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The dark side of human enhancement: crime and harm in the lifestyle drug trade

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In the search for continuous enhancement, the late-capitalist subject increasingly turns to an ever-expanding range of image and performance enhancing drugs and non-surgical cosmetic procedures. From slimming pills, anabolic steroids and sexual enhancers to facial injectables, smart drugs and synthetic hormones, the use of these lifestyle drugs has arguably reached the point of normalisation. Purported benefits include boosted sexual performance, accelerated weight loss and muscle growth, reduced signs of ageing, and increased physical and mental capacities. In Europe, both licit and illicit markets in lifestyle drugs are booming (Di Nicola et al, 2015; Hall et al, 2017; Koenraadt & Van de Ven, 2017).

Since 2013 my research has analysed the complex dynamics of the trade, highlighting the crucial roles played by factors such as the privatisation and commodification of healthcare, the widespread medicalisation of non-medical issues, the appeal of performance and image enhancement, and the development of online pharmaceutical prosumption (Hall and Antonopoulos, 2016). I have moved on to examining the popular market in cosmetic ‘injectables’ (e.g. Botulinum toxin and dermal filler injections). This research develops previous work on pharmaceutical markets to relate it to the theme of human duress (Hall, 2019). Here I offer a synopsis of this preliminary work on the harms associated with the market in lifestyle drugs.

Some of the obvious harms are physical. The mainstream media regularly carry stories of “botched” non-invasive surgical procedures or counterfeit drug consumption. Examples include dermal filler causing blindness, allergic reactions to lip filler leaving users with permanent lumpiness and swelling of the mouth, and deaths related to steroid use among the extreme bodybuilding community (Cook and Dwyer, 2016; Morris, 2018). However, if we understand some forms of bodily enhancement as structured by the capitalist demand to market one’s self to others, we might also

consider how daily absorption in the market in lifestyle drugs can lead to psychological harm. Facilitated by the subject's increasing fetishistic relation to technology, emotional and aesthetic labour can lead to a withdrawal into the self (Crary, 2013; Roberts and Cremin, 2017; see also Dean, 2009). This is clearly evident in the number of hours some individuals now spend each day in virtual spaces constructing the correct image of the self in readiness for posting on social media (Marwick, 2016). A growing obsession with self-image and the desire to modify bodies and faces is a fetish that is some individuals in on themselves in an endless loop of comparisons, affecting their sense of self and, ultimately, their mental health (Fisher, 2009).

The imagined ideal subject promoted by mass media and social media is always producing and always consuming, enjoying leisure time and working late for the privilege of buying commodities to constantly reconstruct its self-image. Social media is awash with images of body transformations. Many interviewees talked of lifestyle drugs as a way of filtering and photo-shopping their bodies and faces "in real life". Complex classed, gendered and racialized dynamics are at work in the market, but they all rest on the common subjective feeling of lack and inferiority that capitalism intensifies and exploits; whether darkening or lightening the skin or cosmetically enhancing breasts or the penis, some sort of ideal body-image is marketed as life's telos. Whether searching for Insta-fame or attention in a bar, this socio-symbolic competition and its ideals are now inscribed in the mind and on the body. In psychoanalytic terms, the sense of 'being alive' we feel when perpetually enhancing the self subsequently becomes the endogenous object of our desire (Dean, 2008), diminishing our ability to relate to the external, objective world. This can be seen in the breakdown occurring between discrete life-course stages (Hall et al, 2008; Hayward, 2012; Smith, 2014). This new culture is manifested in the increasing use of cosmetic injectables by young adults who are intent on taking preventative anti-ageing measures as early as possible. It seems that those who have not yet reached the final stage of adolescence are already committed to its long extension. Indeed, the

enhancement industry targets ever younger populations with the aim of creating lifetime consumers (Berkowitz, 2017).

The late-capitalist subject is invested in the promise of tomorrow – of constant improvement, relief, growth, betterment – and therefore to the fundamental logic of accumulation, transformation and progress at the core of the capitalist economy. With slimming pills, anabolic steroids, growth hormones, or facial injectables, subjects can see their body or face physically transformed every day. Lifestyle drugs promise to enhance the subject's body and mind in its continuous search for satisfaction, but the result is always incomplete in comparison to the fantasised image. This process reproduces the need to continuously search for newer and better products that promise faster and longer-lasting effects. My research with consumers of facial injectables highlights this continuous sense of dissatisfaction (McGowan, 2016), where a 'natural' progression from Botox to dermal filler often takes place. Initially, the consumer tries Botox, which takes effect over a 5-10 day period and has a shelf life of 3-4 months. However, many move onto more expensive dermal fillers that immediately effect enduring changes to the structure of the face. This sense of immediacy and longevity is becoming increasingly important in the market for a number of lifestyle drugs. It fuels the desire for perpetual acceleration in our technologically-mediated culture (Virilio, 1998) and stimulates consumer-capitalist drives and anxieties (McGowan, 2017; see also Kornbluh, 2014).

Alongside the more obvious physical and psychological harm, there is evidence to suggest that the constant need to keep up appearances is leading to more indebtedness (Horsley, 2015). Many consumers I have spoken to spend increasingly large amounts of money on lifestyle drugs as part of their everyday beauty regimes. Working-class women have spoken of Botox – once a luxury item only available to elites – “as important as getting my hair or nails done”. Such cosmetic practices are no longer exclusively the preserve of the elite. From sportspeople, door-staff and models whose professional lives depend on their bodily capital (Antonopoulos & Hall, 2016), through to men and women looking to boost their private sex lives, to students and

academics looking to enhance their cognitive abilities during the exam and marking period (Bennett & Holloway, 2017), subjects are caught up in the increasing pressure to compete and perform conspicuously well. What was once considered a luxury market has now become an everyday trade in mundane household essentials (Cook & Dwyer, 2016). Current empirical research has identified individuals who routinely use lifestyle drugs prior to a wedding, a night out, or a holiday.

Unequal access to legitimate products and procedures leaves certain sections of the population at increased risk of harm. With so much emotional energy invested in self-enhancement, consumers with little disposable income save time and money by choosing cheaper, riskier alternatives. Lax regulation of the market for non-surgical cosmetic procedures has opened opportunities for unskilled people to administer the drugs in various settings. Ongoing research in a suburb in a Northern UK city is beginning to unearth a largely unregulated local and online retail market in lifestyle drugs. Risky patterns of consumption associated with cheaper, often substandard and unregulated products and procedures are becoming normalised in nail salons and sun bed shops, or at ‘Botox parties’ in the privacy of the home. One of the emerging findings highlights consumers’ reluctance to check the expertise of those administering facial injectables. A newer trend in prosumption is also developing, where consumers order products such as Botox online and self-inject (Brennan et al, 2018). This echoes similar practices found in previous research on steroid markets in post-industrial spaces, where risky polydrug use and drug injecting practices are common (Antonopoulos & Hall, 2016; see also Morris, 2018).

The harms associated with the market in lifestyle drugs do not begin and end with the consumer. If we are to map out the ‘social life’ of (illicit) lifestyle drugs, harm can be found in each stage of the global supply chain. The market in lifestyle drugs, like the pharmaceutical industry more generally, is highly politicised and bound up with the speculative economic practices at the heart of neoliberalism’s global economy (Rajan, 2017). In the current era, unregulated wholesale systems, misguided trade barriers, variations in intellectual property laws, and the differential characteristics of producer

and consumer economies highlight the embeddedness of licit and illicit processes of pharmaceutical production, transit and distribution in a global capitalist system that can constantly transgress legal and ethical boundaries with relative impunity (Braithwaite, 1984).

The pharmaceutical industry produces environmental harms experienced across the world. From production hubs in China and India through distribution in special economic zones, hyper-exploitative working conditions are common (Hall & Antonopoulos, 2016). Racialized and gendered class relations are at the heart of the global pharmaceutical industry, where profit maximisation overwhelms the need for decent health and safety standards, a minimum wage and maximum working hours. Such economic externalities can be notably exploitative. We, in the global North, are also alienated from the harms experienced by consumers and patients in parts of the global South, who often rely on counterfeit and substandard medicines for life-threatening illnesses (Nordstrom, 2007).

Interesting work exists that highlights the positive and pleasurable impact such drug use can have (Hamilton and Aldridge, 2019; Mulrooney et al, 2019). However, a complex range of illegal processes operating in various nodes and arteries underneath the regulatory frameworks are still extremely murky. We have only very partial knowledge of the harmful products and practices that can enter the supply chain and end up with consumers who are willing to take risks.

If we focus on issues of unequal access and illicit sources along the supply chain, there are clear winners and losers. Further work is needed that moves beyond both the normative assumptions either about choice and agency on one hand or harm or about the need for regulation on the other (see Johnston Hurst, 2015; Widdows, 2018). This is a complex and often contradictory phenomenon to attempt to research and theorise, one that challenges many of the methodological and disciplinary silos researchers often find themselves working in. Further cross-disciplinary research can advance our

understanding of the market in lifestyle drugs and work towards safeguarding the public against harm.

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