anyone (Conrad 2007: 18), thereby ensuring fertile ground for potential market expansion of the kind discussed earlier.

Moreover, as Martin (2006) notes, drugs are imbued with personalities or thought of as person-like, as a key marketing tool alongside tablet or capsule design, and educational materials, all of which are designed to connect with the potential consumer via television or the printed media. The overwhelming emphasis, especially with psycho-pharmaceuticals, is on whether they 'can make the consumer a better person, an enhanced person, or … more like the person they really are without the interference of mental disorder, (Martin 2006: 276, see also Rose 2007).

The media, nonetheless, are no mere puppets of pharmaceutical interests. Media coverage of pharmaceuticals may be contradictory or condemnatory, oscillating between oppositional extremes of both idealisation on the one hand, and demonisation on the other (Seale 2002). A temporal pattern may be discerned here, with early media coverage of new drugs such as Prozac and Viagra being largely uncritical if not celebratory in tone and content. If or when unwelcome side effects become apparent, however, or misuse of some kind (by doctors, patients or consumers) is detected, then negative or critical portrayals soon follow. This is clearly demonstrated by the changing media coverage of benzodiazepines over time (Gabe and Bury 1996b). Rarely, it seems, do the media present a balanced portrayal of the risks and benefits contained in a single substance (Seale 2002: 148): doubtless as a product, in part, of the imperative for newsworthy stories.

Clearly then, evidence can be found in which the media both promote and challenge pharmaceutical products and interests. This, moreover, includes critical stories or media exposés about the interests and activities of drug companies, which raise questions of neoliberal corporate bias (see above) and disease mongering (see above).

Other so-called new media are also important to consider here, not simply in terms of access to pharmaceutical information or support via the Web, but in terms of the purchase of pharmaceutical products online, thereby effectively bypassing the traditional doctor–patient relationship. Fox and Ward (2009), for example, in their study of the pharmaceuticalisation of daily life, identify two broad processes at work. These are: first, a domestication of pharmaceutical consumption through computer-mediated access and consumption in the home, particularly in the bedroom (e.g. Viagra and Cialis for sexual potency) and the kitchen (for example, Xenical, Alli and Apidex for weight loss); and second, the pharmaceuticalisation of everyday life, as pharmaceuticals are treated as magic bullets for a range of day-to-day life problems. As with other media, however, these processes are far from straightforward. Indeed, the internet may provide both new channels for the pharmaceuticalisation of daily life (Fox *et al.* 2005a) and new spaces or forums for challenging or reworking prevailing understandings and practices. This is clearly demonstrated in the case of pro-anorexia websites (Fox *et al.* 2005b).

In all these diverse ways, then, we can speak of the mediation of pharmaceuticals in which the media fills both celebratory and critical roles in the process of pharmaceuticalisation. The internet, in particular, may represent a new forum for resistance of various kinds but we should not underestimate the extent to which this supposedly democratic new digital medium simply reproduces existing power relations and opportunities for the medicalisation and pharmaceuticalisation of everyday life.

Patients, consumers and the life world: the creation of new social identities and the mobilisation of patient or consumer groups around drugs

It is one thing to map these macro-level processes to do with the regulation of medicines and related questions of market expansion and mediation but this of course gives rise to further

important questions about the role of patients or consumers in these processes of (de-) pharmaceuticalisation. Much has been written in recent years about the increasingly active, if not critical, role patients and consumers play in their own healthcare. Previous sociological work on the meaning and use of medicines (for example, Gabe and Lipshitz-Phillips 1984, Williams and Calnan 1996) has been joined by a variety of other recent work in which attention has increasingly focused on users of pharmaceuticals as knowledgeable reflexive actors, assessing risks and benefits and making informed choices about their treatment (Stevenson *et al.* 2002, 2009). These developments, in turn, are reflected and reinforced through current health policies in both the USA and the UK that construct patients as experts, particularly the chronically ill, working in partnership with healthcare professionals (Taylor and Bury 2007). Furthermore, there have been attempts to reclassify some prescription-only medicines as over-the-counter (OTC) (House of Commons 2005), and policies to make the arrangements for the prescribing and supplying of medicines more flexible, including delimited prescribing by nurses and pharmacists (Weiss and Sutton 2009). And these in turn chime with broader trends towards a knowledge-based society in which health-related information and products are readily available on-line at the click of a mouse (Nettleton *et al.* 2005).

On the one hand the rise of the articulate or information rich consumer, and associated forms of patient expertise, suggest the potential for various challenges or forms of *resistance* to pharmaceuticalisation. On the other hand, however, these developments may themselves fuel or facilitate *further* processes of pharmaceuticalisation, including patient-driven demand for pharmaceuticals (of which more in the next section of this article), with or without the aid of DTC advertising and other forms of 'marketing' on the part of the pharmaceutical industry. Certainly there is evidence, as we have already seen, of new forms of pharmaceutical consumption through computer-mediated access which effectively bypass traditional patient-professional relations and existing forms of governance (Fox and Ward 2009, Fox *et al.* 2007, Seale 2005). This in turn suggests that consumerism is an important driver of pharmaceuticalisation, with or without the aid of professional input or industry influence.

As with all other areas of consumerism in health care, however, professional expertise of various kinds is still valued in people's decision-making regarding medicines, even in cases of OTC products – see for example Stevenson *et al.*'s (2009) recent study of consumer engagement with pharmacists regarding OTC medicines. In keeping with medicalisation therefore, these processes of pharmaceuticalisation, including the recourse to pharmaceutical expertise, amount to what, in Habermasian terms, may be viewed as the 'colonisation of the life world' (see, for example, Scambler 2006).

Related questions arise regarding not simply the implications of these processes for individual subjectivity or selfhood (cf. Rose 2007) but the multiple ways in which patients and consumers of medicines act collectively to represent their interests as members of self-help groups, patient advocacy organisations or health social movements in the public sphere (Brown *et al.* 2004, Gibbon and Novas 2008, Kelleher 2004). These issues are further complicated when some of these groups, with pharmaceutical company support, press for early access to as yet unlicensed medicines while others demand that pharmaceutical companies remove what they claim to be unsafe drugs from the market. Overall, the apparent power of patient activism or collective consumer mobilisation may therefore 'significantly depend on whether it is supporting or contravening the fundamental interests of the pharmaceutical industry' (Abraham 2009a: 113). This may go some way to explaining the apparent meagre success of citizen activism in battles against pharmaceutical companies over drug injury to patients, compared with the success of patient groups seeking access to drugs

in alliance with pharmaceutical manufacturers (Abraham 2009a). The latter includes recent high-profile cases, attracting considerable media attention, of demands to obtain new drugs on the National Health Service for breast cancer (Herceptin), multiple sclerosis (Beta Interferon) and (early onset) Alzheimer's disease (Aricept).

Whether or not such success amounts to the industry 'capture' of consumer groups' agendas is a subject of ongoing debate. Jones (2009), for example, in her recent research on health consumer groups and the pharmaceutical industry in the UK, finds little to confirm the notion of industry capture. Further questions also arise here, however, regarding pharmaceutical companies' attempts to educate or inform patients and consumers and their convergence with expert patient agendas. 'Expert patient' discourses have proved particularly useful in various pharmaceutical campaigns on this front, both in countries where DTC advertising is permitted and in others, as in Europe, where it is not. Appeals to expert patients serve a dual purpose: legitimising pharmaceutical education campaigns on the one hand, while challenging the ban on DTC advertising by characterising patients as informed consumers about drugs on the other hand. Viewed in this more critical light the industry, it appears, wishes to 'use patients as a means of de-regulation and market expansion, without regard to wider health interests' (Abraham 2009a: 114).

It therefore appears that trends toward consumerism in healthcare and associated developments such as the expert patient programme, in the main are congruent with, rather than a challenge to, the interests of the pharmaceutical industry. Indeed, patients and consumers may actively and willing collaborate in processes of pharmaceuticalisation, particularly when much needed treatments are sought. Any increase in the critical reflexivity and expertise of consumers, moreover, needs setting in the context of a 'medical association–industry–government complex', which as Abraham contends, is 'in the interests of the pharmaceutical industry, and at the expense of consumer/patient interests' (2009a: 112, Abraham and Lewis 2002). While patient or consumer challenges are still possible, and while industry capture of consumer group agendas remains a topic of ongoing debate, the power and influence of the pharmaceutical industry is clearly extensive and should not be underestimated.

From treatment to enhancement? The use of drugs for non-medical purposes and the creation of new consumer markets

These discussions of consumerism in turn mesh with another important set of developments regarding the pharmaceuticalisation of everyday life in the guise of drugs for enhancement purposes among healthy people. The desire to improve ourselves in one way or another, of course, is as old as human history. What has changed, however, are the means of doing so, including the use of pharmaceuticals. Enhancement itself, however, remains a contested term, not least because it is frequently employed to denote going beyond treatment or health to become 'better than well' (Elliot 2003): distinctions which themselves are socially constructed and changeable over time. What constitutes a disease or disorder worthy of treatment and where to draw the line between these forms of therapy and other forms of enhancement amongst healthy people is no simple matter.

Conrad (2007), for example, usefully refers to three main types of biomedical enhancement: firstly, normalisation, where biomedical enhancements are used to bring the body in line with what doctors or patients deem to be normal or with socially expected standards; secondly, repair, in which biomedical interventions are used to restore or rejuvenate the body to its previous condition; and thirdly, augmentation, in order to improve or boost life performance in ways that confer the user with a competitive edge (2007: 87–9). Context, of course, is also important to consider in the sense that the very notion of