WHY SOCIAL SCIENCE?

Because It Requires Confronting the Assumptions We Have About Others

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Social science comes in many varieties, is comprehensive in scope, and applied to an infinite number of real-world challenges, questions, and problems society faces. At its core, it concerns the human condition. While an economist, criminologist, psychologist, or sociologist may emphasize different things about being human, and often use different methods, their research is about people. But the people who we seek some understandings about, or from, have lives apart from our research. In other words, their lives overlap with what we study but are also more complex than that. Their day-to-day living involves connections with others, a history, setting, and sociopolitical / economic context, all of which can change over time. Social science is messy this way.

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The social science I conduct concerns understanding the use and consequences of illegal drugs and substance use disorder (SUD). As a medical and cultural anthropologist, my research has given me an up-close perspective on these topics and how people's lives are affected by them. The recent opioid epidemic has significantly increased the public awareness and concern about drug addiction. It has mobilized long and much-needed healthcare resources to address this challenge, moving drug policy marginally away from the war on drugs. Starting my career in the 1990s, recent actions are welcomed, but bittersweet. Drug addiction has always needed more public health attention and only realizing this now as more people are dying is frustrating.

In drug addiction research, social science is often overshadowed by biological science. Although SUD involves a mixture of social and biological processes, the national research agenda and its associated funding are often weighed toward the former. In some conferences on addiction, no, or only a small fraction of, research is dedicated to people or human interaction. Like other social scientists, what I do is in the minority and highly specialized. As a cultural anthropologist, the primary methodology I employ is ethnography. Ethnography involves addressing research questions by interviewing and observing participants as they go about their daily routines and activities. Acknowledging their active role in this "fieldwork," anthropologists refer to the people we research as participants.

To do ethnography, one must develop rapport with participants, and being part friend and part researcher presents challenges. Ethnographers must be self-aware of how their biases (i.e., assumptions) may influence the findings

they develop and report. We have personal encounters in our research that can be influential. Vigilance is mandatory because, as much as we might think we know our participants, they are ultimately the experts on their own lives. And there are always surprises. A recently departed friend and mentor, Mike Agar, called these surprises "rich points," acknowledging an opportunity for the researcher to learn, amend, and realign their understandings.

Over the years, I have learned a great deal from my research participants. They have been generous with their time in explaining things. Many such lessons occurred first-hand, observing what illegal drug users were doing and gaining perspective from their point of view. People are sometimes skeptical about conducting ethnography with illegal drug users. On a recent conference call a drug treatment provider remarked, "yeah, drug addicts lie and tell you what you want to hear." I am confident for drug treatment professionals this is true. But I do not seek to change behavior or attitudes. Although I do not support illegal drugs, I do not take a moral stand about what my participants do. I have no agenda; there is nothing I "want to hear." I just watch, listen and try to make sense of my data.

It seems impossible to avoid assumptions people make about illegal drug users, "drug addicts," or people with SUD. Here the filter our society applies is dense and difficult to refashion. I often hear how these people are violent, impulsive, out-of-control, in

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denial, self-centered, and egoistic. Biomedical research tells us their brains, i.e., neurological pathways associated with pleasure, have been hijacked by drugs and that they have diminished executive function, i.e., decision-making capacity. Some suggest they have "addictive personalities" or are incapable of empathy.

Confronting the above in both public and scientific discourse, I find many of the assumptions about my participants false, insufficient or only relevant in a particular point in time or social context. Most of the people I work with just want someone to listen to them and understand the challenges they face. Although there are relevant behavioral patterns and themes in research conducted on illegal drug use and SUD, I have witnessed a continuum that, more often than not, is very difficult to simplify. Ethnography demonstrates how complicated people's lives are relative to the questions we seek to answer. Returning to my answer to "why social science," confronting what we (and others) believe about the people we research is something I keenly appreciate about social science.

LEE HOFFER is an Associate Professor of Medical Anthropology at Case Western Reserve University (CWRU) in Cleveland, Ohio. His research focuses on understanding the social, political, economic and cultural dimensions of illegal drug use and addiction. Dr. Hoffer has conducted community-based studies of heroin, crack / cocaine, methamphetamine, club-drug, inhalant, and non-prescription opiate use, as well as trends in use. His current work combines ethnographic research, epidemiology, and agent-based modeling (ABM) to better understand local illegal drug markets and their connection to drug epidemics. His research has received support from NSF, NIH / NIDA, and private foundations.