

CHAPTER 1

Addictive America

And where will we take our pleasure
when our bodies have been denied?

Richard Fariña, "Children of Darkness"

To say that America is an addictive society is to risk saying nothing by saying too much. After all, to indict an entire nation as ill may be just another standard jeremiad against the consumer-junkie culture, the kind followed by the customary demand for total social transformation. So we live in a commodity society whose citizens crave techno-fixes for everything and who overdose on cars and designer sneakers. Are we then supposed to forsake our hard-earned comforts and return to a simpler world? Just as bad, to declare everyone an addict may be even more psychobabble about people's compulsive, self-indulgent habits in need of the one true cure from the latest self-help regimen. Suppose there are millions of drug abusers, alcoholics, compulsive gamblers, workaholics, love addicts, and other dependent types in the USA. Must everyone then plunge into recovery groups and chant twelve-step slogans?

If we say that the whole society is addicted, or that everyone is addicted to something, then the term *addiction* loses its meaning. Why then insist on the portentous claim that America is an addictive society? What could I be saying that still makes sense?

I am arguing for the need to see addiction as a form of social relations, and to see addictive relations as a form of cultural politics. *Addiction* as I use it here is not a medical term for a disease but refers to certain everyday ways of relating. It is neither a catchword for the consumer culture nor strictly a behavioral label, although the locus of the body as a contested site of addiction is often crucial. Rather, addiction is a troublesome quality of how people try to meet their personal, everyday needs for plea-

sure and sociability (culture) and which has to do with power and control (politics).

Addictions are false fixes, poor substitutes for genuine, mutually satisfying relations. They characterize a culture in which people neither affirm others nor are affirmed themselves as valued beings in their own right. As a consequence, in addictive relations people lose their sensuous, fluid nature and the flexibility to maintain connectedness within shifting contexts and become fixed or dependent on one form of expression. These relations are marked by loss of choice and mutuality, with control given over instead to some substance, thing, activity, thought, or other person. In these patterns people need to control themselves and others at the expense of spontaneity or choice. As such they display rigid, all-or-nothing qualities in everyday activities. In order to maintain control, people must deny knowledge of conflicting needs, feelings, or viewpoints. The effort to overcome addictive relations, both in interpersonal terms and on the level of political institutions, and to gain satisfying ones is part of what I mean by "cultural politics."

A key point about addictive relations as cultural politics, then, is that they have both personal and political dimensions. The personal aspect involves the desire for pleasure, power, and security. This effort centers on the right to experience the sensuous nature of the body and the attempt to find satisfying relations other than through substance abuse or compulsive shopping, working, control of others, or other activities which take over a person's life. It also means the effort to overcome denial and to recognize and accept contradictory voices and perspectives which run counter to the one form of expression on which a person has become fixed.

The political side addresses the issue of power within organizations as well as in interpersonal relations. Many addictive relations are marked by the attempt to control others, since the loss of control is what the addict fears most. But the attempt to overcome addiction includes the battle to democratize all forms of everyday life, to give up arbitrary control over others and allow for unspoken voices which have been denied. This includes the fight to access relevant knowledge and power for all in everyday places like the family, the school, the community, and the state and to enjoy self-enhancing everyday relations.

A progressive cultural politics, then, insists on both the right to sensuous pleasure and the necessity of democratic processes which increase power and knowledge for all. It regards compul-

sive control over the self and others, and the denial of essential knowledge about the self and others, as both personal and political problems which must be contested. It demands a vision of freely determined, fluid, everyday relations in which people give and receive love and are accepted for who they are.

This book is about cultural patterns and not just about drugs, alcohol, and substance abuse. Yet it is necessary to first examine the role of drugs to understand the broader issue. The recent concern with drugs has sparked an intense and divisive political cultural struggle which has implicated traditional patterns of social life. The crisis has mobilized strong responses such as the federal war on drugs and a new antidrug movement across different sectors of society. These responses have exposed deep moral differences within American society over the politics of pleasure and the nature of relations within the family, school, the workplace, the media, and the society at large. I will first argue that drugs, although they appear to be a separate, isolated issue, are part and parcel of the cultural makeup of daily life, and are the historical and conceptual starting point for a study of addictive relations and the elaboration of a progressive cultural politics.

The impetus for the concern over addiction is the current drug crisis, brought about by the marketing of crack cocaine and the ensuing federal war on drugs that began in the 1980s. Cocaine as both powder and crack, a cheap, accessible, and concentrated form, has harmed the lives of many people, ranging from babies of addicted mothers in the inner cities to professionals, athletes, and entertainers. In cities poor people of color have suffered the most from the illegal drug trade. Users go untreated, young men swell the jails, innocent children are killed in gang war crossfire, and community life is decimated by crime as terrorized residents fear venturing outside their homes. Illegal drug use affects disenfranchised people in other significant ways. Heroin users become infected with the HIV virus by sharing contaminated needles, and the virus spreads through sex with partners or through prostitution among some crack and heroin addicts. The drug crisis has affected the entire society as well, not just in terms of the personal anguish of substance abuse across different classes but also through the increased cost of health care, mental health services, productivity loss, and crime. Yet drugs, which include the drug alcohol, are not some foreign plot or domestic anomaly but are an integral part of the social fabric.

DRUGS: THE DANGLING THREAD

We often speak of everyday life as a social fabric, an interwoven texture of relations which gets us through the day. Within that weave the drug problem appears at first like a dangling thread, a glaring annoyance silhouetted against the curtains, a nagging waif orphaned from a favorite sweater. During the day we will catch a headline about a drug bust, watch a news story about crack mothers, read about a controversial drug on the market, or overhear that a professional athlete was arrested for drunk driving. Meanwhile we may have to deal with an alcoholic family member, wake up from one too many hangovers ourselves, find that one sleeping pill no longer does the trick, start craving the next cup of coffee sooner in the morning, or vow again to quit smoking. Because of our need to focus on getting through the day, we seldom are able to take the one step back which might allow us to identify the recurrent patterns in the social fabric. It is not until we begin to pull at the thread that is the drug problem that we discover that the cloth or garment starts unraveling; it is all of a piece, and the problem is conjoined with the weave itself. In this society we learn to count on drugs of all kinds as substitutes for a lack of power, security, and self-acceptance, and sometimes it leads to abuse. Drugs are part of everyday life, not just the lives of the Others out there, but of ours as well.

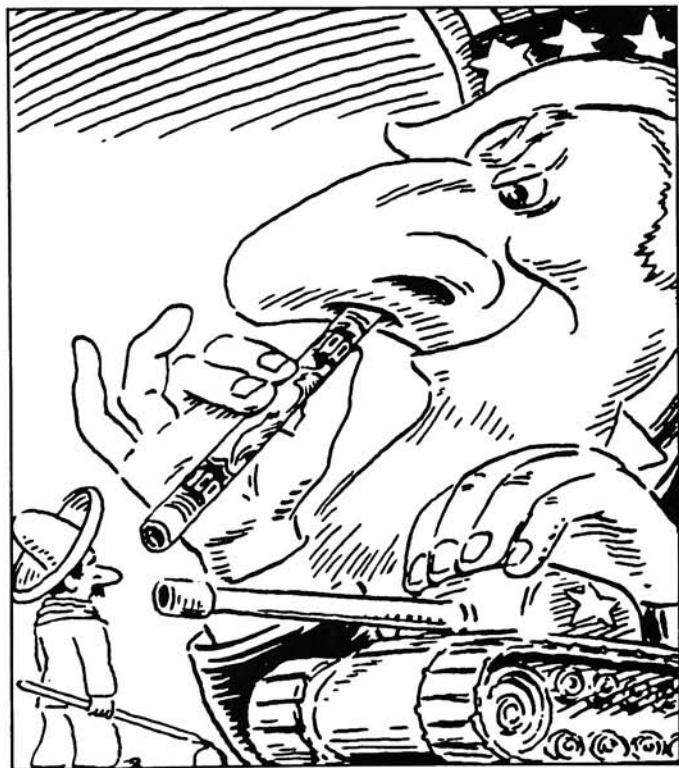
Drug abuse and the entire drug economy are not the simple effects of a foreign import, a thinglike evil from beyond which can be eradicated; nor are they some aberrant, cancerlike disease growing within which can be isolated and extracted. Rather, drugs are part of the sinews and marrow of the everyday itself. The terms borrowed from business and applied to the drug trade, *supply* and *demand*, are telling: drugs are commodities like everything else. The supply side refers to making and promoting drugs and getting them to people. The demand side refers to people's desire to consume drugs.

Supply Side

The production, promotion, and distribution of drugs, both legal and illegal, follow the same dynamics as the manufacture, advertising, and circulation of all profitable commodities in society. Suppliers are not just drug kingpins and henchmen of the Colom-

bian Medellin cartel; pushers are not just shifty-eyed men lurking near schoolyards. Suppliers are business dealers who provide both legal and illegal drugs for profit, and live in rural towns as well as big cities. They include farmers who grow marijuana, which is a major cash crop in some areas.¹ They include church leaders, neighborhood watch captains, children, and the elderly, all of whom drug enforcement agents discovered to be home manufacturers of methamphetamine.² They also include government officials who have condoned international drug trafficking which supplies and distributes illegal drugs such as heroin and cocaine from third world countries to inner-city neighborhoods.³

The cocaine trade yields huge profits. It is bound up with large-scale legal banking interests which have benefited from the booming drug market.⁴ The money from laundering drug profits is worth as much to the world banking system as is the trade in oil, an estimated \$300 billion a year. Banks earn significant sums



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of interest even on one day's holding because of the volume; as electronic money transfers have expanded in speed and volume, drug dealers and some banks can hide vast sums of illegal drug profits.⁵ Because so much of mainstream society traffics in drugs, the difference between good and bad drug pushers and between good and bad drugs often becomes blurred. From the business perspective of many Americans, drugs are part of daily life. In urban neighborhoods dealers and drug runners are often children who earn money for the family, and users may be a neighbor, friend, or relative.

Illegal drug producing and trafficking threaten the profits of legal drug producers like the pharmaceutical, tobacco, and liquor industries. The pharmaceutical industry is one of the country's most lucrative businesses.⁶ It makes and promotes drugs which promise a quick fix for every pain or problem and help people get back to functioning in the workaday world. Many of the drugs aim to alleviate symptoms of stress which stem from job-related and other everyday problems of living in a competitive, capitalist culture.⁷ They include pills for headaches, insomnia, fatigue, backaches, muscular pain, and upset stomach. Prescription pills for ulcers and hypertension, also symptoms of stress, yield sales of \$1 billion or more each year. In 1993 the federal government issued a report critical of the pharmaceuticals for charging exorbitant prices for drugs. The industry countered that the profits go into further research; yet much of the money goes into marketing, and most marketed drugs are just different commercial versions of the same sleeping pill or tranquilizer.⁸

Drug companies affect people's lives in profound ways. They feed on people's anxiety about their attractiveness and competitive edge as marketable commodities themselves. By saturating the media with ads, they promise consumers success through the purchase of deodorants, mouthwash, shampoos, blemish cremes, hair growth chemicals, and cosmetics. Pharmaceuticals also sell drugs to the medical trade to control and adjust difficult groups, for example, Haldol for nursing home residents, Thorazine for psychiatric patients, Methadone for heroin addicts, Ritalin for children diagnosed as hyperactive, and diet pills (amphetamines), Valium, antidepressants, and other psychotropic drugs for functioning outpatients.

As partners with the drug companies, doctors and those in the medical industry promote drugs as a remedy for almost every

symptom. They hand out more prescriptions to women than to men, and for this reason many women have problems with addiction to prescription pills such as Valium.⁹ Psychiatric residents, mostly poor and working class, are heavily medicated in order to make them more manageable.¹⁰ Elderly people warehoused in nursing homes also are sometimes overmedicated into docility. A series of studies showed that nursing homes short of staff gave antipsychotic drugs to residents not diagnosed as psychotic as a form of "chemical restraint" to manage difficult behavior and without the informed consent of the person or his or her relatives.¹¹ An executive of the American Psychological Association called the problem of overmedication and mismedication of older people the nation's "other drug problem."¹²

The federal government protects drug companies from illegal competitors and criminalizes drug traffickers in part because they compete with the legal promoters and cut into their profits.¹³ The government also helps drug companies generate new markets for legal drugs. For example, when the United States pressured Japan to remove its trade barriers against cigarette imports, cigarette advertisements that target women and the young increased.¹⁴ Since the 1960s the government has subsidized drug companies through Medicaid reimbursements and research grants.¹⁵ During the Reagan/Bush war on drugs the Anti-Drug Abuse Act of Congress appropriated money for pharmaceutical companies to develop drugs which are supposed to block cocaine craving.¹⁶

The cozy bond between the drug industry and the government, along with the large sum of money to be made in 1989, led to a number of drug companies pleading guilty to bribing Food and Drug Administration (FDA) officials and to producing inadequate generic drugs—cheaper, supposedly equivalent versions of patented, name-brand products. Companies which get their generic form approved first after a drug comes off patent can gain enormous profits.¹⁷ Because pharmaceuticals oversee themselves with limited FDA control, consumers in 1991 questioned the safety of the antidepressant Halcion and silicone breast implants. Abroad, American drug companies push drugs which the government bans as unsafe onto third world markets in Mexico and Malaysia and sell drugs with labels that omit important medical information in other developing countries.¹⁸

The liquor and cigarette industries are aggressive promoters and suppliers of the drugs alcohol and nicotine. The tobacco busi-

ness is heavily subsidized by the federal government and competes with illegal drug producers. It has pursued new markets for years. My father, a World War II veteran, tells how he and many other men became addicted to cigarettes during the war when the army gave out free packs. When I worked on a chronic psychiatric ward in the 1970s nearly all the male patients, already heavily medicated, were addicted to cigarettes, since they were passed out like candy. The industry has targeted poor and uneducated people of color who are more likely to suffer stress, has marketed products geared to them (such as the ill-fated cigarette Uptown), and has placed more tobacco ads on billboards in black communities and magazines.¹⁹ It may be no accident that a higher percentage of African-Americans smoke cigarettes and that their lung cancer rate has increased four times faster than that of whites in the last thirty years; with respect to liquor intake, black men have a 70 percent higher death rate from cirrhosis of the liver than whites.²⁰ Yet the drug companies also invest in endeavors important to people of color. The tobacco industry is a big contributor to the Congressional Black Caucus Foundation and the Congressional Hispanic Caucus Institute, and Philip Morris and RJR Nabisco donate significant amounts to the Alvin Ailey Dance Company, the National Urban League, the NAACP, and the United Negro College Fund.²¹

The legal drug companies also target women, children, and citizens of third world countries. Tobacco companies have aimed at women with new products like Dakota and at young consumers through an effective cartoon character for Camel cigarettes.²² Coors beer focused on women in an ad campaign, and the liquor industry tapped into the youth market by pushing wine coolers and forty-ounce malt liquor, favored by an increasing number of inner-city African-American and Latino youth, some who call it "liquid crack."²³ Wine coolers are popular among children, who consider them to be like a soft drink and who find them easy to purchase. Aggressive ad campaigns for malt liquor, an accessible, cheap, quick, and powerful high, have won over many teens, who drink it along with smoking marijuana. In the face of new temperance trends at home, tobacco companies have expanded into third world countries and have contributed to an increase in smokers in Asia.²⁴ American beer companies as well have developed a thirst for new international markets because of declining domestic alcohol use and have expanded rapidly into alcohol markets in developing nations.²⁵

In short, the government has tried to restrict the supply side of drugs. Yet it becomes clear why this strategy fails: the government is implicated in the drug trade, and drugs, both legal and illegal, are too profitable a commodity for too many people.

Demand Side

All kinds of people want drugs of all kinds, including alcohol, nicotine, caffeine, prescription pills, and illegal substances. It is important to acknowledge that people take drugs because they perceive the benefits of the drugs and not because they wish to harm themselves. In a competitive society which does not affirm the basic dignity of each person, Americans take drugs to medicate themselves for feelings of insecurity, sorrow, pain, anger, boredom, or just to become numb. But in other cases they do so to relax, escape, play, be sociable, feel powerful, enhance and expand their consciousness, partake in religious rituals, and enrich their experience on sexual, emotional, spiritual, and intellectual levels. Certain drug taking embodies the palpable desire for transcendence, enlightenment, surrender, joy, connectedness, and sensuality. At other times taking drugs is a means to resist and rebel against restrictive and controlling social forces. Those who use drugs are not simply criminal, immoral, or sick people. Poor people of color in the inner city get the most press on the ravages of crack use, but the majority of crack users are white, and users, as well as alcoholics, include people in small towns, suburban youth, women at home, wage earners, doctors, and corporate executives.²⁶ The fact that some successful people abuse drugs flies in the face of the myth many tell to children that hard work and achievement are rewarding activities in and of themselves and are sufficient substitutes for drug highs. It undermines the belief that it is poverty per se that causes drug abuse.

The experience of the cast of *A Chorus Line* is an apt example. The musical, the longest-running show in Broadway history, was about dancers who audition for a godlike casting director to whom they must disclose their vulnerabilities as a requirement for winning the part. The story is a good metaphor for the individualistic, competitive, and compulsive quest for success for which just a lucky few in this culture are chosen, and which can lead to drug use as a means to deal with the stress. It happens that in real life "A Chorus Line" was a coke line; the choreographer, Michael

Bennett, and many in the cast were heavily involved in drugs, moving from Valium, uppers, and marijuana to cocaine.²⁷ Others in high-powered jobs, such as corporate executives, top government officials, lawyers, professional athletes, and entertainers who work long hours, feel pressure to make important decisions and to perform in public. Since they cannot afford to feel unsure or show signs of stress, they use coke to stay on top of incommensurate feelings of self-doubt and low self-worth. Then to come down from the pressures, some combine alcohol with Valium, a benzodiazepine tranquilizer. President Reagan's aide, Michael Deaver, Reagan's national security advisor, Robert C. McFarlane, and President Gerald Ford's wife, Betty, all experienced trouble with these two drugs, and many responsible job holders in Washington, D.C., also rely on this mixture.²⁸

Others with less glamorous jobs also medicate themselves to help deal with the daily grind. In some cases stimulants such as cocaine and speed can increase workers' productivity and sharpen performance and do not always lead to workplace problems.²⁹ Before the recent war on drugs some companies were encouraging workers to avail themselves of Darvon, Valium, and speed in order to help them get through the day and increase productivity.³⁰ In one government study in the early 1980s, supervisors estimated that 15 to 20 percent of their employees were regular marijuana users and reported that the usage did not have a negative effect on job performance.³¹ Millions of working people still smoke cigarettes, and alcohol use has a long history of being part of working men's time away from work. When I worked as a union organizer with blue-collar workers, beer drinking was an integral part of the organizing meetings and rallies. Around 10 percent of the work force has an alcohol problem. The high incidence of abuse among railroad workers, for example, stems from isolation and boredom.³²

Unemployed workers go through a different kind of stress from anxiety over finances, depression from lack of meaningful activity, and low self-esteem from feelings of worthlessness. As a consequence, they show an increase in alcohol intake, cigarette smoking, and drug use.³³ The armed forces, a different kind of reserve army of labor, has had disciplinary problems with military personnel who have abused drugs and alcohol, not only during the Vietnam War but also with soldiers stationed in Europe. A recent exception was the Persian Gulf War, where soldiers were

unable to secure alcohol. Yet alcohol abuse in the military does not occur only among the rank and file. At the 1991 Tailhook Association convention in Las Vegas, over one hundred naval officers were implicated in drunken acts of sexual harassment and assault; a number of them lied to the investigators about the events.³⁴

Drug taking can reorganize a person's time and fill the emptiness of a fragmented sense of self and disintegrated community life. Some people feel more whole and connected from drug use and gain a sense of meaning rather than one of disorganization.³⁵ For example, suburban women on Long Island, New York, who prostitute themselves for crack arrange their lives around the drug; they meet Johns, hang out with friends, and engage in routines of street life.³⁶ Drugs like cocaine activate and concentrate desire and power in the form of the body, which has become a dislocated source of subjectivity. By invoking quick changes, they may bring one in synch with the emerging cultural trend toward instant identity shifts.

For many teens and adults as well, alcohol and crack serve as substitutes for self-esteem because these and other drugs medicate for painful feelings. Heroin, sometimes called "mother," envelops the user with a feeling of being loved. In some middle-class circles in the early 1990s the antidepressant drug Prozac became a chic drug which its users swore by.³⁷ Some suburban youth get drunk at keggers to alleviate boredom and anxiety; their parents deny the substance abuse and are relieved that at least their children are not into crack.³⁸ This occurs despite the fact that alcohol-related accidents like drunk driving are a major cause of deaths among young adults. Many young athletes as well as professionals take dangerous steroids to build up their bodies in order to better compete. A significant number of youth inhale paint and other everyday household substances in order to get high, often because they are bored or in pain.

The compulsive demand for drugs today reflects the consumptive nature of everyday life. The consumer culture itself has drug-like qualities. The act of consumption, with its druglike cycle of desire, tolerance, withdrawal, and renewed demand, now exists for its own sake, detached from production and material necessity. The electronic media, like drugs, are capable of generating fantasy, simulation, or denial of experience in an instant. People consume drugs as one more quick, commodified way to solve

problems, to ease their pain, to get through the day, or just for their own sake, often inducing the need for a bigger, better product after the high wears off.

In today's culture drug use also can be a way to resist participating in the cycle of productivity and leisure. In the process of capital accumulation, time is an abstract measure of orderly, structured work in which management regards the last hour of the day as the same unit of output as the first, despite the worker's fatigue at the end of the day.³⁹ But certain drugs affect the sense of past and future as well as the length of an interlude and break up the narrative of capitalist time. Marijuana allows for an elasticity of time in contrast to the kind employers use during work: spent time, time as money. Cocaine highs may reflect the cultural style of the short frames and sudden time shifts which rupture linear narratives. This kind of resistance is not political in the traditional sense but may contribute to disrupting the structure of social control itself.⁴⁰

In sum, the demand for drugs as a means of self-medication and pleasure includes both legal and illegal drugs and is not different in kind from the compulsive pattern of all commodity consumption in this society.

ADDICTION AS CULTURAL POLITICS

I have argued that both legal and illegal drugs are stitched into the everyday social fabric. The drug issue serves as a starting point for the broader concern over everyday addictive relations within a commodified culture. One way people show an addiction is to crave the effect of a drug. They take the drug because it produces the feelings of acceptance, comfort, or power they are not otherwise getting in a quick and easy way. They may then develop an increased tolerance for the effect and need to keep taking it when the feelings diminish. Yet this pattern is not the only social form addiction takes. The substance abuse field points out that addictions are patterns of relating. They are characterized by all-or-nothing thinking, by perfectionism, and by the need to control some thought, thing, or person. The need to control is often manifest by its opposite, feeling out of control and enslaved to one form of expression. Another key characteristic is the denial of salient information, including the person's own needs and feelings

and those of others. These addictive patterns are patterns of this culture as a whole.

Culture is the medium in which we grow up and through which we learn to express and meet our everyday personal and social needs; culture also frames the meaning of a problem. In the words of two addiction researchers, "Growing up consists of finding the right substitutes for your thumb"; that is, as most of us grow up we lose our dependency on one fixed form and develop more flexible ways to express pleasure, gain a sense of security, and enhance our sense of personal power.⁴¹ But the way people try to meet these needs reflects back on the larger culture itself through the forms it offers us. In this sense drug abuse and addictions, as substitutes for thumb sucking, are disturbed expressions within this culture through which we attempt to meet our grown-up needs for power, security, and self-expression. Addictive relations then become a cultural problem as a result of our attempt to meet these social needs through drug use and other compulsive behaviors, since we are not meeting them otherwise as we mature.

In American culture people are not valued for their own sake but for their ability to accumulate power in a conspicuous manner within a competitive, controlling hierarchy. Addictions are intelligible in a culture in which many are estranged from mutual, equitable, self-enhancing relations in everyday life. That so many describe their lives as being out of control speaks to the nature of a culture in which control over others and being controlled by others are paramount. An alcoholic, crack addict, workaholic, or person hooked emotionally on another to the point of severe loss of judgment (check the daily tabloids for examples) is native to a culture which promotes total fixes or cures for people's troubles, which promises people complete control over their problems, and which does not affirm the self on its own merits but by what it possesses. A possession becomes like a drug, a cure-all that exists outside yourself which will solve your problem of feeling powerless and unacceptable. A culture in which people become overidentified with things, ideas, patterns of relating, or other people is one without a sense of the fluid, relational nature of the self. It is one which instead attempts to control and define people within certain limited forms of expression and which denies the awareness of other perspectives and frameworks.

Addiction to substances such as alcohol, cigarettes, marijuana, pills, or food; addiction to buying things like clothes or cars; addic-

tion to accumulating money through gambling, exploitation, greed, or crime; addiction to work, or to one absolute idea or fixed belief, such as religious fanaticism or racial supremacy; addiction to other people through dominating, possessing, serving, or fixing them; addiction to yourself, including addiction to rigid patriarchal gender roles—these patterns are troublesome ways of trying to secure a sense of power and control in this culture. Addictive relations reflect the inadequacy of drugs and other commodified activities to stand in for a real sense of acceptance and power. They point to the failure of the culture to provide for more satisfying, expressive forms of personal and political relations. Addictive patterns, of which drug abuse is one, prevail as people attempt to seek pleasure, lessen pain, and gain a sense of power within a culture which uses commodities and commodified activities as druglike things, which depends on the need to control other people and nature, and which denies a full range of experiences and voices. It is a culture which offers false fixes as substitutes for more fluid, fulfilling ways of being which arise through freely established mutual relations.

BEYOND MEDICINE

Still, are not addictions a disease in some biological sense?

The term *addiction* is a metaphor for a set of cultural behaviors, even when drugs are involved. In arguing this point I will return to the way the term refers to substance abuse. For example, although some studies suggest some kind of genetic predisposition as a factor, there is no clear evidence for an inherited genetic basis for the diverse behaviors subsumed under the term *alcoholism*.⁴² Nor are there universal biochemical markers for identifying and defining the presence of addiction to substances. Since not all abused drugs lead to physiological signs of tolerance and withdrawal (for example, PCP, solvents, marijuana, and hallucinogens do not), there is no such thing as a pure physical addiction in contrast to a psychological one in every case. Cocaine and crack intake do not lead to addiction in an unavoidable sense.⁴³ Drug researchers have long argued that it is not the characteristics of the drug but the social setting and individual differences which are the most significant factors in determining whether to use the term *addiction*. Thus *addiction* is no longer a medical term referring to biological processes but a common cultural signifier. Its

meaning has opened up so that it no longer can be defined by medical, mental health, legal, or moral authorities alone.

True, there is a physiological language of addiction. In the brain opiate receptor sites receive neurotransmitters such as endorphins, which are opiatelike chemicals produced by the body. Certain drugs bind to the receptor sites, and when a person takes them the body reduces its manufacture of endorphins. When the effect of taking the drug wears off, the receptors "crave" more opiates. Taking more drugs satisfies the receptors but in time causes the body to produce less of its own endorphins; repeated drug taking can result in changes in the enzymes required for neurotransmission. The person may then feel the need to take even more drugs to maintain the equilibrium, the level of neurotransmission that reduces the discomfort from the enzymatic changes. With stimulants like cocaine the process is different than with narcotics like heroin. Cocaine prevents neurotransmitters from being absorbed back into the cells that sent them. The neurotransmitters stay trapped in the gap between cells and keep firing pleasure messages. When the cocaine runs out, the person experiences loss of pleasure and irritability.

But these physiological processes do not happen without fail in the same way with every person who takes a drug or alcohol. Even when they occur, a person must learn to interpret the meaning of the discomfort as a demand for more alcohol or drugs and then act on it as a participant of a culture, not as a biochemical organism displaying a tropism. The neurochemistry of drug and alcohol use is not the body but is itself another discourse.⁴⁴ The importance of this point is that it forces us to look at explanations of social behavior such as drug taking as cultural constructs which are open to different readings and so are contestable.

For example, one proponent of the disease model of alcoholism must conflate two different kinds of language, that of purpose and that of the body, as she tries to explain the presumed inevitable need for an alcoholic to drink. She claims that "the cells of the body dictate that one must drink to survive. . . . The alcoholic's only connection is to his screaming cells, which demand that he think only of them and how he is going to keep them happy."⁴⁵

But do cells scream? Do they dictate to their owner how to behave? Does a person think about his or her cells? Are cells capable of happiness? If biology dictates behavior then how does the

spiritual program of Alcoholics Anonymous (AA), which the author endorses as the solution to the disease, manage to speak to the cells and get them to stop screaming? Is AA then the only means in our culture by which someone can stop drinking? It is not accidental that the author must mix psychological metaphors into the language of biology to maintain the disease model. This is because drinking alcohol to the point of intoxication, although a bodily experience, is not a pure physiological phenomenon but a purposive social behavior which occurs within a cultural context that defines the meaning of needs as well as the meaning of a social problem. To put it another way, drug and alcohol addictions can affect the body in adverse ways and may demand medical care. However, the language of medicine and the medical establishment are subsumed within culture; culture is the broader network of contested discourses of relations. The explanation of addiction then is not reducible to the discourse of physiology. Medical language is not an a priori discourse of truth but must depend on the culture as a whole to give it meaning and validity. In an analogous way, biochemical explanation is not a sufficient level of understanding for addictive behavior but must appeal to the cultural context of purpose, that is, the meaning of the drinking or drug taking, to account for cause.

We are back to culture in speaking about addiction. Many social behaviors parallel the same addictive patterns of loss of control and tolerance effect as drug use. Gambling, shopping, repeating destructive relationships, and the need to control others are social acts which along with substance abuse can share the addictive cycle of desire, withdrawal, and tolerance.⁴⁶ Besides taking substances, there are an infinite variety of cultural activities, like skydiving, which people have created through history and which happen to stimulate their endorphin production. When a person becomes dependent on performing these activities which have harmful consequences, it is as much a cultural as a biochemical process. Even benign substances such as air and food can be addicting, as can watching televangelists or playing *Dungeons and Dragons*, whereas drugs like narcotics and marijuana have many beneficial aspects just as they have dangerous potentials.⁴⁷ The formal diagnosis of "psychoactive substance dependence" in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM III-R) includes meeting at least three of nine criteria, many of which are social acts such as spending a great deal of time getting,

using, and recovering from the substance.⁴⁸ The most salient issue relating to whether to use the term *addiction* is the way people live their everyday lives, not only with respect to their own emotional needs but in relation to others. Prevention, treatment, and recovery programs in the alcohol and substance abuse fields emphasize these relational issues long before or after the person uses a drug.

The progressive side of extending the medical term *addiction* to social behaviors is that it highlights certain problems as public health issues since medicine is a language of power in this culture. To regard compulsive acts as objective diseases from a public health perspective removes them from the realm of personal or moral failings and places them in the arena of public concern over health and safety, which are presumed universal, scientific, and enlightened values. There are progressive public health professionals who understand the social, political, and economic context of these acts and who try to link personal problems with the need for social change and increased community power. For example, it may be more sensible to consider smoking as nicotine addiction and attribute a high rate of this disease in an inner-city neighborhood to stress-inducing public health factors such as poverty and the saturation of cigarette billboards rather than to indict each individual smoker as morally weak or lazy. In a similar way, when people in twelve-step recovery groups refer to their problems as diseases which are stronger than their individual wills it provides everyone with a common language and allows men and women and people from different classes and backgrounds to talk about their experiences in similar terms.

But even this view of public health which speaks about social acts as unhealthy or diseased has a negative side which prevents it from going far enough as a progressive cultural politics. It cannot break free of the troublesome aspects of the medical model, which relies on the power of experts who lay claim to effecting a treatment or cure for everyone and which assumes there is a neutral, objective, universal way to identify high-risk or addicted people and to define a problem. The public health model as a cultural discourse of power in effect pathologizes more and more social behaviors which must be brought under its hierarchical control.

Medicine and psychotherapy are growth industries. The medical model they follow tends to extinguish the role of agency and exonerate individual and social responsibility by pointing to dis-

eases as a cause. This mystifies the power relations within which the behaviors occur. To call different behaviors "diseases" promotes the view that they are individual or group illnesses which require a kind of technocratic cure, some presumed objective medical treatment, instead of placing these behaviors within contestable cultural relations of power and the denial of necessary knowledge. To define certain acts as healthy within a conservative political climate can result in strengthening those in power; *health* then becomes an ideological term defined by conservative criteria, a standard of proper behavior used to bludgeon those who do not measure up. The twelve-step self-help recovery movement for alcoholics and drug addicts, their family members, and others also speaks of people's problems as diseases. The movement's cure for those who declare themselves sick is to help them recover from always having the illness. But what is absent from the disease language of public health and recovery is an understanding of the defining power relations which require critical dialogue and political action. There is a need for a radical cultural politics of addictive relations.

CULTURE WAR

The Right in this country was the first to seize the issue of addictive relations as cultural politics. In the 1980s and into the 1990s the Right gained the high ground by first grasping the political significance of two cultural issues, the nature of pleasure and control over the body. The Right has attacked the legitimacy of pleasurable acts of sexuality, the enjoyment of music and art, and drug taking, pressing for such measures as tough law enforcement, censorship, and mandatory blood and urine tests for drugs and the HIV virus. It has battled over control of the body, including attacks on gays and lesbians, abortion and reproductive rights of women and young people, certain forms of artistic expression such as performance art, and drug taking as well.

The Right's anxiety over the need to maintain control over the body has intensified in light of the ongoing disappearance of the body itself. The body has become decentered and dispersed. Bodily sensations have become mediated and in some cases replaced by forms of technology such as phone sex, virtual reality, artificial insemination, and the pervasiveness of video images as substitutes

for experience. The Right tries to preserve some pure, idealized boundary of the body. It does this by demonizing the bodies of the Other in contrast to those of encapsulated, pristine, white middle-class people in their beleaguered enclaves. Poor people of color and other groups are cast as the Other, the ones who are violent, diseased, or addicted, in contrast to Us, who are trying to stay pure and fend off the homeless, child abusers, gays, persons with AIDS, and drug fiends. But this way of thinking denies everyday experience. It dichotomizes good and bad in an either/or framework and externalizes evil as something beyond one's own body or self. This process of objectifying a trait also occurs with drugs, which are supposed to be foreign, evil entities extrinsic to one's natural self. The myth is that by contrast all other commodities which we consume, such as food laced with chemical preservatives, pesticides, and steroids, and all of one's other acts, are pure and acceptable.⁴⁹ This hypocritical perspective is itself characteristic of addictive relations.

The Right has tried to influence two agents of acculturation, the family (for example, through former Vice President Quayle's family values campaign) and the school (in its attack on multiculturalism), because these are sites in which control over children's choices over pleasure and the body are crucial. Here again the politically charged battle against drugs—for example, through Nancy Reagan's "Just Say No" crusade and the school ad campaign of the Partnership for a Drug-Free America, among others—assumes prominence because it involves both pleasure and the body and influences children within the family and school.

The Right's campaign has touched a nerve in American culture because of the legitimate problems of substance abuse. Yet in some ways their cure has been as detrimental as the disease, if not more so. The illegal Latin American cocaine trade galvanized repressive policies both foreign and domestic. During the Reagan/Bush era, government, corporate, and media interests waged a controversial antidrug campaign or war on a number of fronts. The war included law enforcement crackdowns on inner-city residents, which often involved illegal detentions, searches, and evictions. It also included drug testing in the workplace, an effort to toughen schools' policy toward student drug use, an extensive public relations crusade to resist drugs, and an invasion of Panama in 1989 to abduct former ally and head of the country, General Manuel Noriega, and try him for the ostensible charge of

drug dealing. In 1993 President Clinton surprised his supporters and continued the Reagan/Bush policy of allocating more money for interdiction over treatment and prevention.

Yet the Right's attempt to control pleasure ironically has opened up space for the awareness of contradictions within the social order and has contributed to the surge of new progressive forces which it has been unable to contain. Voices of disenfranchised groups whose experiences run counter to and threaten the dominant narratives of American culture have begun to speak up. The process by which the Right's repressive strategy of control in fact helps to undermine its own power shows up in the very war over drug abuse and addiction. By pushing the war to its limit, it has in the end laid bare the broader, cultural political problem of addictive relations within everyday life and has opened the way for the possibility of alternatives to the denial of pleasure.

The attempt to solve the drug crisis has exposed the shifting, contradictory nature of American culture itself, a culture whose master narratives of hierarchical control are unraveling. The culture is undermined not just by the social costs of illegal drug use and interdiction but also by the failures of the war on drugs. The remedy itself perpetuates addictive relations in the way it totalizes the problem as a foreign evil which demands a quick fix, a counterdose of control. The failure of this approach has uncovered the broader addictive nature of everyday relations themselves by forcing the growing awareness that demonizing all drug users and using repressive control does not work. The level of public knowledge has grown from a narrow focus on immediate short-term cures for illegal drugs—for example, from the use of law enforcement as a quick fix—to the awareness that substance abuse and addiction in general are long-term, intricate, and extensive patterns of relations within American society that require new approaches.

THE SHIFT IN CONSCIOUSNESS

Public consciousness is expanding in a concentric pattern from a narrow, myopic focus on drugs to a broader vision of addictive relations in at least three ways. First, it is shifting its concern over illegal drugs to concern over everyday legal ones on which the current economy is also dependent. Second, it is turning from