilipad at nasa langit na.*
> *Gusto mo bang sumama?*
> (Watch my eyes, don't you see?
> I'm flying and I'm in the sky now.
> Do you want to join me?)

The composer says this was nothing but a metaphor for freedom and that he had written the song while on board a plane. His explanation did not seem to work as pressures continued for a "banning."

Drug abuse and cough syrups

The terms "drug abuse" and "drug addiction" elicit different images in different societies. In most countries, it is often thought of in terms of narcotic drugs such as cocaine. Outside of these "hard drugs," the concepts start to vary. In the Philippines, someone taking marijuana is usually perceived as an "addict" who turns to crime to support this habit.

Until the 1960s, much of the drug abuse problem was associated with opium use among the Chinese. In the late 1960s, we find more reports of problems among Filipinos, especially among the youth. No doubt there was some influence from the "hippie" culture from the west, but more importantly, the Philippines had become a transhipment point for a drug trade that emerged to meet the demands of U.S. servicemen out on rest and recreation from the Vietnam War. Media reports began to talk of the problems with narcotic drugs, such as opium and morphine, as well as other drugs such as marijuana, acid (LSD), cocaine, "uppers" (amphetamines), and "downers" (tranquillizers and sedatives).

Public concern grew as the media reported on these problems, but the drugs were expensive and so drug addiction was mainly a problem of the more affluent families. Precisely because this was a problem of elite families who could voice their concerns, the government had to act. One of the first acts of Marcos after he declared martial law in 1972 was to issue a presidential decree, the Dangerous

Drugs Act. This created a Dangerous Drugs Board and imposed strict regulations on prescriptions for sedatives and medicines with narcotics (e.g., codeine). The Act refers to "prohibited drugs," which seems to be the source of the term *bawal na gamot* or forbidden/prohibited drugs, now popularly defined as any drug that is perceived as being addicting. Also shortly after martial law, Marcos ordered the execution, by firing squad, of Lim Seng, a Chinese narcotics dealer. The execution—the last to be legally implemented—left a lasting impression on Filipinos.

The problems of drug abuse continued and started to spread to middle- and low-income families. Studies were conducted to establish the extent of the problem. The studies painted an alarming picture, even as research methodologies were marked by flaws that one would expect from the rigid questionnaires that were used. For example, a study using a survey administered nationwide among young people found 21 percent of respondents acknowledging that they had used "drugs" without a prescription, but when questioned further, the majority of them said that the drug they used was a pain reliever. As things turned out, only 3 percent had ever used a prohibited drug or regulated drug.

This is not to say that the problem was insignificant, but the reports that appeared (and continue to appear) tended to paint a picture of a nation of young drug addicts of narcotics. What then was actually happening? In reviewing the studies on drug abuse in the Philippines, Spencer and Navaratnam (1981: 45) were able to critically review the materials and conclude that

> . . .the Philippines has a drug abuse profile unique in the region: although, as in other countries, the main problem group is found amongst urban youth, the main difference lies in the drugs most abused—marijuana and non-controlled pharmaceutical drugs, with opiate abuse reported to be almost absent in the country. The most common single pattern is marijuana with cough syrup.

Reviewing the reports relating to drug abuse across the years, it is amazing how cough syrups have remained consistently in the lists even as other drugs appear and disappear in the lists. For example, in the 1970s, a drug called Mandrax (methaqualone with diphenhydramine) was a major problem, but this disappeared toward the end of the decade. LSD was also popular in

the 1970s but faded from the scene, replaced by other drugs. In the 1980s, shabu (metamphetamine) came into the picture. All throughout the two-and-a-half decades, cough syrups remain in the list of "abused" drugs, as reflected in Table 1.

Table 1. "Abused" drugs, as reported by drug dependents in treatment and rehabilitation centers in the Philippines

"Abused" drugs	1994	1993
Marijuana	1583	1599
Shabu (stimulant)	1487	1722
Phydol	286	175
Pseudoflex	245	178
Menthodex	198	211
Corex-D	196	102
Rugby	195	102
Trazepam	121	0
Ilycodin	91	110
Mercodol	78	0

Note: Except marijuana, shabu (metamphetamine), and Trazepam (diazepam), all the other drugs are cough syrups.

Source: Dangerous Drugs Board, cited in Nisperos, Patricia B. "Drug Abuse Cases Jump 3% to 4480." *BusinessWorld*, August 28, 1995.

Cough syrups: are they addicting?

It is interesting how people refer to "cough syrups" rather than "cough preparations" because the preferred medium seems to be syrup products. The image in movies is that of a drug addict swigging a bottle of cough syrup like an alcoholic would a bottle of liquor. One drug company has, in fact, capitalized on this image with a tongue-in-cheek advertisement showing a person taking a syrup and being confronted by a policeman: "*Humahalak ng syrup, sa precinto ka na*" (You're taking a syrup—off to the precinct with you), the moral of the ad being: Take Myracof tablets for your next cough (and not a syrup).

But just what exactly is in these cough syrups? In the 1970s and 1980s, some of these cough syrups did contain codeine, which is a narcotic drug. Other cough syrups contained ephedrine and pseudoephedrine, which are used medically because of their bronchodilating effect but which are also powerful central nervous system stimulants. Tables 2 and 3 show a comparison of "abused" cough syrups and regular cough syrups.

Table 2. Cough syrups reported to be used by drug dependents

Cough syrup	Ingredient
Benadryl (street names: Ben, Bernard, Benjamin)	diphenhydramine
Phydol (street names: Dolphy, Vandolph)	chlorphenamine maleate, phenylpropanolamine HCl, dextromethorphan HBr
Corex-D	ephedrine sulfate, chlorphenamine maleate, dextromethorphan
Corex-DM	chlorphenamine maleate, phenylpropanolamine, dextromethorphan HBr
Hycodin	chlorphenamine maleate, phenylpropanolamine HCl, guaifenesin, dextromethorphan HBr
Hylorin (street name: *bilog*)	pseudoephedrine, phenylpropanolamine HCl, chlorphenamine maleate
Lotus	pseudoephedrine, phenylpropanolamine HCl, chlorphenamine maleate

Note: Lotus was already supposedly withdrawn from the market.
Source: Dangerous Drugs Board and BFAD Products Services Division (1993)

Besides codeine, ephedrine, and pseudoephedrine, drug dependents were also getting their "high" from other ingredients of cough syrups. Dextromethorphan, a cough suppressant, is a central nervous system depressant, although large doses are needed to induce some degree of euphoria. Pharmacologists are, in fact, concerned that the large doses needed for euphoria may exceed the safety limits.

Other cough syrup ingredients that seem to induce some euphoria are actually antihistamines, such as diphenhydramine and chlorpheniramine, which can cause drowsiness which, in turn, is a side effect but which becomes the main indication when used by drug dependents. Another ingredient, phenylpropanolamine, is similar to ephedrine in its stimulant effect, again a side effect that is "desired."

Table 3. Common cough and cold preparation not cited as used by drug dependents

Cough and cold preparation	Ingredients
Neozep tablets	phenylpropanolamine, chlorphenamine, paracetamol, salicylamide, vitamin C
Neozep syrup	chlorphenamine, phenylpropanolamine, paracetamol
Tuseran tablets	dextromethorphan, guaifenesin, chlorphenamine
Tuseran syrup	dextromethorphan, guaifenesin, phenylpropanolamine, chlorphenamine
Tuseran forte	dextromethorphan, guaifenesin, phenylpropanolamine, chlorphenamine, paracetamol
Decolgen tablets	phenylpropanolamine, chlorphenamine, vitamin C
Decolgen forte tablets	phenylpropanolamine, chlorphenamine, paracetamol

What is interesting here is that many of these ingredients are not classified as drugs of dependency and addiction. WHO (1992) defines dependence as

> a cluster of physiological, behavioral, and cognitive phenomena in which the use of a substance or a class of substances takes on a much higher priority for a given individual than other behaviors that once had greater value.

WHO gives the following diagnostic guidelines:

1. a strong desire or sense of compulsion to take the substance;
2. difficulties in controlling substance-taking behavior in terms of its onset, termination, or levels of use;
3. (may not be present for cannabis or marijuana; inhaled solvents and some hallucinogens): physiological withdrawal state when substance use has ceased or is reduced;
4. evidence of tolerance, such that increased doses of the psychoactive substance are required in order to achieve effects originally produced by lower doses;

5. progressive neglect of work, social activities and alternative pleasures or interests because of psychoactive substance use;

6. frequent intoxication or withdrawal symptoms, affecting obligations at work, school or home;

7. increased amount of time used to get the substance; taking the substance (e.g., chain smoking) or recovering from its effects;

8. persisting with substance use despite clear evidence of overtly harmful consequences, such as liver damage through excessive drinking; depressive mood states after periods of heavy substance use;

9. development of a "repertoire" where the user takes the drug at a steady dose, spaced out in a pattern that is almost scheduled;

10. relapse (or "reinstatement"), where the user may abstain from the drug or drugs for a period of time and then relapse fairly quickly into full dependence.

Using the WHO criteria, nicotine strongly qualifies as a drug of dependence. Antihistamines and dextromethorphan do not qualify as such, which means that many of the cough syrups have little or no dependency potential, at least biomedically.

Much like the studies "proving" a link between drug use and promiscuity, the public has come to accept that drug addiction involving cough syrups is "widespread." In reviewing the literature, the only attempt at empirical research I could find was an investigation in 1987 by the Narcotics Command, which found that large drugstores in Metro Manila had sold 192,000 bottles of cough syrups in the first six months of the year. If each bottle contained 60 ml of cough syrup, the average "dose" for a cough, this means Manila consumed at least 3.2 million bottles (*Philippine Star*, October 12, 1987). For a population at that time of about 7 or 8 million, this means that every other Metro Manila resident had used a cough preparation during the six months. The figures do suggest "abuse" taking place, but it is a picture that does not correspond to the media depictions of widespread usage.

Of course, the issue here is that of public perceptions. The fear of cough syrups has affected government policy as well. There have been many attempts to regulate these cough syrups. All cough syrups with codeine, ephedrine, pseudoephedrine, or dextromethorphan were reclassified in 1989 as drugs requiring a prescription from a physician with a narcotics license. So strict were the regulations that manufacturers of ephedrine and pseudoephedrine eventually withdrew their products from the market, much to the dismay of physicians who had patients actually needing such drugs.

In 1995, the Health Department issued an administrative order requiring all drugstores to get the name and address of people purchasing cough preparations with dextromethorphan. This was a rather drastic move, considering that such preparations used to be over-the-counter drugs advertised on television. I was in a drugstore recently and saw a customer asking for Formula 44, a cough syrup that is still advertised on television. She did not, of course, have a prescription. The drugstore clerk gave her a bottle but then asked for her name and address, which surprised the customer.

The attempts to regulate the products have, of course, added to their reputations as *bawal na gamot*, "confirming" that the drugs are indeed addicting. This is an instance where a political act makes the drugs addicting, overruling medical "facts" and reinforcing public perceptions.

It is also important to look at the cough syrups that are said to be used most often by drug dependents. As I have explained earlier, the ingredients are not at all addicting and the euphoria they induce is far from that of narcotic drugs. What is significant is that the cough syrups' manufacturers use names that suggest the euphoria. Note that some of the names suggest "high" (Hycodin, Hylorin) or codeine (Corex-D, Hycodin). One preparation, Lotus, is clearly a hangover from the hippie era, "lotus flowers," associated with a drug culture. These cases show how powerful tropes can be in terms of the metaphorical and metonymical naming of medicines. In 1986, for example, the Bureau of Food and Drugs (BFAD)had to order Ray Angeli Pharmaceuticals to remove an "unauthorized" suffix to the name of one of their drug products. The manufacturer had been advertising the product, Reveille, as Reveille-ET, followed by an explanation of ET as "extra ang tama," meaning, "an extra hit," a way of enhancing the desirability of the product.

Even more interesting is how the socially constructed attributes

of cough syrups become extended and intertwined with other categories of drugs. I will explain with several examples below.

In 1985, a women's group asked our NGO, Health Action Information Network, to conduct health education workshops with child prostitutes. When we asked the children about their use of *bawal na gamot*, we were surprised to find that one of the drugs they were using was Odinah, a brand name product of isoniazid, an antituberculosis drug. I had never heard of this usage before and neither had the pharmacologists I consulted. But the pharmacologists were alarmed: isoniazid does have psychotropic effects, working to stimulate the central nervous system.

I learned later that isoniazid was actually quite widely used by drug dependents, with Odinah as a brand preference. I learned, too, that Odinah was thought of as a cough syrup and, in fact, I once saw Odinah being displayed next to other cough syrups. An antituberculosis drug is therefore "reclassified" as a cough syrup and becomes another "drug" from which one could get a high. Odinah's life takes on an additional curious turn. Sometime in the 1980s, a patient was admitted at the Philippine General Hospital, having overdosed on Odinah. Dr. Lyn Panganiban, a toxicologist at that hospital, remembered that a tabloid newspaper picked up on this news and featured it as a front page headline. She blamed this coverage for a cluster of suicide attempts using Odinah. While none was successful, the overdoses were quite serious and required hospitalization. The story did not end there. Around that time, there was a report in one newspaper of a person who had tried to commit suicide using Odinah, Decolgen, and Neozep, the latter two being cold preparations. This should not be surprising since cough (to which Odinah had been "reclassified") and cold preparations are closely linked.

What we see then is a cognitive net being cast out into a wider area, drawing in drugs that are not pharmacologically related but which popular culture groups together. In the process, the theme of danger is expanded, taking the more ominous connotations of death. This, of course, further reinforces the idea of certain cough syrups being "bad."

Summary and conclusions

We have seen how cough syrups take on two clusters of attributes in public discourse, marked by an abundant use of metaphors, metonyms, and hyperbole. Cough syrups are good when they treat cough because coughs are "bad." The need is

constructed around coughing's undesirability, both in terms of physical as well as social distress. Popular concepts of cough as leading to serious diseases, such as tuberculosis, mean that cough needs to be treated, even if biomedically, a cough is seen as a symptom that need not be treated with drugs. The perceived biomedical need to treat cough also leads to a conflation of different categories of medicines: cough and cold preparations, analgesics, and antituberculosis and antiasthmatic drugs, with such preparations becoming interchangeable.

We have seen, too, that a cough is socially interpreted to mean many things: a mother's negligence, a smoker's weak will power, or tuberculosis resulting from "vices." Suppressing a cough is therefore useful for masking such social attributions. Cough syrups bring *ginhawa* (relief or comfort) both to the individual and to society.

Another cluster of attributes have, in recent years, emerged in relation to cough syrups in the Philippines. Here, cough syrups are seen as addicting. The cough syrup, much like an alcoholic holding his bottle, becomes a metonym for social malaise and a useful prop for a continuing morality play acted out through media and other forms of social representation. I use the term prop because many of the "addictive" cough syrups are no different from common cough and cold preparations.

We see here how cough syrups straddle two domains: one of medicines and one of drugs. Medicines are "good" and desirable. Cough medicines—pharmacologically defined as symptomatic drugs—are perceived as healing, as curative. They are therefore *magaling na gamot* (good medicines). In contrast, drugs are "bad," associated with danger and death. Yet, we saw how pharmacologically similar preparations are perceived differently so that Tuseran becomes "good medicine" but Hycodin is a "bad drug." In fact, many of the cough syrups popular with drug dependents are not known to most Filipinos, even if among drug dependents, there is a whole culture surrounding these syrups, including street names. As far as the public is concerned, there are dangerous "cough syrups" being used in the dark streets, in slum areas.

A superficial analysis would lead us to say that the "bad" cough syrups are the opposite of the "good" ones in that the latter are seen as bringing *ginhawa*. Yet, cough preparations, when "bad," also bring a kind of *ginhawa* since the psychotrophic effect is also one of *ginhawa*. In fact, the pleasurable "high" that is sought by drug dependents is what draws so much

social disapproval. A key here is the presence or absence of cough. Without the cough, there is no "biomedical" condition to be treated. The absence of cough also means that there are no social disruptions that need to be mended; in fact, the use of the cough syrup is seen as being socially disruptive.

On the one hand, the "need" for a psychotropic "high" is "real," but it is a need that Filipino society will not recognize or sanction, at least not one that will be induced through cough syrups. On the other hand, the "need" for a cough preparation in coughs, even if biomedically spurious, receives social sanction even from physicians.

It is worthwhile contrasting this with the use of Reactivan (fencamfamin with vitamins B1, B6, B12, and C). The drug has an amphetamine that is classified as having dependency potential. Before it was withdrawn from the market, the drug was used by university students to keep themselves awake while cramming for examinations. It is especially popular among medical students. Reactivan is never referred to as a *bawal na gamot.* Somehow, its use for studies bestows some legitimacy on the drug, a situation that would be unthinkable for cough syrups.

The distinctions here are not a simple matter of names and naming than the "reality" that is generated. The socially constructed domains are not rigid, as we have seen in the case of Odinah, a brand name product of isoniazid. Biomedically classified as an antituberculosis drug, the medicine is also seen variously as a "vitamin for the lungs" by many mothers (and, rhetorically, by physicians when they explain their prescription); as a cough preparation by some pharmacists; as a *pampa*-high (inducing a high) for drug users; as well as *pampa*-suicide (for suicide).

Some of the ambiguity here can be easily explained by the confusing array of formulations made by drug companies (and sanctioned by BFAD), all the way up to the use of brand names that are vague (e.g., Ventolin expectorant, which is actually an antiasthmatic) or suggestive (e.g., Hylorin for a cough syrup favored by drug dependents).

Even more intriguing is the way drug users become "dependent" or "addicted" to drugs that are not supposed to have such an effect. The issue here is not whether there is "true" physical addiction than the fact that an entire society validates this addiction as being present: again through the manufacturer's

use of suggestive names, as well as through the government's regulatory actions where the drug takes on connotations of being *bawal* (powerful) and therefore "addicting." It would be interesting to see in a few years if there is a transformation of people's perceptions of cough syrups that are not currently classified, popularly, as "drugs" or as *bawal na gamot*. If this is to happen, we would have a case not of "dangerous" drugs being banned but of "banning" leading to a perception of danger.

In this case study, I did not try to "disprove" the presence of a "drug problem" or of "drug abuse." This case study instead interrogated terms that we have come to accept as absolute: medicines, drugs, abuse, addiction. The discourse on cough preparations yielded rich material for this interrogation because these products were ambiguous not just in popular culture but also within the sacrosanct biomedical world: practically condemned by pharmacologists, yet consistently present in physicians' prescriptions.

The attempts to amplify the problem of drug abuse built on shakey urban myths and moral panic. Thus, even research agendas were shaped by preconceived notions of "drug abuse." The HIV/AIDS epidemic could have further complicated this.

Doing a consultancy early in 1995 for a U.S.-based organization to review the available literature on risks for HIV in the Philippines, I was under great pressure to "find" evidence of injecting drug use. In reviewing the literature reporting "high" rates of injecting drug use, I was able to trace this reporting to faulty questions such as "Have you ever injected drugs?" which, of course, elicited many positive answers since people are bound to have an injection at one time or another. Despite this, I was asked to look some more for evidence, which I could not find in the literature or in field investigations. However, the agency, apparently intent on proving the existence of this risk, commissioned focus group discussions (FGDs) in the central city of Cebu, where injecting drug use had been reported. The FGDs did not yield any more information but it is striking that one woman drug user reported "blood compacts" while on "drugs," a finding that the agency quickly jumped on as evidence of a problem that would contribute to the HIV epidemic. The idea of a "blood compact" here was mutilation with exchange of blood. Fortunately, the Filipino agency in Cebu did a deeper investigation and found that the "blood compact" did not consist of anything more than pricking the finger and bleeding this into beer which would then be passed around—hardly a risk factor for HIV. It is significant, too,

that the drug used intravenously was Nubain (nalbuphine), a drug commonly used as an analgesic after surgery and childbirth. The drug has not been known to have addicting potential, another point to add to the incidents pointing to the continuing saga of the social construction (or misconstruction) of "drug abuse" in the Philippines.

Riding on urban myths and moral panic diverts energies away from the need to educate the public about "rational" drug use in general. Thus, too much attention is given to cough and cold preparations (and, to some extent, marijuana) when there are more serious problems with dangerous drugs such as *shabu* (metamphetamine). Policy makers do not seem to see that dependence on drugs takes on many forms and that drug "abuse" can start with social dependencies on inessential drugs such as cough and cold preparations. Drug "abuse" needs to be tackled in relation to a more pervasive ideology of looking for "a pill for every ill."

Research for this article was partially funded by the Dutch government's WOTRO (Stichting voor wetenschappelijk onderzoek van de tropen or Netherlands Foundation for the Advancement of Tropical Research). I also wish to acknowledge valuable comments from my dissertation advisers, Dr. Sjaak van der Geest and Dr. Anita Hardon, both of the Medical Anthropology Unit, University of Amsterdam.

Endnotes

[1]Healey and Glanville (1994: xiv), who have collected three volumes of urban myths, describe these as

> ...'friend of friend' stories of highly dubious origin and veracity. They can be funny, macabre or just plain absurd, but their most poignant asset is their universality. . .Popular mythology reflects human insecurities, and probably acts as a safety valve for the depths of the darker side we all have. . .The storylines reflect basic beliefs—often conservative and bigoted—about urban life and social change. They are moralistic and heaped with retribution for those who take too many risks or flout social conventions ...

[2]Note the following newspaper report in the *Manila Chronicle* dated January 29, 1990:

> Upon Senator Jose Lina's request, the panel looked into parents' claims that pushers

were now selling drugs in the form of attractive stickers to schoolchildren. The committee had specimens tested in laboratories and by the Bureau of Food and Drugs, which found the items negative for any dangerous substance.

[3]The term "moral panic" was coined by Cohen (1980:9 original 1972). He describes it as such:

> Societies appear to be subject, every now and then, to periods of moral panic. A condition, episode, person or group of persons emerges to become defined as a threat to societal values and interests; its nature is presented in a stylized and stereotypical fashion by the mass media; the moral barricades are manned by editors, bishops, politicians and other right-thinking people; socially accredited experts pronounce their diagnoses and solutions; ways of coping are evolved or (more often) resorted to; the condition then disappears, submerges or deteriorates and becomes more visible. Sometimes the object of the panic is quite novel and at other times is sometimes been in existence long enough, but suddenly appears in the limelight. Sometimes the panic passes over and is forgotten, except in folklore and collective memory; at other times it has more serious and long-lasting repercussions and might produce such changes as those in legal and social policy or even in the way the society conceives itself.

[4]In a rather macabre twist, debates over capital punishment shifted to the possible use of lethal injections—injections of barbiturates—as the death penalty. This was approved in 1996 supposedly because it was more "humane" than the old form of capital punishment, the electric chair.

References

British Medical Association.
1995 *British National Formulary*, (30) (September).

1990 *British National Formulary*, (20) (September).

Cohen, Stanley
1980 (Original 1972). *Folk Devils and Moral Panics: The Creation of the Mods and Rockers*. Oxford: Martin Robertson.

Community Medicine Development Foundation (COMMED)
1994 *Report on Community Collaborative Drug Use Project.* Volume I.

Hardon, Anita
1991 *Confronting Ill Health: Medicines, Self-care and the Poor in Manila.* Quezon City: Health Action Information Network.

Healey, Phil and Rick Glanville
1994 *Urban Myths Unplugged.* London: Virgin Books.

McCoy, Alfred
1972 *The Politics of Heroin in Southeast Asia.* New York: Harper and Row.

Malanyaon, Quimba, O. P., Malanyaon, I. A. and A. Commayo
1991 *Drug Pricing and Its Impact on Low Income Families.* Quezon City: Center for Social Policy and Public Affairs, Ateneo de Manila University.

Medawar, Charles
1992 *Power and Dependence.* London: Social Audit.

Nichter, Mark
1994 "Illness Semantics and International Health: The Weak Lungs/TB Complex in the Philippines." *Social Science and Medicine,* 38(5):649-663.

Nichter, Mark and Mimi Nichter
1994 "Acute Respiratory Illness: Popular Health Culture and Mother's Knowledge in the Philippines." *Medical Anthropology,* 15:353-375.

Nisperos, Patricia B.
1995 "Drug Abuse Cases Jump 3% to 4480." *Business World,* August 28.

Spencer, C. P. and V. Navaratnam
1981 *Drug Abuse in East Asia.* Kuala Lumpur: Oxford University Press.

Tan, Michael L.
1987 *Usug, Pasma, Kulam: Traditional Concepts of Health and Illness in the Philippines.* Quezon City: AKAP.

Tupasi, Thelma E. and others
1990 "Community-Based Studies of Acute Respiratory Tract Infections in Young Children." *Reviews of Infectious Diseases,* 12(Supplement 8):S940-S949.

World Health Organization (WHO)
1992 *The ICD-10 Classification of Mental and Behavioural Disorders.* Geneva: World Health Organization.