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Addictionmania

> Who will ever relate the whole history of narcotica? It is almost the history of "culture," of our so-called higher culture.
> —Nietzsche, *The Gay Science*

When health care is addressed as an issue of political economy, discourse generally centers around notions of health care shortages, or its inequitable distribution. Implied in such discourse is the assumption that health care functions for the common good. The following material inverts such discussion, and instead concerns itself with the problems that arise when health care is too inclusive. One problem

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is that the medical apparatus has extended its domain along the social power grid in order to act as an alibi for predatory economic aggression on behalf of masked powers which demand regulated forms of consumption. Further, the medical industry, as a behavior management system, actively promotes addiction hysteria, using it as the basis for interventionist policies disruptive to the autonomy of desire and pleasure in everyday life. Perhaps health care, as institutionalized in the US, does not function for the common good. Perhaps there are areas where less from the medical establishment would be preferable. The myth of addiction provides a perfect case study.

In Praise of the Harrison Act of 1914

Every person possesses his own dose of natural opium, ceaselessly secreted and renewed, and from birth to death how many hours can we reckon of positive pleasure, of successful and decided action?

The noise of postmodern culture is relentless. Endless screams and howls exclaim the necessity of consumption, of work, and of inhibited desire. There is no place to hide—not on the street, not in the workplace, not even in the home. Everywhere, blasts of electronic information from appliances of convenience reverberate out to the horizons of perception, enveloping the compliant and the resistant. Even in moments of natural silence, logos, trademarks, and other visual markers conspire with involuntary memory to maintain the noise with internalized and inescapable slogans and jingles. Like a prisoner whose brain functions have been disrupted by exposure to loud unceasing noise, the

contemporary cultural participant is subject to neuroses that ever increase and intensify.

One result is hysteria. This indeed is the result gained by the endless flow of noise regarding addiction. The insidious monster of addiction is waiting to enslave anyone, from the President's wife to the average working person. It could be a substance, or it could be a process. Drugs, sex, eating, shopping, or even working could all be means to addiction. Anyone could become an addict; anything could be addicting. Such discourse, once internalized, produces an involuntary panic that causes a crisis in the ability to distinguish appropriate desires and actions from inappropriate ones. In turn, a frenzied search begins for an exterior authority that can validate the state of nonaddiction. Support groups and task forces are formed to function as consensual validators of nonaddiction, as well as to act as protective phalanxes against the omnipresent potential of addiction. In this moment of panic, the cultural participant is plunged into a pool of negative desire. Life transforms into an infinite regress toward the absent; that is, rather than defining oneself by what one is or hopes to become, one's identity and role are defined by what one is not (an addict). Can anything be more pathetic, more desperate, more counterproductive, or less fulfilling than trying not to be something? *I am not an addict; I am not a sinner*. In order to break the individual's sense of autonomy, the state begins the indoctrination of children into the cult of negation at the earliest possible age. The call and response chant of "just say no" is more than just a product of drug hysteria; it is the totalizing slogan of life in late capital. In looking for sustenance from a culture of empty desire, the cultural participant turned consumer remains forever hun-

gry. The citizen of this dystopia is without sovereignty, unable to identify, let alone trust h/er own agency, and is easily channeled in a helpless state of paranoia through the market system.

An addiction worth having is an addiction worth treating.

There are of course some who under the weight of guilt have brought medical intervention upon themselves, while still others have had intervention directly forced upon them by those connected to them along the power grid (family, employers, the judicial system, etc.). Such actions are predicated upon the imperative of addiction-noise; i.e., the assumption is that addiction itself is a physiological disturbance divorced of social context, and thereby should be left to medical professionals. The disease model of addiction paradoxically doubles the role of the addict by making h/er both culprit and victim. Although society should feel sorry for the unwitting victim, the hedonistic villain that chose the disease must be punished through lifelong medical (that is, behavioral) regulation. According to the model, addiction cannot be cured, only arrested and managed. Once processed into this panoptic managerial institution, escape is nearly impossible; its gaze of discipline follows the addict (a life-long label) everywhere and forever, consistently reminding the victim of h/er devaluation from person to addict.

I will only record my amazement here.
the subject is not a subject at all, but an object containing a bundle of irresistible impulses: not a responsible agent, but the anonymous victim of an internal natural disaster.

an irresistible temptation creates
an irresistible impulse in an
irresistibly stupid worshipper
at the altar of the Church of American Medicine

The defiance of deception will always be
the highest duty of the individual

As long as addiction remains naturalized through its market mythology (the disease model), and is thereby kept separate from economic imperatives of excess, the authority of the medical establishment remains legitimized. In fact, it seems quite sensible to argue that the medical establishment is an ideal-type in regard to maintaining order through differing modes of power. To keep order through symbolic power (the manipulation of codes) is by far preferable because it is more efficient. When legitimation crisis occurs (the code is unmasked), physical force, generally in the form of military or police power, is called upon to reestablish the code. This latter mode is exceptionally expensive to use on a continuous basis, not to mention costs paid in losses caused by the obligatory decline in production and consumption as the physical clashes take place. The medical apparatus, however, maintains a near unquestioned code, for who would dare to challenge that which holds a key to personal survival, and at the same time has the power of police once a victim is processed into the institution? Perhaps it has more power; after all, an addict, having no free will, has no rights. The addict must pay exorbitant fees for his/her punishment and incarceration. Both products and services must be consumed for the rest of the addict's life, producing tremendous profits for the medical estab-

lishment and its allies (those companies producing the products or processes of treatment). Unlike a standing military or police force, medical interventionism provides a fiscal as well as ideological return on the investment in physical force. In the process, the addict is often turned masochist—becoming one who enjoys the punishment, and gaining self-satisfaction from the excessive consumption of excessive intervention.

The major danger: disease theories
will persuade us that we are already
victims of lifetime diseases.
No strange agenda for people purporting to represent
objective knowledge and concern for others.
If addiction is an incurable disease,
then those who get better had something else.
but those who disagree with such diagnoses
are told that this is a sign of their sickness.
the reality is otherwise
many, perhaps most free themselves

American society has found itself lost in ambiguity when defining what may be considered legitimized excess. On one hand, Protestant and Franklinian heritage suggests that it is wise to save one's earnings, and to defer gratification to a time when expenditures can be made in relative financial security. On the other hand, omnipresent Madison Avenue culture suggests that gratification should be immediate. Not only should all funds be spent, but it is best to go beyond the present through the use of credit and spend any future earnings too. Conspicuous consumption is valued consumption. Always consume more than is needed. At first glance, it would seem that the latter myth is the stronger, and thereby an addict would be praised as the perfect

consumer. The rigidity and the excess with which the addict approaches the market is perfectly dependable, and yet the addict's rigidity is precisely what makes h/er out of control. This curious puzzle is what returns this interrogation back to the former myth, to seek how it is compatible with the latter.

How does one participate in the capitalist spectacle of excess *without* seeming excessive? How can consumption progress at maximum speed, while still giving the impression of moderate cautious expenditure? The answer is that the ideas of "moderation" and "caution" have replaced the notion of generic consumption, while "excess" has become associated with specific patterns of consumption. As long as the cycle of everyday life is in a generalized pattern of working and consuming, the participant escapes the label of excess. Labor (including potential labor) is balanced with consumption. When one activity becomes a specific agenda that replaces other activities, the disequilibrium of excess appears. In the case of consumption itself, a broad range of goods and services should be used, so as not to thwart the seduction of the consumer by the product. In the case of work, overly focusing on one task can lead to overproduction, or may resist the channeling of labor to other necessary sectors of the marketplace. Consumers and laborers circulate in the same manner that money and information circulates. When the cycle becomes constricted or clogged, thus reducing its speed, symbolic or physical force is needed to reopen the avenues of movement. The myth of addiction provides the symbolic force to reopen channels, and legitimizes the physical interventions of the medical establishment, not to mention those of the police and judicial system. By insisting that eternal recurrence is

solely a product of biological destiny, this mythic structure hides the choices that have been made for the consumer/worker by culture.

Not enough. The fractal interiorities of crash culture are not enough. Ideological hallucinations lack the pleasure of screenal jouissance. Knowledge implodes before the hyper-rush of Being-on-screen. But this is not enough. Consumption crashes into its generic perfection. The manias of inertia constantly replay themselves beyond the regime of excess. The excess of excess recalls itself in the cynical discourse of addiction. But this is not enough. Addiction is the recolonization of consumption by consumption that is beyond itself. But this is not enough. It is never enough. The excess of excess is the reduction of product desire into a singular abyss. Addiction is the market outrunning itself. But it will never be enough. Product concentration ruptures the chaos of consumption. The fatal sign of brand names is encoded as Being-in-disease. Being-in-disease is recaptured by the market for infinite profit—the cure is an economic deferment which can never be enough. The eternal recurrence of screenal economies in perfect excess is a generic catastrophe that will never be enough. It will never be enough.

Government and corporate surveillance have reached an all-time high. Data bases are overflowing with information about consumers, both in terms of aggregates based on racial and social categories, and in terms of personal portfolios tracing the spending habits of individual consumers. (Information is kept that ranges from the useful to the useless: People with dogs tend to purchase Ragu spaghetti sauce, while people with cats tend to buy Prego). The status of the consumer as a being in the world is removed from an organic center and is decentered in the circulation of the

electronic file. Spending patterns and credit history become the being of the individual in the marketplace. The goal of such information collection and exchange is to better target products toward specific consumer groups, and thus better remove consumption from the sphere of individual choice, while still retaining the illusion of choice. The product picks its consumer, aggressively demanding the attentions of the consumer that comes within range of its spectacular appeal. The spectacle defines not just one's needs, but one's identity as abstraction and as individual. The spectacle moves along the market grid, pulling the consumer along through the invention of new identities placed in association with the recontextualization and differentiation of the same exhausted products.

The consumer circulates through the differing sectors, purchasing and over-purchasing as demanded by the flow of trends and fashion. It is precisely this dynamic that is crucial for market expansion. Market dynamics must control specific points about when and where to buy. In following this generic pattern with its guided specificity, despite overspending, the consumer is kept separate from the sign of excess; however, if spending becomes focused and singular, preventing the consumer from moving to differentiated market sectors, the consumer is devalued with the sign of excess and then finally with the sign of addiction. Punishment is usually swift, ending with incarceration in one of the many total institutions (clinics, asylums, or jails).

Consider the following scenario. A consumer goes to a mall and purchases a TV. He returns home to his family and presents his purchase. He then returns to the mall and

purchases another TV, returns home, and presents his purchase to his family. This behavior continues to repeat itself. At what point will there be an intervention to break this cycle? Since the TV is a relatively expensive object, it is reasonable to assume that those closest to the consumer on the power grid—those most affected by the purchasing—would intervene. If this consumer is a member of the working or middle class, and lives on a tight budget, his behavior will be rapidly classified as compulsive, and in need of management. Should the behavior continue, the pathology will be upgraded to an addiction requiring institutionalization. Someone wealthier, whose financial security would not be as quickly jeopardized, might be given more leeway; the wealthy are accorded the right to acquire excess in the form of useless objects (please see Chapter 4). Should the consumer be buying gum rather than a TV, the behavior will not viewed as pathological; or, if it is, it will not be deemed in need of management. Should the middle-class consumer concentrate not on buying TVs, but on purchasing video equipment beyond his ability to pay, this too would require intervention; however, since the purchasing is differentiated (in this case a set of items), intervention will be much less swift, and punishment much less harsh.

This scenario should illustrate two interrelated points in regard to addiction. First, specificity is a privilege of power. Capital discourages focused consumption, since it leads to participation in uselessness, a privilege of the elite known for clogging the market system. Much like having sex for its own sake, participation in the useless, as Bataille has shown, is a form of genuine pleasure (as erotica) as well as a display of sovereignty. Under authoritarian rule both

pleasure and individual sovereignty are regarded as dangerous and deserving of punishment, as such qualities are disruptive to a rigid social order. Second, the principle of repressed materialist practicality, grounded in class affiliation, is the trigger of intervention. The less money you have, the faster the troops will come.

When excessive consumption takes the form of substance abuse, another variable comes into the equation—that of health. Generally, an assumption is made that a long healthy life is good. Perhaps in a Buddhist culture, in terms of ideology, this assumption would at least be understandable: If Enlightenment can be reached in a single lifetime, one would want to live as long as possible to accomplish this lofty goal, thereby excusing oneself from a return visit to the vale of tears. However, in both the secularized and Christian West, the desire for a long life has no logical correlate. The desire for long life arises from a bio-cultural fear of dying (an instinctual residue to ensure species survival, modified by various cultural variations on the ideas of finitude and closure). With fear as a mechanism for sufficient blindness, the sociological catastrophe of the elderly becomes easier to accept. While the elderly are canonized as saintly and wise, their actual condition is one of extreme marginalization. They have little or no relationship to production, and do not form a consumer group known for its power buying (except in the area of health care); as a result, they are relegated to managed areas of counterproduction where they can wait for death. Why then are people worried about the precious gift of life? Like most commodities, health as a means to longevity was chosen for them. The *productive* work force, at any rate, must remain healthy in order to be useful.

There is every reason to decide that pleasure—even at the risk of deteriorating the body—is more desirable than health and longevity, but everywhere are forces that discourage such a decision. Most notably, laws prohibit pleasure—everything is prohibited, from recreational drugs to sodomy, so that those who challenge the notion that health and production are the leading values in life can be persecuted as well as prosecuted. However, to underestimate the complicity of official medicine in this ideological swindle would be a mistake. If health and longevity were to be devalued, the medical industry would lose its criminal hold on the population. The fear of death and the nonrational value placed on life provides the perfect market for extortion: "I am making you an offer you can't refuse. If you pay, you may have a long life; but if you refuse..." Medicine has a product that cannot be refused, and by playing on the fear of dying the medical industry has made medical junkies of everyone, while the totalizing discourse of medicine has made "psychos," "perverts," and "addicts" out of those who refuse to consume its texts and products. Further, by promoting the illusory idea that better health equals better living, the medical industry has given the state the perfect means to legitimize authoritarian obstacles to desire and pleasure. The state can now make a credible claim that laws and interventions against individual pleasure are enacted for the welfare of the individual.

Just to speak about how life is devalued as defined by the medical establishment is cause for modest punishment. Musings such as these are marginalized under the sign of cynical nihilism. A moment's reflection will reveal that nothing could be further from the truth. One's own life should not be loved in and of itself; all too often living can

be loathsome. Life should be loved only to the extent that it is experienced as rich and pleasurable. Saying no to desire is nihilistic. Allowing consciousness and the body to be pushed and channeled through the marketplace without reflection or resistance is nihilistic. If we have learned anything from the totalizing institutions of the state, it is that when our addictions are chosen for us, life can equal death.

Whenever she was alive, she was a bad girl,
but whenever she was dead, she was good.
Niceness has brought death for many
exploring brains held captive
by the market for anti-depressants.

It does not have to be this way.
Hell is already of this world,
Whatever kind it may be: Morphine, Reading, Isolation
Onanism, Coitus, Weakness of the Soul, Alcohol, Tobacco,
Misanthropy.
In the name of what superior light?
This fury against intoxicants
encourages the real disease, official medicine.
Better the plague than morphine—better hell than life.

The myth of addiction presents itself as unmediated, as a binary with clear and rigid boundaries. A person is either "drug-free" or an addict. (Legal drugs prescribed by doctors or sold over the counter, which are intended to better one's physical health, are not included in this formula). Notions of controlled drug use or ritualized drug use are drowned out by the noise of addiction hysteria. Any thought of drug use as a universal cross-cultural phenomenon is lost in the noise. Societies which have functional regulating norms for drug use, be they for religious,

recreational, or economic purposes, are absent from the discourse. Drug-free or addict—no other option is heard. Moderation cannot be applied to drugs.

There is no war that is not a war on *drugs*.

Like war, illicit drugs in the postmodern era are a virtual catastrophe—a disaster which exists only in the holographic images of the state. For the most militarized sectors of the state, illicit drugs are both demon and angel. The police and associated agencies (such as the DEA) which do not receive the respect (that is to say, the large budget) that their military counterparts receive, now have reason for increasing their jurisdiction and power. (What makes this opportunity so appealing is that the military proper cannot get in on the action. The fear is so great amongst state officials that the military, particularly the high command, will be corrupted by the tremendous profits involved in the drug trade that the military is kept at maximum distance). Members of the drug police receive money and secure jobs for completely useless behavior—quite a deal. No real objective exists, as the profit-making drug trade is as continuous as the demand for its products. Drug enforcement exists as an artificial barrier, having no real effect on the trade itself. The enforcement profession is really the authoritarian version of the welfare state. As in the days of the New Deal policy, when workers dug holes only to refill them, police run on a treadmill of enforcement—gross expenditure for activity without function except the expression of authoritarian will.

The common perception that law enforcement is losing the war on drugs raises extreme alarm among the friends of

social order. Under the pretense of satisfying this constituency, the state expands its apparatus of punishment. Such action comes as no surprise, since the state has been using this tactic for centuries. What is new is the strategy of dismantling freedoms guaranteed to citizens under the rubric of a progressive agenda. To stop drugs (a goal which has become a euphemism for extreme police regulation of the labor and underclasses, with an emphasis on blacks), the state has been using minority spokespeople to help set legal precedents for the dismantling of the Bill of Rights. For example, in Chicago, black organizations demanded that residents of public housing waive the right to be protected from unwarranted search and seizure. CAE does not want to deny the desperation involved in the crises of the inner city, nor do we deny that the situation calls for immediate and profound action; however, the empowerment of the police state is not going to help. Its mission is not to win the drug war; the DEA (a bureaucracy of self-perpetuation) only exists if the war continues, like many other police and punishment agencies. Further, the primary function of these agencies is to oppress and control the underclass. Empowering police will only lead to more people being sent to jail. Blacks will suffer all the more if racist police agencies are able to increase their powers—the disproportionate amount of blacks serving time on drug charges is proof of the current racist policy. The solution must be found in strategies of liberation and not of oppression. The black leader and former Surgeon General, Joycelyn Elders, has suggested such a plan—that various plans of drug legalization and decriminalization be examined. This was one of the few times in US history a suggestion originating in leftist politics was publicly voiced, and it

was immediately drowned out by addiction noise from liberals, and by law and order noise from conservatives.

As the war on drugs continues, along with the hysteria that it causes, remember that our autonomy (such as it is) is what the state hopes to steal in this artificial conflict.

Images made by people
in the addiction business