# Recovering Addiction: A Critique of Intoxicant Governance in the United States

by

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ABSTRACT

This dissertation explores the historical development and contemporary deployment of discursive practices that constitute the "truth" of addiction, which in turn serve as the bases for interventions into the lives of people who use intoxicants for any number of reasons. A number of interrelated research questions structure this governmentality analysis. First, what is the evolution of the governmental frames developed and deployed to understand, discipline, and recover addiction in the arena of alcohol and illicit drug use in United States? Second, how does twelve-step serve to transform unruly addicts into self-disciplining citizens? Finally, how does The Meth Project (TMP) exemplify and/or diverge from the dominant addiction governmental frames developed during the Temperance and Progressive eras in the United States? My overall goal is to destabilize our ready understanding of addiction and demonstrate that it is as much a tool of social needs as it is a mental illness by demonstrating: 1) the historically contingent nature of our understandings of addiction and addicts; 2) how these historically contingent understandings are actualized as technologies geared toward "recovering" unruly subjects; and 3) how these historically contingent understandings are taken up as "epistemological scripts" used to conceptualize the "true nature" of certain types of drugs and drug users while simultaneously supporting various regimes of discipline and punishment for those determined to remain "unruly subjects."

# DEDICATION

To Arthur and Brigitte Walker, you knew education mattered, even when I didn't.

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## Chapter 1

Intoxication, like sex, is a sphere of human experience and interaction that is both terribly fun yet fraught with peril for the individual and the state. Intoxicant use can be a disruptive force and our desire for the pleasures drugs provide (and the right to indulge those desires) conflict with our desires for public health and safety, social stability, and economic productivity, and in the United States, one's private indulgence in intoxicating substances has often presented a challenge to the governance of an ostensibly free and democratic society. In short, intoxicant use is a point of collision between the desires of individuals and the demands of the state. Of course, intoxicant use escapes its private boundaries and becomes a matter of public discourse and site of governance precisely because intoxicated people can and do behave in ways that either affect the general public or are considered a matter of public concern. Intoxicated people regularly disrupt order by making scenes, starting fights, underperforming at work, driving cars, privileging pleasure over work, or any number of other alarming ways.

Bound up in a scripted performance of value with ideal citizens engaging in socially sanctioned intoxicant use and savage deviants flouting these norms of good conduct to the detriment of all, intoxicant use is a robust site where individuals and social groups can be categorized, judged, valued (or devalued), and rewarded or disciplined based on culturally-contingent norms of consumption that include (but may not be limited to): type of drug(s) used, frequency and quantity of use, locations and occasions for use, modality of use, and displays of intoxication. These concerns are often informed by larger anxieties about both bodily pleasure and social disruption (see Foucault, 1990a; 1990b). As such, intoxicant-induced pleasure constitutes a field of human activity that

"appears rather as an especially dense transfer point for relations of power" as societies attempt to govern their population's use of intoxicants and channel that use into if not productive, then at least minimally disruptive, forms (Foucault, 1990a, p. 103).

Among the myriad points of intoxicant governance one can examine, addiction emerges as particularly nettlesome. According to the Substance Abuse and Mental Health Services Administration (SAMHSA) approximately 8 percent of Americans12 and older— roughly 22 million people—were classified with substance abuse or dependence in 2013 (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014, p. 81). Tales of drug addicts causing untold grief as they desperately try to get a fix or heroic epics of addicts struggling to "get clean" are stock narratives in America's decades-long "war on drugs." Yet, dominant paradigms for understanding, disciplining, and reforming addiction (addiction as incurable disease, drug use as a criminal justice issue, abstinence as prevention and cure, etc.) have made little progress combating the "problem" while also incurring great social costs—not the least of which is transforming the United States into the country with highest per capita incarceration rate in the world.

This dissertation examines the constructs of addiction and recovery using the analytical and methodological frame developed from the work of Michel Foucault on governmentality. I take the stance that dominant paradigms of addiction and recovery are "thought as it becomes linked to and is embedded in technical means for the shaping and reshaping of conduct in practices and institutions (Dean, 1999, p. 18). Said differently, addiction and recovery are discursive "games of truth" that form the basis for concrete decisions about interventions into the lives of real people.

This is not to say that drugs have no effects other than those humans imagine, that addiction is simply a frame of mind or attitude, or that the problems created by drug use do not constitute real hardships for individuals and communities. Rather, it is to take the stance that our "truth" of addiction—both lay and professional—is over-determined by history and culture, with even the most "objective" discourses on addiction implicated in this exercise of social construction. To this end I will address the following questions:

1. What is the evolution of the governmental frames developed and deployed to understand, discipline, and recover addiction in the arena of alcohol and illicit drug use in United States?
2. How does twelve-step serve to transform unruly addicts into self-disciplining citizens?
3. How does The Meth Project (TMP) exemplify and/or diverge from the dominant addiction governmental frames developed during the Temperance and Progressive eras in the United States?

My overall goal is to destabilize our ready understanding of addiction and demonstrate that it is as much a tool of social needs as it is a mental illness. I use Foucault's tools to interrogate the "game of truth" that supports the governmental edifice of addiction and recovery by demonstrating: 1) the historically contingent nature of our understandings of addiction and addicts; 2) how these historically contingent understandings are actualized as technologies geared toward "recovering" unruly subjects; and 3) how these historically contingent understandings are taken up as "epistemological scripts" used to conceptualize the "true nature" of certain types of drugs and drug users while

simultaneously supporting various regimes of discipline and punishment for those determined to remain "unruly subjects."

This chapter provides an orientation to the theoretical and methodological foundation of this project. I begin by offering an overview of governmentality literature and situating this dissertation within the existing body of knowledge. I then explicate three lines of Foucault's thinking that serve as the theoretical backdrop of my analysis: governmentality, biopower, and discourse. Following this I outline Rose's systemization of Foucault's thought into a series of points of interrogation one can deploy in a governmentality analysis, which serves as the methodological foundation for this project. I conclude with synopses of the remaining chapters in the dissertation.

## Literature

Governmentality is a theoretical and methodological application of Foucault's description of governance as the "conduct of conduct" (2003a, p. 137). Governmentality researchers have studied topics such as childrearing practices, foreign policy, medicine, recreation, etc. Governmentality literature on drug use covers an array of issues such as the evolution of drug control ideology, management of particular aspects of drug use, and the formation of the individual subjectivity of drug users and addicts. For instance, Bourgeois (2000) analyzes the ideological dichotomy of "bad drug—good medicine," casting methadone as a biopolitical strategy that seeks to eliminate pleasure from drug use and allow users to recreate themselves as functioning citizens. O'Malley and Valverde (2004) offer a genealogy of the framing of drug-related pleasure and argue that, in liberal societies, seeking pleasure from drug use is silenced as a motivation or pathologized as unhealthy addiction. "Legitimate" pleasure is constructed as a

responsible pursuit one freely chooses as part of a healthy and productive life. Reith (2004) examines the way "addiction" as a paradigm for understanding of compulsive behavior has moved beyond the consumption of substances to also cover behaviors such as shopping, gambling, and sex. On Reith's account, this exposes a paradox in liberal-capitalist societies that place an emphasis on consumer choice as a site for the exercise of freedom and requires active commodity consumption to maintain economic viability. MacKenzie (2008) argues pleasure is strategically moralized as a means to encourage activities that promote self and community well-being. Technologies such as public health campaigns serve to encourage responsible, "healthy pleasure" (e.g., exercise), while "dangerous" pleasure (e.g., drug use) is discouraged through the application of legal and judicial pressure.

A common thread running through this literature is the relationship between substance use and citizenship. As Rose (1999, see also Miller and Rose, 2008) argues, citizens in liberal democracies are conceptualized as responsible, self-actualizing, autonomous subjects who require guidance from state and non-state authorities (e.g., through public health campaigns such as The Meth Project) in order to make the "right choices" necessary to develop their capacities in line with dominant ideologies of "the good life." People who deviate from prescribed paths of fulfillment can become objects of intervention that range in severity from the unpleasant coercion exerted by loved ones during an "intervention" to exclusion from important aspects of public life such as employment, to incarceration. This project contributes to the extant literature by looking at how addiction and recovery are constituted with and against idealized conceptions of self-governing citizens; addressing both punitive and rehabilitative deployments of

power. The following section introduces and explicates key lines of Foucault's thought relevant to this project.

**Governmentality**

Foucault describes "government" in terms of a relationship of power: "An action upon an action, on possible or actual future or present actions" (2003a, p. 137). Dean (2010) expands on Foucault's definition and describes government as:

> Any more or less calculated and rational activity, undertaken by a multiplicity of authorities and agencies, employing a variety of techniques and forms of knowledge, that seeks to shape conduct by working through our desires, aspirations, interests and beliefs, for definite but shifting ends, and with a diverse set of relatively unpredictable consequences, effects, and outcomes." (p. 18)

In other words, exercises in government are attempts to influence thinking and behavior through what Althusser (2001) refers to as the ideological state apparatuses such as education, counseling, public health campaigns, etc. as opposed to overt applications of force by sovereign power exercised through juridical apparatuses. Rose points out that in liberal democracies power "governs at a distance" and enlists the agency of subjects in their own self-regulation informed and shaped by, mostly professionalized, knowledge-discourses of normalization (1999, pp. 1-11). Rose notes that "power is not so much a matter of imposing constraints upon citizens as of 'making up' citizens bearing a kind of regulated freedom" (2008, p. 54). In this sense governmental power guides, rather than dictates; the goal of power in a "free" society is not to engage in acts of force to secure compliance. Rather, free will is embodied in ideals of citizenship, and citizens are both empowered to make choices and held responsible for the choices they make. For

instance, Chapter 3 will show The Meth Project is a program originating from the efforts of a private citizen, which partners with other state and non-state actors in order to influence the public's perception of methamphetamine to make abstinence from the drug seem a self-evident choice. Simultaneously, TMP constructs those who make the "wrong choice" as serious threats to the communities in which they live and therefore should be cast out.

Freedom and choice are both symbolic and pragmatic. For instance, the United States encapsulates ideals of political freedom in its foundational documents and in practices such as voting and supposed limits on police power. American capitalism is a set of ideologies and practices centered on a mythology of economic meritocracy and the "freedom" of consumer choice. Hence, in the United Sates, people are constructed as citizens around a political/economic subjectivity that is "free to choose"—what we say, who we vote for, where we live, where we work, what we own. Even though the economic arrangements of American capitalism facilitate the accumulation of wealth by a few from the labor of many, unlike slavery, people are not compelled to work or face direct destruction at the hands of a master. On the contrary, people may be rewarded handsomely for making the "right" choices. Those unable or unwilling to exercise their freedom in ways that meet the needs of capital are "allowed to die"; they are simply cut off from the means of life (Foucault, 1990a, pp. 138-139). Hence, the United States can tolerate the contradictions inherent in a society awash in wealth on the one hand, while on the other hand people (often addicted and/or mentally ill) are left to die of exposure for lack of shelter.

At the same time, we should remain aware of the State's prerogative (and in the United States our seeming preference) to use force in order to secure compliance. Nadesan notes that "governmentality also explores how individuals are privileged as autonomous self-regulating agents or are marginalized, disciplined, or subordinated as invisible or dangerous" (2008, p. 2). Said differently, self-governing "good subjects" remain relatively free from blatantly coercive exercises of power and gain access to cultural goods. So-called "bad subjects," who cannot or will not govern themselves according to given norms, can become objects for exclusion and may be subjected to more-or-less direct applications of state (sovereign) power such as denial of student financial aid for some drug convictions, court-ordered substance abuse treatment, or incarceration. Thus, the systems of governmentality that often guide are not averse to overt exercises of sovereign power to tame or punish the unruly. As such, we can speak without irony of freedom in a country that has the highest per capita incarceration rate in the world.

Despite the implication of its name, governmentality does not focus solely on the workings of "government," nor, for the most part, on examining top-down exercises in control of citizens through regulatory/disciplinary technologies. Rather, governance emerges from various nodes within a network of interconnected, yet often disparate, loci. Moreover, the focus is not solely on the "manufacture of consent" by intellectual, economic, cultural, and political elites through the manipulation of various educational technologies. For instance, when speaking of the "Foucault Effect" on cultural studies, Bennet (1998) argues that Foucault destabilizes the conceptualization of hegemony as a "top-down" enterprise whereby societal elites use various modes of cultural transmission

(entertainment and news media, schools, etc.) as a means to indoctrinate the masses into consenting to their domination. Rather, Foucault asks us to consider power relation as heterogeneous, with many points of origin, multiple actors, and a multitude of motives (p. 70). This is not to deny that active manipulation of discourse to further the ends of the elite exists. Those with various forms of material and social capital are nearly always in a better position to influence others and make policy. However, there exists an interdependence and responsiveness between elites and "the people" that can and does inform what is perceived as desirable or undesirable, how such issues are understood, and what mode of action is taken on them.

The "governmental turn" can emerge from numerous loci in response to any real and perceived need encountered, and intoxicant control efforts reflect this relationship well. For instance, the so-called "Parents Groups" of the late 1970s emerged from the "grassroots" and were able to have a substantial impact on drug policy, especially after the election of Ronald Reagan. Similarly, in the late 1980s and early 1990s "liberal" politicians, even those representing minority districts, responded to the demands of their constituents to "do something" about crack cocaine (Massing, 2000; Provine, 2008). Within the methamphetamine discourse, TMP serves as an example of just such extra-state governance: TMP began as the effort of a private citizen marshaling resources in response to a perceived threat, which in turn taps into expert authority, receives public validation, and forms political partnerships with state authorities.

A governmentality analysis need not be a "neutral" description of the processes of power present in a given movement. It can, and I would argue should, have a strong ethical dimension. Dean (1999) points out that government is inherently "moral" in that it

demarcates the "bad" from the "good," while Lemke (2012) notes that "An analytics of government asks what forms of identity are accepted, proliferated, or on the contrary hindered or even suppressed by the state" (p. 34). As such, any investigation into governmental practices must explore and critique the normative foundations from which governmental technologies emerge and the practices these endorse. For instance, one could argue that the urge to accumulate more wealth than one could ever dispose of—even as that drive often depends on the exploitation and deprivation of billions of other humans while placing possibly catastrophic stress on the environment—is a far more destructive addiction than methamphetamine could ever be. Yet those who have this wealth addiction are held up as the mythic heroes of our age and the suggestion that this behavior is in fact both unhealthy and destructive will be met with fierce resistance.

Finally, Nadesan argues "governmentalities vary in the strategies for disciplining unruly subjects and other social 'misfits'; while some systems favor punitive measures others tend toward rehabilitation" (2008, p. 11). Even in so-called "liberal democracies" the approaches for conducting the conduct of both desired and undesired subjects can reflect authoritarian mindsets that work toward the domination of human beings. The governance of intoxicants has always been a mixed site of policies that both elevate and destroy human beings. And these efforts have always been, and continue to be, inextricably bound up with system of domination and oppression based on class, gender, sexualities, race, and other forms of societally imposed oppression.

**Biopower**

A key concept in explorations of governmentality is biopower. Foucault (1990a) asserts that beginning in the eighteenth century (in Europe), national population emerged as a focal point for the management of a state's wealth and power (p. 25). As a result, the concentrated, barefaced power of "right" exercised by the sovereign, and epitomized by the power to dole out death, began to give way to a new modality concerned with the management of life. Foucault refers to this new form as "biopower," which he describes as "the set of mechanisms through which the basic biological features of the human species became the object of a political strategy, of a general strategy of power" (2004, p. 1). Within this new modality it was "no longer a matter of bringing death into the field of sovereignty, but of distributing the living in the domain of value and utility" (1990a, p. 144). In essence, biopower is concerned with the management and fostering of life, such as improving the overall health of a (most often) national population (1990a).

Biopower, as opposed to sovereign power, is concerned less with securing the submission of others than with "generating forces, making them grow, and ordering them" toward ends that increase the power and prosperity of the state (Foucault, 1990a, pp. 136, 138; see also Foucault, 2004). Concurrent with this desire to foster and control the mechanism of life is the power to "disallow [life] to the point of death" (1990a, p. 139). This is not an exercise of the power to kill per se; rather, it speaks to a focus on managing life that can also "allow to die" —either by design or neglect—in the name of protecting or fostering preferred forms of life. In other words, while sovereign power was most concerned with securing the compliance of the population to the wishes of the State (embodied in the monarch), biopower represents those efforts to organize and even

nurture the population so as to maximize its productive capacities, while minimizing internal and external threats to those capacities. Thus, if the question of sovereign power is "whom do you serve?" then the question of biopower is "how are you of use?"

Biopower is dispersed from the sovereign, and exercised through multiple channels such as hospitals, universities, prisons, corporations, the mass media, and families. The emergence of population as an object of intervention and the diffusion of sovereign power corresponded with the rise of human sciences, such as psychiatry, psychology, medicine, education, and sociology, all of which seek to know and manage the various dangers and problems confronting populations (Foucault, 1965, 1990a; Nadesan, 2008; Rose, 1999, 2007). In turn, the sciences spawned multiple interlocking sets of knowledge discourses that served to create various regimes of truth about the problems they explored (Foucault, 1980, pp. 106–107; see also Foucault, 1972). Through these processes, systems of classification have arisen that establish norms, demarcate deviance, and classify problems according to severity.

Rose characterizes biopower as a perspective that "brings into view a whole range of more or less rationalized attempts by different authorities to intervene upon the vital characteristics of human existence" (2007, p. 54). Said differently, biopower seeks to modify and influence human thinking and behavior through various interventions informed by normative standards created (mostly) by formal knowledge discourses of the human sciences. Nadesan goes further, arguing that "although biopolitical knowledge and practices often derive from expert understandings…they also derive from economic authorities and from everyday people engaged in routine practices" (2010, p. 2). For instance, Chapter 3 will show twelve-step has created a robust and influential

epistemology of addiction based on the experience of lay people who often mistrust and eschew professional medical authorities.

Dangers and problems such as addiction come into view as the infrastructures of problematization and normalization (e.g., psychiatrists, social workers, researchers, etc.) develop the knowledge discourses necessary to "see" problems. New expertise and new experts can emerge who then refine the "truth" of the problem through discourse as they investigate causes, test hypotheses, ponder effects, and implement solutions. Interventions can be more or less direct, from the call for workplace drug testing as a means of specific and general deterrence, to public health campaigns such as The Meth Project that seek to alter behavior through pedagogy. Analyses of biopower "capture the technologies of power that address the management of and, control over, the life of the population" (Nadesan, 2008, p. 2). Investigations into exercises of biopower can examine, among other issues, how particular biopolitical discourses, such as those surrounding intoxicant use, create and transmit knowledge about that phenomenon; draw from and/or extend existing knowledge discourses; establish norms that create privileged and/or despised subject-positions; and empower particular remedies for the phenomena that fall within various gazes.

Biopower operates at two levels. The first is "biopolitics," which is concerned with the general health and productivity of the population. Biopolitics focuses on "propagation, births and mortality, the level of health, life expectancy and longevity, with all the conditions that can cause these to vary" (Foucault, 1990a, p. 139). For example, one aspect of the biopolitics of addiction is a discourse of economic loss expressed in meta-terms of decreased worker productivity due to issues such as intoxicant-related sick

days. Biopolitics operates at the macro level through mechanism of regulation, which encompasses all those techniques—literal regulations, public health exhortations, and education, etc.—that attempt to influence human behavior toward particular ends (Rose, 1999, 2007).

The other level of biopower is "anatomo-politics," which operates on the individual. Anatomo-politics focuses on "the body as machine" and promotes the development of human potential while managing that potential in the pursuit of productive goals (Foucault, 1990a, p. 139). While the mechanism of biopolitics is regulation, the mechanism of anatomo-politics is discipline, which enhances the capacity of the body for various purposes, while diminishing the potential for resistance that could result from a person's increased ability (Foucault, 1984a, p. 182). Disciplinary practices encompass both the physical preparation and training of bodies for tasks (e.g., factory work, military service) and the social training—through surveillance and punishment—necessary to ensure conformity to norms, standards, or rules (p. 185; 1984b, p. 194). Thus, the distant regulatory stratagems of biopolitics directed at the population as a means to promote "good health" manifest as concrete disciplinary actions of anatomo-politics targeted at individuals to foster "good habits."

Biopower exercises its influence over the processes of life through the norms created by its various knowledge discourses. These norms serve "as a minimal threshold, as an average to be respected, or as an optimum toward which one must move" (Foucault, 1984b, p. 195). In this sense the norm can set aspirations and establish boundaries—people can measure their merit or progress, and claim membership in a larger community of people like themselves. These boundaries also establish zones of exclusion,

marginalization, and control (Foucault, 1984b, pp. 196–197; Nadesan, 2008, p. 5). Once norms are established and deviance is categorized, individuals or groups can be judged, valued, and classified based on their ability to "play by the rules."

Norms also provide the basis to impose corrective measures on individuals. Micro-level interventions can be developed and tailored to "treat" those individuals falling within "abnormal" classifications, such as mandatory attendance at twelve-step meetings as part of a court-ordered treatment program for people arrested for offenses such as driving while intoxicated. Moreover, norms serve as the basis for individuals to surveil, judge, and modify their own behavior through various "technologies of the self"—what Foucault describes as "operations" one takes on one's body, soul, thoughts, or conduct "in order to attain a certain state of happiness, purity, wisdom, perfection or immortality" (2003b, p. 146). For instance, an individual seeking to "recover" from an addiction who "works the steps" of Narcotics Anonymous, or a person heeding the call of The Meth Project and refusing to use methamphetamine would both constitute technologies of the self–shaped by the biopolitics of substance use.

**The Centrality of Discourse**

Discourse plays a central part in the creation, transmission, and execution of governmental/biopolitical objectives. It is through discourse that knowledge is created and where paradigmatic frames of intelligibility occur. Discourse makes phenomena known in ways that are actionable, and also reveals the ways in which those phenomena can be understood. This epistemological work is done in concert with other human beings through discourse. As humans attempt to make sense of the world around them—be that the empirical world or other human beings—they create narratives about the phenomena

they encounter that explain what those phenomena *are*, and also tend to dictate the responses to, and rules of interaction with, those phenomena. In their germinal work on the sociology of knowledge, Berger and Luckmann (1967) note, "men [sic] together produce a human environment, with the totality of its socio-cultural and psychological formations" (p. 51). This is in line with Foucault's assertion that "there is no knowledge without a particular discursive practice; and any discursive practice may be defined by the knowledge that it forms" (1972, p. 183). In other words, knowledge does not exist as a priori truths human beings seek out through particular methods. Rather, knowledge comes into relief as humans seek to describe and explain the various phenomena that confront them.

It is through discourse, what Foucault refers to as "technologies of signification" (1994, p. 146; see also Nadesan, 2010, p. 5), that phenomena are made visible, knowable, and ultimately actionable. Miller and Rose (2008) argue that every effort at governance

> Depends on a particular mode of 'representation': the elaboration of a language for depicting the domain in question that claims both to grasp the nature of that reality represented, and literally to *represent* it in a form amenable to political argument and scheming. (p. 31)

Dean (1999) adds that we "govern others and ourselves according to various truths about our existence and nature as human beings. On the other hand, the ways in which we govern and conduct ourselves give rise to different ways of producing truth" (p. 19). Particular discursive practices create particular forms of knowledge, which themselves are both defined by, and become the objects of, new discourses that create further knowledge. This knowledge comes into existence within discourse structures that create

it, validate it, and transform it into "truth." These truths are then used as the bases for various programs of governance. Discursive formations are the broad conventions governing, shaping, and constraining a field of general knowledge, or what Foucault refers to as *savoir* (p. 15, fn). They consist of "regularity (order, correlations, positions and functionings, transformations) between groups of statements" (p. 38). Discourse establishes paradigmatic boundaries that channel and constrain both the knowledge the discourse creates, and the discourse itself. Within and throughout the *savoir* discrete discourses create particular knowledge, or what Foucault refers to as *connaissance* (ibid). Hence we have a discursive field comprising the concept of addiction (*savoir*), that is given explicit shape through a heterogeneous group of narratives (*connaissance*) such as twelve-step recovery and brain science research.

As various knowledge discourses generate expanding bodies of knowledge that are legitimated within the rules of that discourse, that knowledge "earns" the distinction of "truth." The knowledge–truth nexus appears intuitive when one considers that various discourse structures set thresholds for what constitutes "real" knowledge, such as methods, rules of evidence, and authoritative subject-positions that "filter out" spurious claims and illegitimate claimants. However, knowledge is never pure and disinterested and often "forgets" that its own discursive rules are themselves formed within cultural and historical boundaries. Consequently, the rules of the discourse may be blind to their own presuppositions, and knowledge legitimated within and by the discourse can reflect these presuppositions. The various phenomena that come under the governmental gaze do not represent an external truth/reality that are revealed through investigation. These discourses are themselves overdetermined, historically formed, culturally contingent, and

often a response to immanent concerns. Multiple, interlocking, and incessant discourses about intoxication and intoxicants, (such as the oral histories of recovery organizations, academic studies of addictive behavior, and official proclamations) create authoritative—and therefore "true"— accounts of what addiction is and how it should be dealt with. In short, our communication about particular phenomena, create our truths about those phenomena, which then prompt us to actions that have consequences for human beings in their day-to-day lives.

Foucault (1990a) maps such epistemological error in his exploration of the development of modern sexuality. At the beginning of the nineteenth century the primary knowledge-discourse of sex shifted from the purview of morality to that of science. On Foucault's account, as the confessional of sex moved from the of the priest's sanctuary to the psychiatrist's couch and the scientist's journal, enlightenment rationality wrested the "truth" of sexuality from sex (pp. 65–67). However, despite the interrogation of sex by supposedly disinterested investigators, this scientifically legitimated truth reflected the existing cultural milieu and established new norms of sexual behavior grounded on adult, masculine, heterosexual, monogamous pleasure that still dominates much of Western sexual culture (pp. 104–105).

Importantly, human beings are not atomized individuals resisting or complying with external systems of government; rather, they are "constituted as such within and by social relations"—simultaneously shaping and being shaped by the unstable knowledge discourses that inform schemes of governance (Nadesan, 2008, p. 10). For example, people who go through interventions directed at addiction, both lay and professional, are acculturated into seeing themselves as "in recovery from the disease of addiction" who

are always “in danger of relapse.” The label “addict” also makes a person knowable to themselves and others as kind of person; one who may be in need of technologies of domination (court-ordered treatment) or possibly amenable to technologies of the self (twelve-step recovery). The “addict” is also emblematic of contingent needs in American society—threat and victim; a waste of a potential that is potentially salvageable; a sufferer of illness and rebellious deviant.

This “rule of the social” extends beyond conceptualizations of human subjectivity and applies to objects as well. For instance, methamphetamine is a chemical constant but has occupied and continues to occupy a particularly ambivalent conceptual space within the discourse of intoxicants in the United States. Parsons (2013) points out that as crank, meth, glass, or ice, methamphetamine is a “drug”—a menace and source of much harm both to communities and to individuals. As Desoxyn, methamphetamine is a “medicine,” a means to treat various perceived ills. While these examples are by no means exhaustive they serve to illustrate how a particular representation of a phenomenon can come to permeate our understanding, constrain our explorations of it, and dictate our responses.

A brief consideration of how the “disease concept” of addiction bounds discussions of problematic intoxicant use illustrates this point. The construct of addiction has many distinct discourses that contribute to its understandings (biology, psychology, twelve-step, etc.), but each is constrained by the discursive formation of “addiction as disease”: The idea that addiction represents an outward manifestation of a flaw in one’s physiology or psychology characterized by a loss of control over one’s consumption is present in the Alcoholics Anonymous “allergy” metaphor, the American Psychiatric Association’s inclusion of “substance use disorders” among its classifications of mental

illnesses, and brain imaging research conducted by the National Institutes of Drug Abuse that seeks to isolate the differences between "normal" people and addicts. Politicians and other public figures refer to certain forms of intoxicant use by deploying disease metaphors, referring to them as "epidemics," "plagues," and the like. Addiction-as-disease is also a part of the popular imaginary. It is both commodified as entertainment and given an educational gloss in shows such as the "reality TV" series *Intervention*. The award-winning drama *The Sopranos* features a long-running and well developed addiction storyline that frequently references addiction-as-disease and portrays as unsympathetic those characters unwilling to acknowledge this reality. Solution frames reflect the disease paradigm as well, exemplified by the designation of interventions into people's "maladaptive" intoxicant use as "treatment," which ultimately relies on life-long abstinence from intoxicants as the only solution.

## Methodology

As Dean notes, "an analytics of government attempts to show that our taken-for-granted ways of doing things and how we think about and question them are not entirely self-evident or necessary" (1999, p. 21). One does not merely focus on "an artifact" and analyze it for its dominant themes, implicit ideologies, or construction of meaning. Rather, the goal is to deconstruct the means by which phenomena are made visible, intelligible, and actionable, and the methods by which state and non-state actors seek to convince, cajole, or coerce people to conform their thought and behavior toward some ideal form of life.

Rose (1998, 1999) argues that governmentality is not a set of methods per se, but rather that it focuses on a number of points of interrogation through which to examine

phenomena and guide the questions one asks. Rose outlines a number of these points, five of which will orient my analysis: 1) how are phenomena constructed and understood as issues in need of intervention (*problematization*); 2) what means are deployed to facilitate change and/or control said problem (*technologies*); 3) toward what ends are governmental programs oriented (*teleologies*); 4) what institutions or individuals serve as legitimate sources of knowledge about the phenomena (*authorities*); and 5) how do discreet attempts at governance mesh within broader ideological and/or material formations of governance (*strategies*).

**Problematization**

Problematization refers to those processes that render certain disruptive aspects of human thought and behavior "intelligible and manageable" (Rose, 1998, p. 25). This includes issues such as who defines the problem, by what authority, and through what criteria of judgment. For one to "conduct the conduct" of another, it is necessary to identify and understand underlying causes/motivations for behavior that, in turn, will inform the development of suitable governmental interventions. Thus problematization is not simply the identification of disturbances created by various forms of human activity. Following Foucault, Rose describes this intelligibility as created, legitimated, and transmitted via institutional knowledge discourses commonly articulated in a normal–abnormal binary with those behaviors deemed abnormal serving as the locus of various efforts at control through methods such as incarceration, public health campaigns, or rehabilitation efforts. These interventions target both the behavior and the "soul" of the abnormal individual (Foucault, 1972, 1979; Rose, 1998, 1999; Valverde, 1998, p. 120; see also Nadesan, 2008).

## Technologies

Technologies may be understood as "any assembly structured by a practical rationality governed by a more or less conscious goal" that seeks to "govern the human being, to shape or fashion conduct in desired directions" (Rose, 1998, p. 26). Technologies represent a mélange of classification schemes, macro- and micro-surveillance strategies, institutional codes and practices, voluntary and involuntary associations, and the like. Included here would also be "technologies of the self," or those means by which human beings act on themselves for improvement (see Foucault, 2003b). Rose succinctly defines technologies as "any assembly structured by a practical rationality governed by a more or less conscious goal" (1998, p. 26). These assemblies seek to "govern the human being, to shape or fashion conduct in desired directions" (ibid). When thinking of addiction, diagnostic criteria (professional or lay), treatment centers, family or co-worker intervention confrontations, court-ordered or voluntary twelve-step meeting attendance, individual counseling, and the intellectual, emotional, and corporeal labor of "working" a twelve-step program of recovery could all be said to constitute various technologies within the realm of "treatment" for addiction.

## Teleologies

Teleologies represent the desirable forms of subjectivity/life that are the macro goals of governmental programs and that serve as personal exemplars for individual attainment (Rose, 1998, p. 26). "All practices of government of self or others presuppose some goal or end to be achieved—whether other wordily salvation, the sculpting of a beautiful and noble life and memory, an enterprise culture or an active citizenry and society" (Dean, 2010, p. 27). For example, Chapter 3 will show that a telos of twelve-step

is the “sober addict.” This is a person who, through working the twelve-step program, has achieved both abstinence and a measure of emotional calm. This is a desired position within twelve-step, and is also one that serves to minimize the potential disruption of an individual’s intoxicant use in the larger society.

**Authorities**

When examining authority one questions “who is accorded or claims the capacity to speak truthfully about humans” (Rose, 1998, p. 27). As one might expect, this type of analysis interrogates an authority’s title, institutional status, credentials, etc. Equally important is which authorities are given a public voice and what perspectives they both bring to the discussion and represent as important. One must also examine by what claims or associations various authorities seek to establish themselves as such. For example, The Meth Project establishes its authority through using terms such as “research-based” that tap into the supposed impartiality and expertise of science, whereas twelve-step eschews institutional knowledge in favor of the wisdom one develops as both an active addict and an addict in recovery.

**Strategies**

When examining strategies, one focuses on how a given set of regulatory devices meshes within the “wider moral, social, or political objectives concerning the undesirable and desirable” (Rose, 1998, p. 28). Examining both convergences and divergences of these devices allows one to situate particular governmental practices within wider ideological structures. While various ideological and institutional formations strive for dominance, all share in common the optimization of collective productive capacity while simultaneously striving to minimize particular disruptions. For example, one could argue

that twelve-step's abstinence model, while pragmatic, converges and supports other abstinence-based drug prevention models—such as The Meth Project—and silences discussion of alternative interventions such as harm reduction.

## Project Outline

To examine the historical and contemporary constructs and governance of addiction outlined above, I rely on a multitude of sources as my artifacts. These include historical sources, government reports, news reports, and editorials that will help me develop a "history of the present" concerning recovery and addiction. I interrogate twelve-step through primary texts of Alcoholics Anonymous (aka "the Big Book"). I also examine supplemental material (e.g., pamphlets, reports, secondary texts) put out by related organizations (e.g., Narcotics Anonymous). Using The Meth Project as a case study in the governance of a particular drug, I examine its websites, public service announcements, press releases, and promotional material. I explore this data in terms of the historical and contemporary constructions of drug use as a social problem, the development of current understandings of addiction and addicts, and our efforts at trying to rehabilitate those whose use strays from accepted norms. Below is a summary of the remaining chapters of this dissertation.

### Chapter 2

This chapter offers a genealogy of addiction in the United States from the early nineteenth century through the end of the current methamphetamine "crisis" of the early twenty-first century and examines the conditions of possibility for the emergence of methamphetamine as a site of governmental fervor. The paradigm of addiction and recovery began during what is known as the "Temperance Era" (approximately 1820–

1920) and ossifies during the overlapping "Progressive Era" (approximately 1890–1920). The Temperance/Progressive period should be understood as a reaction to various structural discontinuities—urbanization, industrialization, and immigration—the young United States experienced in its first century. From this period comes our understanding of addiction as a disease, our reliance on abstinence as both addiction prevention and treatment, and our perception of the dangerous, psychopathic addict. Moves to regulate intoxicants such as alcohol, cocaine, and opium gave rise to a search for safe—and patentable—alternatives. Methamphetamine is one such drug, and in the remainder of the chapter I trace the evolution of this substance from "medical miracle" to "demon drug."

**Chapter 3**

Using Alcoholics Anonymous as a case study, I Examine twelve-step as a governmental technology focused on the rehabilitation and reintegration of addicts. twelve-step's construct of addiction and technologies of recovery have long informed and been integrated into larger governmental schemes (e.g., court ordered substance abuse treatment), but twelve-step has rarely been examined as part of this system of social control. Using Rose's sites of interrogation, I examine twelve-step's epistemology of addiction, its legitimated authority, and its technologies. twelve-step theorizes addiction as an absolute condition. Diverging from pharmacological determinism, but embracing the construct of the psychopathic addict, twelve-step locates addition not in the drug, but in the flawed character of addicts. However, twelve-step considers any addict recoverable if he or she is willing to adopt twelve-step's construct of addiction as a lifelong, incurable disease and conforms both thinking and behavior to the norms of the twelve-step program. At the same time, in order to "achieve recovery" one must assume an addicted

subjectivity—what might be called may call “conditional citizenship”—that constructs recovery as delicate and perilous. If the conditional citizen does not engage in perpetual self-surveillance to ensure his or her thinking and behavior is within twelve-steps norms, then relapse and disaster are framed as inevitable.

**Chapter 4**

This chapter takes The Meth Project as a case study in the governance of addiction. Methamphetamine is a microcosm of the governance of intoxicant use and The Meth Project provides an excellent opportunity to examine the discursive means through which biopolitical concerns are articulated, deployed, and enforced. I turn to Rose’s model to argue that TMP musters the authority of police, science, and victims to frame methamphetamine as a “pharmacological determinant.” The program’s Public Service Announcements feature fall-from-grace narratives wherein those foolish enough to try methamphetamine even once are transformed into dirty, violent “meth addicts” who are a source of mayhem to all around them. In TMP, the meth addict serves a disciplinary role. Explicitly meth addicts serve as a warning about the consequences of methamphetamine use to anyone considering the drug. Implicitly TMP argues that the way to deal with a meth addict is to banish him or her from the safety and security of middle-class life.

**Chapter 5**

The final chapter turns to Rose’s notion of strategies to explicate the ideological connections implicit in the previous analyses. I examine how twelve-step and TMP disseminate misconceptions about addiction, support a morally-laden abstinence ideology, and disconnect addiction from the material conditions in which it occurs. twelve-step and TMP foster distorted views of addiction through overly broad definitions

and a focus on extreme cases that makes nearly any substance-use related misstep a sign of addiction that will inevitably lead to the most severe forms of dysfunction. Both promote the idea that abstinence is the premiere method of achieving the vision of citizenship they envision. Finally, these programs draw from a version of the "dope fiend mythology" (see Lindsmith, 1940) that constructs addicts as morally depraved individuals whose addiction is an expression of their poor characters rather than a cause of them. I argue that these two benchmark programs rely on a limited, and biased set of authorities that offer distorted views of addiction and addicts. This, in turn, props up longstanding stereotypes, stigmatizes use and users, and justifies ever more invasive and/or punitive approaches to the governance of intoxicant use.

## Chapter 2

> On June 3, 1929 a twenty-seven-year-old chemist in Los Angeles took an injection of a mystery chemical he had recently created. Beyond an estimate of how much it would take to kill him, and the expectation that his blood pressure would rise...he had little idea of what that injection would do. (Rasmussen, 2008, p. 6)

While this opening of Nicholas Rasmussen's history of amphetamine goes on to discuss the expectations and hopes of that chemist—Gordon Alles— for his new drug, it also strikes a prophetic note about the narrative arc of a group of intoxicants that would come to be seen as both a medical boon and a societal scourge—amphetamine and its derivatives, especially amphetamine's notorious evil twin and black sheep of the stimulant family, methamphetamine.

This chapter offers a genealogy of the methamphetamine crisis of the early twenty-first century, covering meth's emergence into the spotlight as the latest in a long line of American demon drugs. The narrative of methamphetamine as almost inevitably addictive, and as a source of crime and other social ills is a script that was written for alcohol, revised and refined for opium and cocaine, and then recycled over the last one hundred years as it has been applied to other drugs. The historical development of intoxicant biopolitics in the United States shows that while meth/amphetamine was born in the early twentieth century, it was conceived in the nineteenth. The conditions of possibility for methamphetamine begin with Temperance and coalesce during the Progressive Era, a time when the United States was consolidating into the type of liberal-capitalist state Foucault and others describe.

Although cultural ambivalence, social tension, and attempts to control intoxicant use are not unique to the Temperance and Progressive eras, these overlapping periods solidify a discursive formation that still serves as a template for drug scares and efforts at governmental control, up to and including methamphetamine. During Temperance (approximately 1820–1920), we see the emergence of intoxicant use as a biopolitical concern—chiefly that it is a threat to both the individual and the *polis*. Temperance also ushers in three major changes to the way addiction is theorized and acted upon in the United Sates. The first change was the emergence of pharmacological determinism, which asserts that certain drugs are so powerful they have the ability to disengage a person's will and that addiction is an almost certain outcome of use. A second transformation was the disease concept of addiction, which theorizes addiction as a combination of physiological need and psychological obsession with an intoxicant that

produces a progressive decline. Finally, abstinence ideology privileges intoxicant abstinence as the only viable way to treat and prevent addiction.

The Progressive Era (approximately 1880–1920) in the United States witnessed a burst of government as reformers sought to mitigate the myriad social problems resulting from the consolidation of American life into an urban, industrial society. During this period alcohol, opium, cocaine, and patent medicines (mixtures of all three) were subject to Progressive Era scrutiny and, ultimately, to regulation. Like meth/amphetamine, all were considered to have legitimate medical uses and all three had that usefulness called into question. At the same time their recreational or quasi-medicinal use were linked (often justly, and always dramatically) to myriad social ills. Eventually all were regulation through legislation such as the Pure Food and Drug Act (1906), The Harrison Narcotics Control Act (1914), and the Volstead Act (aka Prohibition, 1920). Methamphetamine's historical precursor and chemical cousin, amphetamine, emerges from the conflux of complex economic, social, and cultural changes that took place between roughly 1800 and 1920, particularly the rationalization and policing of the patent medicine industry in general and cocaine in particular.

Once amphetamine rushed onto the American landscape its meaning did not remain static—we see the Temperance/Progressive Era script play out a number of times. From its introduction as an allergy/cold medicine in the early 1930s to its strict regulation in 1970, meth/amphetamine is a site of both population optimization and community disruption that prompts a number of governmental interventions. From approximately 1930 to 1970, meth/amphetamine was promoted as a cold/allergy medicine, weight-loss drug, and antidepressant. Beyond its clinical use, "gray market" amphetamine was also

widely accepted as a means to enhance one's potential—at work and at play. During the same period meth/amphetamine was often a source of anxiety as more information about its negative effects became available and as it became associated with undesirable groups. The balance between perceptions of meth/amphetamine as a social good and a social ill tipped in the late 1960s as a more people began injecting the drug recreationally. The glory days of legal speed ended with the Drug Control Act of 1970, which strictly regulated legal amphetamine and methamphetamine. Because of its ease of manufacture, methamphetamine persisted as a black-market stimulant after 1970. However, it received little attention until the 1990s when a combination of statistical and anecdotal reports about rising meth use, and its associated ills, became the catalyst for renewed concern over this drug.

### A Case of the Jitters: Temperance and the Emergence of Intoxicant Biopolitics

Intoxicant use has long been common in the United States. Alcohol, opium, and cocaine were all easily available and used regularly both as medicines and recreationally until the early twentieth century (Musto, 1999; Parsons, 2014). In the early part of the nineteenth century, Americans consumed alcohol freely for both medicinal and celebratory reasons (Gusfield, 1986; Pegram, 1998; White, 1998). Opium importation to the United States increased throughout the nineteenth century, indicating steadily rising demand (Musto, 1999). Cocaine was lauded as a local anesthetic, as a means to sharpen the mind, and was endorsed by the American Hay Fever Association for its ability to relieve allergy symptoms (Musto, 1999, pp. 3, 7). However, by the early part of the twentieth century, these intoxicants (and others) would be strictly regulated or banned outright. During this period, intoxicant use transitioned from a localized matter of sinful

overindulgence to a point of biopolitical mobilization that demanded both institutional regulation (e.g., Prohibition) and personal adherence to an ascetic standard, first of moderation, and later of total abstinence (e.g., the Temperance movement). The biopolitical themes that would guide later Progressive Era drug prohibition efforts and set the stage for the creation of methamphetamine as a demon drug arise from and coincide with the Temperance movement.

The Temperance Era runs roughly from the early 1800s through the passage of the Volstead Act (Prohibition) in 1919, and thus both precedes and is part of the Progressive Era. The movement represented the first mass politicization of intoxicant use in the United States and marks the emergence of a biopolitics surrounding intoxicant use that remains active today. Reflecting the heterogeneous and dispersed nature of biopolitical movements, Temperance included an amalgamation of interests, including Eastern elites, traditional clergy, evangelical revivalists, nativist groups, first wave feminists, both labor and business, and others. All became concerned with alcohol use as a social problem.

Temperance was a reaction to a number of factors—variants of which appear in subsequent periods of anti-drug fervor. New manufacturing processes made hard liquors (particularly whiskey) readily available and cheap, leading to rising use. At the end of the eighteenth century, alcohol use in the United States began to rise precipitously, going from 2.5 gallons per person a year in 1792 to 7.1 gallons per person per year by 1830 (White, 1998, p. 4). Heavy drinking and frequent public intoxication alarmed political and religious elites at a time when democratic zeal and the rise of the "common man" were challenging and destabilizing established power structures (Gusfield, 1986).

Nativist reaction to the mass immigration of German, Irish, and Italian immigrants condensed on the "immorality" of the newcomers' use of alcohol (e.g., drinking on the Sabbath) (Gusfield, 1986; Pegram, 1998, pp. 32–33). An emerging culture of male drinking led to hardships for women and children who were particularly vulnerable to the negative consequences of use by husbands, fathers, and brothers who often had control of their material well-being (Mattingly, 1998). Rising industrialization created a need for sober, productive workers and customs of workplace drinking became a source of conflict between workers and owners (Pegram, 1998, p. 10). As Courtwright, Joseph and De Jarlis write:

> Drinking was wrong because it led to drunkenness, and drunkenness led to battered wives, abandoned children, sexual incontinence, venal voting, pauperism, insanity, early death, and eternal damnation. Drinking was also objectionable because it was associated with groups whose morality was highly suspect: Catholic immigrants, machine politicians, urban blacks, demimondaines, criminals, tramps, casual laborers, and others of the lower strata. (1989, p. 2)

In short, excessive alcohol use was both a material and symbolic factor in a number of societal disruptions that mobilized diverse groups around the common cause, first of alcohol moderation, then of total abstinence, which culminated in Prohibition.

From Temperance two important biopolitical themes emerge that still frame the discursive formation of intoxicant use. The first is that drug use and addiction pose a serious threat to national cohesion and prosperity. Pegram (1998) argues that Temperance (along with abolitionism, the Christian revivalist movement, and other early nineteenth century reform movements) was a manifestation of a post-revolution optimism that

viewed the United States as having the potential to achieve perfection—in the case of Temperance, through the control of one's alcohol use (pp. 17–20). Early Temperance reformers, such as Dr. Benjamin Rush viewed alcohol as a threat not just to individual health, but also to public order, morals, and even to democracy as debauched citizens would be prone to elect inept leaders (p. 14). This concern with alcohol consumption and political upheaval continued to inform prohibitionist sentiment, especially when linked to new immigrants—at least part of the impetus for the Anti-Saloon league of the late 1800s was the fear that saloons were breeding grounds for radical politics (Provine, 2007). The saloon also alarmed social reformers concerned about the violence and vice that had accompanied urbanization (Pegram, 1998). Women Temperance activists, such as the grassroots Women's Crusade of 1873–1874, and organizations such as the Women's Christian Temperance Union (WCTU) and the Martha Washingtonians argued that drunken husbands threatened the foundational structure of the family (Mattingly, 1998; Pegram, 1998). First-wave feminists leveraged Temperance to argue for reformation of laws related to property ownership, divorce, and even the vote (see Mattingly, 1998). The need for order in the factories also fueled the prohibitionist drive. The combination of the new dangers presents in the mechanized factory, the drive for efficient production, and later progressive reforms, such as worker compensation, aligned the interests of capital and Temperance as employers sought to maximize their productivity while limiting their liability (Courtwright, 2001, pp. 174–175; Pegram, 1998, pp. 89–90; Provine 2007).

The dominant biopolitical thinking about undesirable intoxicant use emerged in this period: An intoxicant (alcohol) was conceptualized as a causal factor in numerous, problematic social conditions. Drinking was not generally considered an adaptive

response to structural problems confronting people of the era—worker exploitation, urban overcrowding, nativism and racism, etc. This is not to say that alcohol use did not contribute to or exacerbate harms. However, as I will discuss in later chapters, the lopsided view of the relationship between undesirable intoxicant use and social ills that took shape during the Temperance Era still guides our attempts to govern intoxicants.

Second, at the individual level, Temperance was wedded to good citizenship and the cultivation of one's personal capability. Intemperance was framed as sign of immorality, poor character, and the squandering of one's potential. Temperance media emphasized the inevitable personal and financial ruin of weak-willed individuals who succumbed to drink (Gusfield, 1986; Mattingly, 1998). For example, an 1848 lithograph titled "The Drunkard's Progress" shows a hapless protagonist beginning his debauched journey with "A glass of wine with a friend" and ending with "death by suicide" (Currier, 1846). Gusfield (1986) notes that abstinence became "valuable, both as a moral virtue and as a necessary adjunct to [an individual's] economic capability" (p. 34). Temperance emerges as a moral proving ground where good people won the battle between will and desire and demonstrated their characters through the ascetic choice to refrain from inebriety (pp. 30–34). In turn, this preferred mode of life was rewarded as the temperate person, was viewed as worthy of, and granted access to, economic and social goods.

Temperance ideology also helped reconfigure the epistemology of addiction, transforming an individual's "habitual drunkenness" into "alcoholism." Levine (1978) argues that the colonial conceptualization of addiction was synonymous with habituation so "one was habituated to drunkenness, not to liquor" (p. 147). Much as people may have the "bad habit" of biting their nails, we would not argue that fingernails are addictive.

However, this view changes as Temperance ideologies take hold. Beginning in the late eighteenth century, alcohol addiction becomes framed in terms of a disease, grounded in the addictive nature of alcohol, and brought about by drinking. Temperance thus begins the ideological turn toward "pharmacological determinism"—the ideology that a substance is inherently and inevitably addictive. Within this construct, excessive alcohol use disables one's will, creating both physical and psychological cravings—a view seen today in Alcoholics Anonymous' "allergy of the body and compulsion of the mind" model (see Alcoholics Anonymous [AA], 1976). Failures by Temperance groups at reforming alcoholics through moderation, and growing numbers of testimonials by hardened drinkers who claimed to be obsessed by the desire to drink helped solidify this perspective.

In addition to being understood as a compulsion beyond the will of the drinker, alcoholism also became characterized as a progressive decline that starts innocently and leads not only to physical ills, but also to poverty, crime, and mental illness. Again, this conceptualization begins with Rush's formulations of alcoholism and becomes a pillar of Temperance ideology. By end of the nineteenth century the concept of addiction as a "disease of the will" had taken firmly hold and addiction was no longer viewed as a bad habit, but as a malady that sprang from the substance itself—anyone who used alcohol (and later other intoxicants) was at risk of becoming an addict. As William White notes:

> When alcohol was framed as an as an evil and inherently addictive substance, all use of alcohol was redefined as a stage in the inevitable decline toward intemperance. At a personal level the only strategy to avoid the risk of becoming

> a drunkard was to follow Rush's dictum, "Touch not, taste not, handle not." (1998, p. 5)

The rise of this concept of addiction and the notion that the source of addiction was alcohol itself shifted the goal of Temperance from moderation to abstinence. A part of the discursive formation of intoxicant use that remains with us today is that abstinence is more than just a preferred mode of overcoming one's inebriety—it is also essential to the prevention of addiction.

By the start of the twentieth century, the biopolitical discourse of intoxicant use had taken shape and created a template for the next hundred years of drug prohibition. Within the disease concept paradigm, addiction becomes an aspect of "life itself" that must be managed through various governmental technologies (temperance pledges, mutual-aid societies such as the Washingtonians and later Alcoholics Anonymous, prohibition, etc.) aimed at encouraging or coercing the preferred technology of the self: Abstinence. Drug use is considered a threat to the polis in the form of crime and various other forms of deviance (sexual promiscuity, political radicalism, etc.), lost productivity, and use by undesirable groups. For the individual, addiction is framed as wasted potential. In the Temperance Era this threat arose from the spectre of alcoholism, which haunted the saloons of North America. Since then the script has played out with numerous drugs, the latest of which is methamphetamine. Moving into the Progressive Era, this discourse would be applied to other intoxicants and toward general drug prohibition as the preferred mode of intoxicant governance.

## Progressive Precursors: Dope Fiends, Regulation, and the Conditions of Possibility for Methamphetamine

The combined forces of immigration, industrialization, and urbanization that accelerated in the United States after the Civil War were accompanied by various disruptions. Increased poverty and public health concerns in the cities, poor working conditions in factories, fears over the consolidation of corporate power, and economic downturns provided the impetus for the so-called Progressive Era from approximately 1880 to 1920 (see Saros, 2009). Muckraking journalists, public health advocates, regulatory-minded politicians, and other Progressive reformers worked on multiple fronts to ameliorate the negative consequences of American expansion and industrialization. In short, this era saw a "burst of government" that included disciplining corporate malfeasance, fights to implement workers' rights, large-scale public health campaigns, and the like. As one might expect, the progressive will-to-govern extended into the realm of intoxicants. In the sections that follow I trace changing perceptions of addicts that occurred during this period, which served to justify strict regulation of pleasurable intoxicants and the punitive treatment of drug users. I will then examine the regulation of the medical and pharmaceutical industries that served as a catalyst for the development of chemical stimulants.

### Changing perceptions of addicts

Just as Temperance ushered in a new conceptualization of addiction, the Progressive/Prohibitionist Era transfigured the perception of addicts. As with alcohol, opium, cocaine, and their derivatives were used both medicinally and recreationally during the nineteenth century. Yet for a long while these drugs escaped serious scrutiny

because alcohol eclipsed their use and created a public spectacle of rowdy intoxication whereas opium and cocaine, on the other hand, use were both private and unobtrusive (Courtwright, Joseph, & De Jarlais, 1989).

Much addiction in the mid-to-late nineteenth century was iatrogenic (a result of medical treatment) or a result of self-medication—under-informed doctors freely prescribed habit-forming drugs, and patent medicines neither required a prescription nor did they reveal the presence of opium, cocaine, alcohol or other substances in them (Courtwright 1982; Musto, 1999; Provine 2007, Young 1961). As such, addiction was more of an "accident" than a result of willful disobedience. Moreover, many of these "medical addicts" were white, middle-class women who were viewed as "respectable women of frail body and docile comportment," reflecting a prevailing view that addiction (particularly in whites) was the result of an "agitated nervous system" (Courtwright, Joseph, & De Jarlais, 1989, p. 3). On the other end of the tranquilizer–stimulant spectrum, cocaine was considered "refreshing." It was provided to workers to increase their productivity, and it was used by professionals to sharpen their minds and allow them to work long hours. Cocaine was even used as a "cure" for alcoholism and opium addiction (Musto, 1999, p. 8). In other words, for the most part, people habituated to these drugs were neither considered particularly disruptive, nor were they necessarily considered "addicts/"

However, by the end of the nineteenth century, the Temperance biopolitics of alcohol began to be applied to opium, cocaine, and later other substances such as marijuana. As the risks of these intoxicants became more widely known, doctors became more careful with prescriptions, and after the passage of the Pure Food and Drug Act of

1906 the patent medicine industry was compelled to reveal the presence of intoxicants in their products. From the late nineteenth century through the early decades of the twentieth, this medical and public awareness led to a decline in the population of "acceptable" addicts—medically addicted, white, middle-class women. At the same time rates of non-medical addiction expanded and the addict demographic shifted toward younger, poor, urban, and minority males. Cocaine became a substitute for alcohol in "dry" counties and, because of its lower cost, became a staple of the less affluent of all races (Courtwright, 1989, pp. 3–4; Musto, 1999, p. 8). Cocaine also became part of the underworld landscape and began to be associated with prostitutes and petty criminals (Madge, 2001). In the South, African-American cocaine use stimulated white anxiety as fears of cocaine-fueled black violence filled the antebellum imaginary (Musto, 1999; Provine, 2007). These demographic changes resulted in epistemological and ideological shifts towards addicts themselves.

In the late 1880s, middle-class, white addicts (particularly women) were viewed as weak-willed, but essentially moral individuals with fragile nervous systems that made them susceptible to the addictive nature of certain drugs, which in turn might lead to immoral behavior (Courtwright, 1982, p. 133). As the addict population shifted toward groups that were more motivated by pleasure-seeking, came from the lower classes, were racial or ethnic minorities, *and* were more likely to engage in other criminal activities, a medical view of drug addiction as rooted in maladaptive psychology took hold. By the 1920s, the "psychopathic addict" was "someone whose moral sense was hopelessly perverted in the first place, and whose rapid descent into addiction was unchecked by the slightest ethical compunction" (ibid). In the popular discourse, a "dope fiend mythology"

emerged, which characterized addicts as violent, morally degenerate, anxious to recruit new addicts, and whose addiction stemmed from abnormal psychology (Lindsmith, 1940; Reasons, 1976). In other words, perception of addicts inverted. Addicts were not simply morally fallen because of their addiction, however weak their initial character may have been. These addicts were morally defective to begin with, and their addiction both reflected and amplified their degeneracy. Thus, as drug use became associated with willful disobedience by undesirable and threatening groups, addicts transformed in the medical and popular imagination from pathetic nuisances to menacing sociopaths.

**Regulations and Consequences**

The changing views of addiction and addicts were both part of, and a consequence of, a broader rationalization of medicine and disciplining of the pharmaceutical industry that occurred during this period. According to Rasmussen (2008), today's synthetic stimulants began to emerge at a time when the medical disciplines were undergoing drastic changes. Similar to the process that Foucault (1973) outlines in the French medical system, medical reformers in the United States sought to have their discipline become more professionalized, regulated, and oriented toward "scientific medicine"—a paradigm that combined systematic, quantitative study of disease and treatment efficacy in large teaching hospitals with laboratory-oriented research and findings (e.g., bacteriology and physiology) to further the field (Rasmussen, 2008, pp. 7–8).

Organizations such as the burgeoning American Medical Association (AMA) and the American Pharmacological Association (APhA) were attempting to establish themselves as dominant voices for their professions through licensing and training regimens, and by supporting legislative efforts at drug regulation such as the Pure Food

and Drug Act and the Harrison Act. As its influence grew the AMA established standards that served to push medicine away from unregulated "cures" and toward what today would be called "evidence-based practices" (see Musto, 1999). For example, in 1905, the AMA formed the Council on Pharmacy and Chemistry as a means to clean up the drug industry. From that point forward only drugs that had passed standards set by the Council could advertise in the *Journal of the American Medical Association* (*JAMA*) (Rasmussen, 2012. p. 10). As Rasmussen notes, one effect of this rationalization of medicine was that drug firms that wanted access to these markets needed to "put an ever greater premium on science, as a source of new products, to justify claims of effectiveness, and also for general marketing" (ibid).

Increased doctor training and professionalization led to decreases of iatrogenic addiction (addiction related to/resulting from medical care such as addiction to opiate-based pain killers). This contributed to changes in both the addict demographic and the social perception of addicts. Also, the move toward a scientific orientation governing drug manufacture delegitimized naturally occurring medicines/intoxicants such as opium and cocaine in favor of synthetic compounds that had undergone testing (and could be patented). These drugs were often created with the noble goal of preserving the benefits of the "dangerous" substance (e.g., relieving hay fever symptoms) while reducing risks such as addiction. However, these new medicines often produced similar effects as their "organic" counterparts and carried similar risks. They were also often more potent than their predecessors—amphetamine and methamphetamine being prime examples of this paradox.

In addition to the efforts of professional organizations, there were legislative actions to curb "dangerous" drug use, both through consumer information (e.g., the aforementioned Pure Food and Drugs Act of 1906) and by restricting access. Perhaps the most significant of these efforts at legislative drug control coming from this era (outside Prohibition) was the Harrison Narcotics Act of 1914. A compromise between prohibitionist anti-drug crusaders, the medical profession, and the pharmaceutical industry, the Harrison Act was initially characterized as a regulatory scheme that sought to track distribution while keeping dangerous drugs under the control of licensed physicians. However, as Provine (2007) notes, the Harrison Act situated enforcement within the Treasury Department and thus solidified intoxicant control as a law enforcement, rather than public health, issue.

Soon after the Harrison Act's passage, doctors prescribing maintenance regimens for addicted patients found themselves facing prosecution. Subsequent legal interpretations of and modifications to the Harrison Act effectively outlawed medically supervised addiction maintenance (Musto, 1999; Provine, 2007). Ideologically and materially, this legislation represented the triumph of a law-enforcement centered, abstinence-based, punitive, approach to addiction over what may be called a harm-reduction paradigm. As Parsons (2014) notes, the Harrison Act's move toward punishing users to deter drug use also became part of a feedback loop that viewed continued use of the outlawed substances as indicative that the negative consequences of use (e.g., legal penalties) were not high enough. The adoption of this "rational choice" approach that seeks to tip the scales away from perceived benefits and toward undesirable

consequences ossified into a dogmatism that has led to successive waves of ever more punitive legislation and rising national expense.

### Experience the Rush, Suffer the Crash: The Rise and Fall of (Legal) Speed

It is both ironic and predictable that methamphetamine was born out of those efforts to govern intoxicant use, medicine, and the drug industry that began with Temperance and coalesced during the Progressive Era. Methamphetamine was one of a number of drugs that came to meet the need created by the outlawing of cocaine. Meth's lineage dates back to the development of its predecessors—adrenaline in 1887 and amphetamine in the 1920s (Rasmussen, 2008; Covey, 2007; CSAT, 1999). When Alles began his work on amphetamine, he was looking to make his fortune by creating an allergy treatment that would be a cheap substitute for adrenaline. Alles patented amphetamine in 1932 and teamed with Smith, Kline, and French (SKF, today a part of GlaxoSmithKline), to produce and sell his invention, which was marketed under various names (perhaps the best known of these was Benzedrine, produced by SKF). Amphetamine would prove to be an incredibly successful drug for SKF and its competitors over the next 30–40 years (Rasmussen, 2008). Methamphetamine was first isolated by a Japanese chemist named Akiro Agata in 1919 and introduced into Europe through the German pharmaceutical company Temmler in the late 1930s under the name Previtin (Rasmussen, 2008; Redding, 2009). Methamphetamine immigrated to the United States in the mid-1940s as various companies sought a way around SKF's amphetamine copyrights (Parsons, 2014, pp. 49–50). Both amphetamine and methamphetamine were marketed as a decongestant, weight-loss drug, treatment for narcolepsy, and treatment for various mental illnesses, such as schizophrenia and depression.

At the same time, amphetamine and methamphetamine were a commercial success in part because many people used them for their "non-medical" effects. While amphetamine pills required a prescription, in practice these were easily obtained which facilitated widespread extra-medical use (Grinspoon & Hedblom, 1975, pp. 12–18; see also Rasmussen, 2008). Benzedrine asthma inhalers were available over-the-counter, and a common practice was to break these open and consume the amphetamine soaked paper contained in the inhaler to deliver a massive single dose of the stimulant (Grinspoon & Hedblom, 1975, pp. 14–15; Rasmussen, 2008, p. 89).

Outside of the legal market, millions of stimulant pills destined for filling prescriptions were diverted by various means from the drug companies directly to the underground market (Grinspoon & Hedblom, 1975 pp. 21–24; Rasmussen, 2008, p. 89). The ubiquity of this use (and an example of the interconnectedness between the "white" and "black" markets) is evidenced by Food and Drug Administration (FDA) estimates during the 1960s that "only half of the billions of amphetamine pills produced by the drug firms each year were dispensed by prescription" (Rasmussen, 2008, p. 171). Moreover, stimulant use in the United States was not limited to marginalized groups. The regular use of stimulants by personages as well known and varied as John F. Kennedy, Judy Garland, Charlie Parker, Andy Warhol, and Alan Ginsberg (to name but a few) reflects the reality that stimulants (amphetamine and methamphetamine in their various forms) had found widespread use and acceptance.

Yet by the end of the 1960s the long career of pharmaceutical stimulants, the ease with which they were acquired, and their ubiquitous use in ways intended and unintended, combined with the complex socio-cultural changes of that decade,

contributed to the transformation of “speed” from medical miracle to demon drug. Although the medical and psychiatric problems of pharmaceutical stimulants had been evident since they were first introduced, the idea that stimulants could be addictive had long been debated and resisted by the drug companies (Rasmussen, 2007, pp. 46–50).

However, by the 1960s these drugs had been around long enough to facilitate long-term investigation and their widespread use made the problems associated with them more visible, thereby heightening anxiety around them. For instance, a 1958 British study indicated that amphetamine psychosis—a psychotic state brought about by prolonged, high-dose use and a resulting lack of quality sleep—was a direct hazard of overusing stimulants. This contradicted previous assertions that amphetamine psychosis resulted from stimulants exacerbating existing psychiatric disorders (pp. 140–141). In other words, this problem was an inherent of the drug, as opposed to the individual. Studies of intoxicant use among soldiers in Vietnam found widespread sanctioned and unsanctioned use of stimulants that contributed to mental health issues on the battlefield and addiction problems contributed of veterans with returning to the United States (pp. 190–191). A growing body of evidence that also indicated that people became both psychologically dependent on stimulants and suffered physical consequences when they stopped using. These facts made the idea of stimulant addiction difficult to argue away as mere “habituation” or misuse of an otherwise safe drug by irresponsible people (pp. 197–204; see also Grinspoon & Hedblom, 1975).

These acknowledgements of meth/amphetamine’s hazards and negative consequences were also coming at a time of concern about the “over-medication” of Americans with both stimulants and sedatives, and general uneasiness with the post-

World War II consumer culture. The mainstream began questioning its own drug use as the counterculture gained momentum with its rejection of consumerism, conservatism, militarism, and its love of drug-fueled hedonism. Speed became caught between the Scylla of medical evidence concerning its hazards, and the Charybdis of cultural upheaval that began to associate stimulant use with rebellion and deviance.

Although there is no one thing that contributed to the downfall of pharmaceutical stimulants, it is arguable that the spread of intravenous stimulant use (mostly methamphetamine) provided the final great push toward tighter regulation and de facto criminalization of pharmaceutical stimulants. A byproduct of the surge in all forms of intoxicant use by younger people during this period, injecting stimulants not only intensified the high people experienced, it also accelerated the onset of negative consequences associated with chronic, heavy stimulant use (Miller, 1997, p. 115; Rasmussen, 2008, pp. 183–188). Whereas habitual pill users often took a fair amount of time to experience serious negative consequences, intravenous users become dependent on the drug and experienced effects such as amphetamine psychosis much more quickly. Much like today's methamphetamine users, so-called "speed freaks" became associated with extremely erratic and paranoid behavior, petty crimes such as theft, and violence (Grinspoon & Hedblom, 1975; Miller, 1997, p. 116). By the end of the 1960s the rallying cry "speed kills" echoed across the various sociocultural chasms that had opened during the decade that arguably began with a speed freak in the White House.

In 1970, Congress passed the Comprehensive Drug Abuse Prevention and Control Act, which established today's well-known drug schedules. In a reflection of the power wielded by stimulant manufacturers of the day, only injectable forms of

methamphetamine were initially classified as highly restricted Schedule II drugs. However, by 1971, all forms of amphetamine and methamphetamine were reclassified as Schedule II (Rasmussen, 2007, pp. 215–219). This put strict controls on physicians issuing prescriptions, limited allowable uses, and regulated overall production. In 1972, the FDA imposed a 400 million pill production limit on stimulants, roughly a 90 percent decrease from the 4 billion pills prescribed by doctors in 1969 (p. 221). The era of white-and-grey market speed was effectively over. However, home-brewed, black-market methamphetamine, which had begun to emerge in the 1960s, would continue to fill the American need for speed.

**The New Millennium: Rising Use, Increasing Problems, and the Next Demon Drug**

Methamphetamine never went away after 1970. The ease with which it can be made and the fact that it provides a potent high at a cheap price relative to other drugs ensured its survival as a black-market drug after the heyday of easily obtainable legal, quasi-legal, and illegal amphetamine. The current methamphetamine "crisis" began to crystallize during the 1990s and, in much the same ways as alcohol nearly two centuries before, was characterized by rising use, the emergence of more potent forms of the drug. This prompted changes in how the drug was used, and facilitated the spread of methamphetamine manufacture, sale, and use from the West Coast into the United States' Midwestern region. As use rose and spread, a number of social ills were attributed to methamphetamine that invited governmental responses to this "new epidemic."

Although methamphetamine use had been fairly common in the western United States since the 1970s, beginning in the 1990s use of meth began to increase and spread. In many ways the mobilization of governmental energy toward the eradication of cocaine

served as a push factor for methamphetamine. We have already seen how prohibitionist efforts aimed at one intoxicant can promote the use of substitutes. For instance, efforts to limit access to alcohol prior to Prohibition resulted in localized increases of cocaine use. Once cocaine was essentially outlawed it is not surprising that quasi-legal amphetamines came to take its place. As was the case with the criminalization of cocaine in the early part of the century, the heavy law-enforcement emphasis on cocaine (both powder and crack) in the 1980s made methamphetamine an attractive alternative for both consumers and manufacturers (see Benavi, 2009).

For the consumer, methamphetamine represented a cheaper and more potent high than cocaine. Following the logic of consumption, the customer's dollars moved to this "better deal." From 1995 to 2005, the Substance Abuse and Mental Health Services Administration (SAMHSA) reported that admission to substance abuse treatment for methamphetamine among people aged twelve and older rose from 30 per 100,000 to 68 per 100,000 (2008a, p. 2). Information from the Drug Abuse Warning Network (DAWN), which tracks drug-related emergency room visits, indicate that "methamphetamine-involved" ER visits rose 54 percent between 1995 and 2002 (SAMSHA, 2004a). Methamphetamine use was no longer just a regional concern, with treatment admissions and ER data indicating that use had spread beyond meth's traditional West Coast habitats and into the Midwest (Hunt, Kuck, & Truitt, 2006). Also, from approximately 1989 to 1992, a high quality, readily smokeable form of methamphetamine—known as "ice"—became popular in Hawaii and migrated to the US mainland.[1] As ice gained popularity on

[1] In another example of the unintended consequences of drug prohibition, ice began to dominate the underground drug market in Hawaii as local marijuana dealers adapted to

the mainland, users transitioned from nasal ingestion to smoking this purer form of meth (CSAT, 1999, p. 8; Miller, 1997; SAMHSA, 2005). As with injecting, smoking methamphetamine produces an intense high, which can increase the risk of habituation while accelerating and amplifying negative consequences to the individual and consequently the community (Covey, 2007, p. 9; CSAT, 1999, p. 24; Miller, 1997, p. 125; National Institute on Drug Abuse [NIDA], 2006). It is thus arguable that, as with intravenous meth/amphetamine use in the 1960s, smoking methamphetamine served to make the drug more visible and intensified concern about its use.

For dealers, meth was both easy to manufacture locally with readily available ingredients and lower on the law enforcement radar. Although large foreign and domestic criminal operations were and are heavily involved methamphetamine manufacture and distribution, the ease of "cooking" methamphetamine allows almost anyone with some chemistry skill to become a "meth cook." As a result, a large number of "mom-and-pop" operations that produced relatively small batches of methamphetamine emerged across the country. As the demand for meth rose, so too did the underground manufacturing. Throughout the 1990s and early 2000s, seizures of methamphetamine "labs" increased steadily from approximately 4000 in 1998, peaking at just over 10,000 in 2003 (Parsons, 2013, p. 162). A factor that may have contributed to the emergence of methamphetamine as a rural issue was that many manufacturers moved their operations to secluded areas to prevent detection. This placed production in proximity to markets and also capitalized on

concerted efforts by law enforcement to disrupt the marijuana trade (Laidler & Morgan, 1997).

the closer relationships and kinship networks of smaller population centers (Gonzales, Mooney, & Rawson, 2010; Hunt, Kuck, & Truitt, 2006, pp. 40–43).

Methamphetamine-related crime was also reportedly on the rise. In 2005 the National Association of Counties (NACO) released survey data collected from 500 law enforcement agencies indicating that 58 percent of those surveyed considered methamphetamine to be the most serious drug problem in their jurisdictions, and 87 percent rises in methamphetamine-related arrests. This data mirrored information from the Arrestee Drug Abuse Monitoring (ADAM) system, which saw larger percentages of arrestees test positive for methamphetamine. Hunt et al (2006) note that in 1996 only one of the ADAM sites reported at least 25 percent of arrestees testing positive for methamphetamine, in 2003 eleven sites reported this level of use.

Child welfare services also reported increases in meth-related cases. For example, the Arizona Attorney General's Office (AZAG) claimed that between 2000 and 2005, sixty-five percent of child abuse and neglect cases involved methamphetamine (2006). Arizona was not atypical in this respect. Survey data from thirteen states conducted by the National Association of Counties indicated that "40% of child welfare officials reported an increase in out-of-home placement because of MA in 2005" (Gonzales, Mooney, & Rawson, 2010, p. 392). One issue specific to methamphetamine was children residing in methamphetamine labs, which put them at risk of exposure to a variety of toxic chemicals.

There are several limitations in this data. For instance, federal and state reporting systems frequently conflate amphetamine and methamphetamine, or combine these with cocaine and other drugs under the broad heading "stimulants," which makes it difficult to

pinpoint trends or have meaningful comparisons. Moreover, to paraphrase Reinerman and Levine's critique of the crack cocaine panic, "meth-related does not equate to meth-caused" (1997, p. 26). For instance, the oft-cited NACO survey indicating large increases in "meth-related" arrests never clearly defines "meth-related." One simply cannot know whether such crimes are incidental to other arrests. Incidental arrests such as meth found on someone arrested for drunk driving; minor crimes related to the methamphetamine market, such as shoplifting precursors; or serious crimes committed under the influence of methamphetamine, such as assault, rape, or murder—all may be said to be "meth related." This leaves open the question of what role methamphetamine actually plays in criminal activity. The same can be said of "meth-related" cases of child abuse and neglect. With exception of children residing in meth labs, it is difficult to disentangle whether or not methamphetamine causes, exacerbates, or is incidental to child mistreatment. Finally, while DAWN can provide a picture of what intoxicants people are using when they seek emergency room care, it does not state whether the drug in question was the cause of the visit—e.g., a person overdosed on methamphetamine as opposed to a person who uses meth seeking ER care for a ruptured appendix. Therefore, it is erroneous to characterize methamphetamine as a *causal* factor in crime and other social ills the way various claims makers (including The Meth Project) tend to do.

Whatever the limitations of the data, governmentality scholars have emphasized the centrality and importance that various forms of accounting play in making various issues visible, intelligible, and actionable (see Foucault, 2003c, 2004; Nadesan, 2008; Rose, 1999). At its heart biopolitical government is about risk calculation and problem management. The available data indicates that there were, in fact, changes in the use of

methamphetamine, with more people using it, its use being more widely spread, and it contributing several social ills. This information served as the basis for various assertions made by claims makers, which in turn shaped the epistemology of methamphetamine and influenced policy decisions regarding this intoxicant.

## Conclusion

In **t**his chapter I have offered a genealogy of the methamphetamine crisis of the early twenty-first century, brining into relief shifts in the epistemology of intoxicants and addiction that continue to serve as the rationale for drug control efforts in the United States today. I began with the complex and densely interconnected society that the United States was becoming at the turn of the twentieth century, and showed how the disruptive potential of alcohol came under the biopolitical gaze and served as the basis for this new epistemology. Simply put, the health and wealth of the state could not be left to the whims of drunken citizens, especially if those citizens were members of social groups already considered unruly. Alcohol became known as inherently and dangerously addictive, alcoholism was reconceptualized as a disease, and abstinence was proffered as the only viable mode of prevention or cure. The pattern repeated itself as other "natural" intoxicants came under the reformers' gaze, and by the early twentieth century the transformation of addicts from foolish weaklings to wretched sociopaths was complete. These epistemological changes were accompanied by a series of regulations that established intoxicant control as a law enforcement problem.

Concomitantly, the regulation and prohibition of natural intoxicants, combined with the categorical imperatives of capitalism, gave the impetus for the production of chemical substitutes as drug makers searched for "safe" forms of profit. Amphetamine

and methamphetamine were two of these substitutes, and initially it appeared (or was made to appear) as if they could fulfill the pharmaceutical promise of performance and safety. Eventually, the disruptive aspects of these drugs became too obvious to ignore and methamphetamine underwent the same transformation from medical miracle to demon drug that cocaine (the drug they replaced) underwent nearly one hundred years before. Of course, methamphetamine survived the attempts to eradicate it. After years in the shadow of illegal cocaine, meth resurfaced as a problem and began to dominate the drug control conversation at the end of the twentieth century.

## Chapter 3

"Hello I'm Jack and I'm an alcoholic" (or addict, or compulsive gambler, or overeater, or compulsive shopper, etc.). This refrain serves as a standard introduction for members of twelve-step groups. In these groups people whose pleasure-seeking behavior has impaired their ability to function in a given society collectively engage in a "program of recovery" designed to free them from their compulsions and restore their ability to participate in society. By uttering this greeting, people are acknowledging that they accept the twelve-step construct of their behavior as a disease variously called alcoholism, addiction, compulsive gambling, etc. In other words, they are acknowledging that their behavior is abnormal and that they have a certain physiological and psychological disposition toward a compulsive and self-destructive pursuit of pleasure.

Since its founding in 1935, twelve-step programs have provided countless human beings an opportunity to arrest compulsive intoxicant use (or other forms of pleasure-seeking) and ameliorate the psychological, social, and economic damage their behavior has caused them. Because of its success, the Alcoholics Anonymous program of recovery

has been widely studied in terms of effectiveness or as a supplement to existing institutional substance abuse treatment regimens (Gossop, et al., 2003; McCready, Epstein, & Kahler, 2004; Moos & Moos, 2006). A number of sociological studies have also examined the practices of various AA groups and the means by which recovering alcoholics assume an alcoholic identity and are acculturated into AA's "way of life" (Denzin, 1987a, 1987b; Gellman, 1964; Maxwell, 1984; Wilcox, 1998). However, little attention has been paid to situating AA and other twelve-step programs within the web of knowledge discourses and practices that constitute the "government" of both addiction and sobriety.

Using AA as a case study, this chapter examines twelve-step as a governmental technology that normalizes those labeled as addicts and offers them the opportunity to return to self-governance by interrogating the program of recovery outlined by Alcoholics Anonymous. Today's various twelve-step programs can all trace their lineage to AA (for example see Gamblers Anonymous, 2016; Narcotics Anonymous [NA], 2008, p. xxv; Overeaters Anonymous, 2016). While each group makes adjustments to the AA template to fit its focus, the core elements of the AA program, the Twelve Steps and Twelve Traditions, remain the basis for each "program of recovery." In short, the program that AA developed specifically around alcohol consumption has been adapted and generalized to other intoxicants, and even to non-intoxicant, behavior-based "addictions" (e.g., so-called "process addictions" such as gambling and overeating).

I begin with an overview of AA's history and structure and a brief discussion of its relationship to governmentality. I offer explications of how AA *problematizes* the alcoholic, and by extension addiction and the addict; the *teleologies* AA's program sets

forth as goals for, and standards of, "sobriety"; the *technologies* AA deploys in its "program of recovery"; and the *authorities* through whom, and by which, AA creates and legitimates its knowledge discourse. I conclude by arguing that while AA offers those recovering through its program the opportunity to return to self-governance, it does so by requiring that they adopt an addicted subjectivity that is under constant threat and serves as an internal disciplinarian, thereby bringing a narrative of recovery as freedom into question.

## Alcoholics Anonymous

Alcoholics Anonymous arises from Temperance Era mutual-aid organizations, particularly The Washingtonians; a mutual-aid society that grew rapidly at the end of the nineteenth century, but disbanded as members moved away from a focus on recovery from alcoholism into larger political fights (White, 1998, p. 13; AA, 1987, p. 178). AA recognizes, the first day of alcohol-abstinence for co-founder Dr. Robert Smith (June 10, 1935) as its founding (B., 1987, p. 141). Smith began his sobriety after a series of meetings between himself and Bill Wilson in Akron, Ohio. Wilson, a stockbroker and lifelong alcoholic, had just achieved a short period of sobriety after experiencing a "spiritual awakening," was in Akron on a business trip that was failing. Discouraged by this, he went to the hotel bar to get drunk, but had his attention drawn to a sign listing local churches. Instead of drinking, he began calling the churches looking for another alcoholic to speak with, which led to his meeting with Smith. Wilson, Smith, and other early AA members devised the "AA Program" of twelve successive steps that take one from an initial admission of powerlessness over alcohol, through confession of, and amends for, past wrongs one committed while drinking, to "spreading the word" and

aiding other alcoholics in recovery (AA, 1976, pp. 59–60). As of 2013, AA stated that it has approximately 114,000 groups throughout the world, with over 2 million members total (AA, n.d.).

Operationally, Alcoholics Anonymous is governed by a set of principles referred to as the Twelve Traditions. These traditions consist of guidelines that regulate the behavior of the organization, individual groups, and members, including such issues as membership requirements, the role of leaders, public policy, and publicity. For example, Tradition 2 dictates that individual group leaders are selected from the membership of the group, either through volunteering or election, and serve rotating terms (AA, 1987, pp. 133-134). While these programs are abstinence-based, abstinence is not required for membership. Tradition 3 states: "The only requirement for AA membership is a desire to stop drinking" (p. 139). The basic unit of organization in Alcoholics Anonymous is the individual AA group. Groups are organized into progressively larger geographical units such as districts, areas, and regions, with members doing voluntary service at each level in areas such as finance, organizing group directories, running phone banks, etc. The affairs of these groups as a whole are coordinated by an overall General Service Office (GSO), the trustees of which are also elected from the membership. In general, AA is governed from the bottom-up, with the membership dictating policies through area representatives.

In terms of public policy, AA takes its lead from what are considered to be the failures of the Washingtonian Society. Wilson took the view that the Washingtonians failed because they strayed from the primary purpose of helping alcoholics. Therefore, Wilson and other founding members incorporated into the AA traditions the principle of

a primary focus on alcoholism. This requires non-endorsement of outside causes, financial autonomy, and neutrality on all issues (AA, 1987, pp. 150, 155, 160, 176.).[2] To avoid being drawn into controversy, AA does not endorse organizations or political measures, nor do they make open declarations about policy issues.

Even further sheltering AA from the limelight, Tradition 11 declares that the AA public-relations philosophy is one of "attraction rather promotion." In short, AA should attract members by reputation rather than resort to advertising. Moreover, members are asked to remain anonymous "at the level of press, radio, and film" to avoid the creation of public personalities (1987, pp. 180–183). This protects AA by avoiding the possibility of damage to its reputation if these spokespeople relapse. However, members of AA will make themselves available to speak on alcoholism and recovery to audiences such as young people, treatment professionals, law enforcement, and the like. They will work with advocacy organizations and churches and engage in programs such as prison outreach (AA, 2011). These activities are consistent with the overall philosophy of attraction rather than promotion.

**The AA Program**

The core of AA's program is what is referred to as "the twelve-steps" and "Working the steps" is the primary task that any AA member needs to engage in to be considered "sober" (B., 1995, p. 13). The steps take one from an initial admission of powerlessness over alcohol, through confession of, and amends for, past wrongs one committed while drinking, to "spreading the word" and aiding other alcoholics in recovery. Steps 1–3 are the admission and surrender steps. Members taking these steps

[2] Traditions 5, 6, 7, and 10 respectively.

admit their own willpower will not cure their alcoholism—that they are "powerless over alcohol." They then work toward developing a belief in a "higher power," and then surrender their "will and lives over to god as we understood him" (AA, 1976, p. 59; see also AA, 1987). Steps 4–9 are what can be called the "redemption steps." Members seek to identify and rectify their own character flaws, and also identify and atone for past misdeeds. In steps 4 and 5 members focus on themselves by assessing their defects of character (referred to as "taking an inventory") and confessing to "god, ourselves, and another human being the exact nature of our wrongs" (ibid). In steps 6 and 7, AA members prepare for and then ask their higher power to remove their defects of character. In steps 8 and 9 the focus turns outward, toward "making amends" by creating a list of people harmed when drinking and attempting to apologize to those people both in word and deed (ibid). Steps 10–12 are the "maintenance steps." These constitute regular inventory-taking, immediate admission of "alcoholic thinking" or wrongdoing toward others, continued work on developing a stronger spiritual relationship with the "higher power," and "carrying the message" to other alcoholics desiring sobriety (ibid). Although there is no requirement for any member to work the steps in numerical order (or at all), doing so is considered the way most conducive to facilitating sobriety.

At the center of an AA member's participation in the program is attendance at group meetings. AA meetings serve as the venue for members to discuss the challenges of living sober, socialize, and learn about themselves and their condition. Many AA members will have a "home group" that they attend regularly. AA meetings also serve as the primary point of entry for new members. Through regular meeting attendance, new members become acculturated to AA's philosophies and norms. It is also through

meeting attendance that new members will find a "sponsor"—another AA member who usually has been sober for a length of time and serves as a mentor.

Most meetings are held in rooms rented from churches and other organizations, although AA club houses—facilities dedicated to a group that serve as a meeting hall and space for members to socialize—also exist. In general, there are two types of meetings, closed and open. Closed meetings are reserved only for alcoholics, whereas open meetings may be attended by anyone (e.g., researchers, non-alcoholic partners, parents, etc.). Specialized meetings have emerged to meet the needs of specific populations, such as racial and ethnic minorities, women, and LGBT populations. This demonstrates the organization's ability to meet the needs of a growing and changing constituency. Although topics vary, meetings are generally organized around a number of formats: Speakers meetings, which begin with an AA member sharing his or her story of alcoholism and recovery and then move to a more general topic; step meetings, which focus on working one of AA's 12 steps; and discussion meetings wherein the meeting leader will ask members to provide a topic (B. 1995, pp. 7–10, 22–26, 58–59, 61, 63–66, 78–80; see also Gellman, 1964; Rudy, 1986; Wilcox, 1998).

The descriptions above situate AA within its own self-understanding: A mutual-aid organization solely concerned with recovery from alcoholism that is responsive to its members. AA considers itself, and strives to be, apolitical and not part of any larger project of intoxicant control. Moreover, AA is a voluntary and non-coercive program; while external coercion often brings people into contact with AA, the organization does not recruit in courts, treatment centers, and human resource offices (although these agencies do send people to AA). This orientation toward non-coercion is further reflected

by the fact that while AA sets forth a program of recovery predicated on alcohol abstinence and grounded in protestant Christianity, it does not mandate that any member do or believe anything in order to claim membership. Finally, AA adapts to the confessional/pedagogical, privacy, and identity needs of its members—through a multitude of meeting formats members can find a "good fit" within AA.

**AA and Governmentality**

Although AA goes to great lengths to position itself outside the overt structures of control (and attempts at control) that demarcate intoxicant regulation, it is one means among many by which society understands and acts on those whose intoxicant use is deemed undesirable. In other words, Alcoholics Anonymous is part of the web of interrelated epistemologies and interconnected technologies that constitute the governance of intoxicant use. As noted, Rose argues that liberal democracies "govern at a distance" through the agency and choices of the governed (1999, pp. 1–11, see also Keane, 2000). In other words, power guides, rather than dictates—the goal of power in a "free" society is not to engage in acts of force to secure compliance. Rather, free will is embodied in ideals of citizenship, and citizens are both empowered to make choices and held responsible for the choices they make.

Since the Temperance Era, addiction has often been conceptualized as a type of unfreedom wherein a combination of craving and compulsion robs addicts of choice, both to use the drug and in the conduct of their lives (Levine, 1978, 1984; O'Mally & Valverde, 2004; Valverde, 1998; Room, 2003). Thus, the addicted individual is one incapable of self-governance and must "be restored through therapy to the status of choosing individuals" (Rose, 1999, p. 231). AA locates itself directly in this narrative of

addiction as unfreedom and recovery (through a form of therapy) as freedom. Notably, AA refers to the capacity of alcoholism to defeat the will, rendering alcoholics "without defense against the first drink" (AA, 1976, p. 24). Conversely, AA promises that sobriety will deliver a "new freedom and a new happiness" (p. 82). As such, AA offers a set of knowledge discourses, institutional norms, and technologies that members deploy to work on themselves to facilitate their rehabilitation and return to freedom.

As a technology of governance, AA is a means to bring unruly subjects back into the fold of a proper exercise of freedom. However, AA is not an exercise in the direct application of sovereign power over individuals. Rather, AA holds a pastoral relation to its members. By "pastoral" I take up Foucault's (2003a) discussion of a salvation-oriented system of governance that deploys power for the health and well-being of the individual and community. Pastoral power functions by knowing people's minds and understanding their souls; "it implies a knowledge of the conscience and an ability to direct it" (pp. 131–132, see also Nadesan, 2008). Pastoral techniques encompass various modes of self-inspection, self-suspicion, and self-disclosure, such as confession and discipleship (Rose, 1998, p. 26). AA's pastoralism manifests both in ideology and practice. AA describes itself as "a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism" (AA, 2002). In short, AA is a community, bound by a common purpose, whose members care for one another, and who mutually engage in practices that facilitate their personal growth.

AA describes itself as a "spiritual program" and invokes surrender to "God" as its means of salvation (the ability to abstain from alcohol); and enlightenment (the state of

cognitive and emotional calm of sobriety, also equated with a "spiritual awakening")[3]. While there is no requirement for anyone to believe in a particular form of God, AA does require that members "give over their will and their life" to a god of their understanding.[4] Unwillingness to do so is characterized as leading to almost certain failure—a return to drinking (AA, 1976, pp. 61–62; AA, 1987, pp. 25–41). To attain salvation and enlightenment, AA members actively monitor and work on themselves to nurture their sobriety. In many ways the pastoral power exerted by AA exemplifies the notions of governance set out by Foucault and Rose—AA recommends a path by which self-selected members can regain the power of choice and the right to be free.

## Problematization

Conceptualizations of addiction developed from Temperance onward assert that the intake of mood- or mind-altering substances causes fundamental, inalterable changes

[3] The meanings and characteristics of the terms spiritual awakening and spirituality can be difficult to divine from the AA literature. For example, in the somewhat tautological and hazy language typically used when speaking of these matters, the term "spiritual awakening" is defined as a "personality change sufficient to bring about recovery" (AA, 1976, p. 569). What such a personality change may entail is not clearly discussed. That said, indicators of spiritual health are present within the AA literature. However, these seem to fall into indicators of cognitive and emotional calm. For instance, honesty about one's shortcomings and an absence of resentment are both indicators of spiritual health. For purposes of clarity, I refrain from the use of the term spirituality unless absolutely necessary, and speak in terms of cognitive and emotional health.

[4] The fact that AA literature explicitly uses the term God and has an implicit Christian tone to its writings can cause new AA members to experience reservations about the "religious" nature of AA or the form God will take (Wilcox, 1998, p. 64; Valverde, 1998, pp. 133–135). However, the emphasis in AA remains on the clause "as we understood him," and AA members are encouraged to develop belief in any "higher power" that facilitates sobriety; a fact reflected in AA's main texts and which remains a salient part of AA's easing new members into AA culture (AA, 1976, pp. 46–47, 1987, pp. 21–33, B., 1995, pp. 27–28).

in people that are more-or-less permanent, even if one abstains from the substance (Levine, 1978; Room, 2003). Various constructs attempt to locate addiction either in a preexisting disposition or transformation to the physiology/psychology of the addict. For example, testimonials by recovering drug addicts propose that their propensity for addiction was present in their thinking before they even began using (NA, 2008). Alcoholics Anonymous advances the idea that alcoholism represents the activation of an "allergy" that causes cravings and damages a person's ability to refuse alcohol no matter the consequences (1976, p. xxvi). The allergy metaphor found a certain legitimization in what has become known as the "disease model" or "medical model," which posits that addictions are chronic diseases much like diabetes (Conrad & Schneider, 1992; White, 1998). More recently, scientific discourses on methamphetamine addiction have attempted to locate the condition in altered brain chemistry wherein short-circuited neurotransmitters impair a person's cognition, ability to experience pleasure, and cause or can be a source of cravings for the drug (Chang, Alicata, Ernst, & Volokow, 2007; California Department of Alcohol and Drug Programs, 2007; Rawson & Condon, 2007). What we observe, then, are rationalized discourses emerging from various authorities, lay and scientific, that share a common epistemological and discursive frame: They serve to position addiction as a force that takes control over otherwise rational people, causing them to engage in "bad behavior."

The central feature of AA's epistemology of alcoholism is a permutation of the "disease concept of addiction." As noted in Chapter2, this paradigm conceptualizes habitual drunkenness as a loss of control over one's consumption, driven by a biological reaction to alcohol combined with rumination over the use of the drug. This biological

reaction is either triggered by drinking or developed over time as one's alcohol use progress (see Levine, 1978; Conrad & Schneider, 1992). In *Alcoholics Anonymous* (the primary text of AA, also referred to as "The Big Book"), the disease concept is fully embraced as a means to understand the condition of alcoholics: "We are convinced to a [person] that alcoholics are in the grip of a progressive illness" (AA, 1976, p. 30). In the preface to *Alcoholics Anonymous*, written by Dr. William Silkworth, this illness is framed as an allergy that produces a craving when an alcoholic drinks (p. xxvi). In line with the disease model, Silkworth notes that when people with this allergy do not drink, they are "restless, irritable, and discontented, unless they can experience the sense of ease and comfort which comes at once by taking a few drinks" (pp. xxvi–xxvii). In other words, even when not exposed to the allergen, an alcoholic will think of the drug and ruminate over missed pleasures. If alcoholics succumb to their desire, then "the phenomenon of craving develops, they pass through the well-known stages of a spree, emerging remorseful with a firm resolution not to drink again. This is repeated over and over" (p. xxvii). Elsewhere in AA, this phenomenon is referred to as an allergy of the body and obsession of the mind (B., 1995, p. 139). What emerges here is a model of alcoholism that is both physical (allergy) and psychological (obsession).

Of the two-part model of allergy and obsession, the allergy receives little analysis or explanation and does not appear to be dwelt on at length in *Alcoholics Anonymous*. AA does not take up arguments about issues such as heredity, fetal exposure, brain alteration, etc. Nor does AA view alcohol as a pharmacological determinant and cause of alcoholism. In short, there is no extended discussion as to why some people suffer from

this allergy while others do not.[5] It would appear it is sufficient for AA to state that when alcoholics drink the allergy is triggered and cravings result. To prevent the cravings one must prevent the first drink (AA, 1976, p. 23). To prevent the first drink one must come to understand "the baffling feature of alcoholism as we know it—this utter inability to leave it alone no matter how great the necessity or the wish" (p. 34). To facilitate understanding, *Alcoholics Anonymous* describes an "alcoholic mentality" as one that works against a person who is attempting to remain sober. In AA, the alcoholic mentality functions both consciously and unconsciously through cognitive processes that facilitate self-deception and therefore enable continued alcohol use.

On the conscious level, alcoholics seek to deceive themselves into believing they can drink normally. As *Alcoholics Anonymous* notes, "the idea that somehow, someday he will control and enjoy his drinking is the great obsession of every abnormal drinker (AA, 1976, p. 30). Alcoholics will seek to deny a problem even exists and come up with various schemes to control or manage their intake and thereby "prove themselves exceptions to the rule, and therefore non-alcoholic" (p. 31). To illustrate the lengths to which alcoholics will go to facilitate continued drinking, *Alcoholics Anonymous* cites eighteen (sometimes contradictory) methods AA members have used to try to control their drinking, and notes that the list could be extended indefinitely" (ibid).

[5] In fact, the wording of the allergy description in "The Doctor's Opinion" is such that the allergy may be preexisting or develop over time: "the phenomenon of craving is limited to [alcoholics] and never occurs in the average temperate drinker. These allergic types can never safely use alcohol in any form at all; and once having formed the habit and found they cannot break it" (AA, 1976, p. xxvi). Here we see allergic alcoholics referred to as a type juxtaposed against normal drinkers who never experience the allergy, which implies the allergy could be preexisting. At the same time, there is a reference to habit formation, which implies the allergy develops over time. Thus the origins of the allergy remain ambiguous within the context of AA.

Coupled with and aiding this conscious denial, *Alcoholics Anonymous* describes an unconscious, "willful forgetting" of past pain suffered because of excessive drinking: "We are unable, at certain times, to bring into our consciousnesses with sufficient force the memory of the suffering and humiliation of even a week or month ago" (p. 24). In other words, according to AA, alcoholics deploy ego-defenses that protect them from feeling the pain of their drinking, and also aid and abet the continued practice of alcoholism. However, while the AA model of alcoholism as a combination of allergy and obsession goes far in explaining the *how* of alcoholism, AA presents this knowledge as a means to construct the *why* of alcoholism.

This *why* is the core problematization of the AA program. Echoing aspects of the psychopathic addict/dope fiend mythology discussed previously, AA argues that beneath the physiological and psychological mechanics of craving and obsession, alcoholics are in the grip of certain "defects of character" that are the driving force behind alcoholic drinking. According to Levine, this characterization of alcoholism as stemming from inner turmoil is part of a genealogy of alcoholism that moves from concerns during the American colonial period with the sin of "drunkenness" as a love of pleasure, to a focus on the "inner experiences of an alcoholic" that constructs alcoholism (and addiction writ large) as a manifestation of "irresistible desires for the substance" (1978, p. 162). Valverde (1998) describes this changing face of alcoholism as a move toward a "feelings-centered" diagnosis of the disease. One's alcoholism is not only associated with "maladaptive use," but is also associated with "the connection between drinking and feelings—of inadequacy, of pride, of sadness—that has come to be the source of the alcohol's problems status" (p. 25). AA articulates this view of alcoholism as a

cognitive/emotional problem marked by destructive/addictive drinking, noting: “Our liquor was but a symptom. So we had to get down to causes and conditions” (AA, 1976, p. 64). Just as the psychopathic addict construct conceptualizes addicts as people for whom drug use accentuated already existing depravity, these causes and conditions are cognitive and emotional distortions that AA characterizes as existing prior to the manifestation of alcoholism. The *Twelve Steps and Twelve Traditions* lays out the root of character defects in a watered-down Freudian model of the conflict between the pleasure and reality principles—the alcoholic is overrun by instinctual needs for security, sexual fulfillment, and prestige. The unreasonable demand to fulfill these desires comes into conflict with individual limitations and societal constraints, thereby producing those negative emotions—variations of pride, anger, and fear (AA, 1976, pp. 67, 33, 66)—that drive alcoholic drinking (AA, 1987, pp. 42–44).

In AA, this conceptualization of alcoholics as driven by defects of character combined with an allergy to alcohol echoes and extends the notion that people come to their drinking (drug use) predisposed to alcoholism (addiction), which in turn becomes a condition that is never cured, only managed. It is through the construct of the alcoholic mentality and discussion of defects of character that the primary problematization of AA recovery emerge. The minds and souls of alcoholics are damaged and must be repaired through the various technologies of twelve-step; what AA refers to as “a program of recovery.” Managing this underlying pathology by “working the program” serves both as the means of remaining abstinent and as the measure of the quality of one’s sobriety.

## Teleologies

The overarching telos in AA's program of recovery comes under the broad term "sobriety." [6] Sobriety is more than abstinence from alcohol. While abstinence is perhaps the most necessary component of sobriety, by itself it is not sufficient to describe oneself as "sober." In AA, sobriety can best be described as a state of spiritual health. Spirituality speaks both to a dependence on, and a relationship with, a higher power that represents a state of cognitive and emotional health resulting from "working the program" and adopting the "AA way of life." As discussed, a central tenet in the AA epistemology of alcoholism and recovery is the idea that alcoholics cannot recover through the force of their own will and should, in the words of the third step, "turn our will and our lives over to the care of God as we understood him" (AA, 1976, p. 59). At the core of this spiritual surrender to the higher power is the AA belief that sobriety requires humility. In AA, humility can be described as an ethical orientation in which sober alcoholics rigorously acknowledge and accept responsibility for their own flaws coupled with an awareness of and management of one's emotional states.

The cognitive component of humility stresses a rigorous, self-critical honesty that: 1) acknowledges the reality of one's alcoholism; 2) focuses on one's character defects as the root of the issue; and 3) reorganizes one's self-perception as flawed and limited. In the words of *Alcoholics Anonymous*, alcoholism represents "self-will run riot" (AA, 1976, p. 62). As noted in the *Twelve Steps and Twelve Traditions*: "All of AA's Twelve

[6] For this project I am going to differentiate between "sobriety" and "recovery." Although AA does use the terms "recover," "recovering," and "recovered" to describe alcoholics who are in the program, these terms can be used for people who have "low-quality" recovery. The term sobriety speaks directly to what seems to be the AA ideal.

Steps go contrary to our natural desires…they all deflate our egos" (AA, 1987, p. 55). From willpower-based attempts to stop or control one's consumption, to joyful, angry, or fearful drinking, AA views pride as the wellspring from which alcoholic thinking and behavior emerges. Therefore, it is pride which must be brought under control before one can make progress toward sobriety.

Cognitive health is distinguished by the completion of AA's first step; acknowledging one is powerless over alcohol and that life is unmanageable. This acknowledgement embraces the "truth" of one's alcoholism by rejecting the distorted thinking that typifies the alcoholic mindset discussed above—particularly the notion that one can regain control over one's drinking (AA, 1976, pp. 30–31). Additionally, one is expected to adopt a kind of stoic focus on one's own role in the conduct of one's life—sober people look to their own character defects as the source of their problems rather than blame circumstances or others (AA, 1987, p. 52; cf. Epictetus, 1991, p. 11). Neither *Alcoholics Anonymous*, nor the *Twelve Steps and Twelve Traditions* discuss why people develop these defects. There is no talk about poor parenting, childhood deprivation, and the like—one's defects of character are one's own, to be rooted out, reflected upon, taken responsibility for, and changed. "The gaze of AA is first and foremost an ethical one. It observes and judges…one's own habits, desires, relations with others, and overall spiritual progress" (Valverde & White-Mair, 1999, p. 397). This internally focused gaze searches out deficiencies that are inherent in the individual. It does not seek to discover strengths, which come from the higher power. As such, humility—deflating the ego—in AA can be described as a constant process of contemplating and admitting flaws that

alcoholics are powerless to correct without turning to a “power greater than ourselves to restore us to sanity.”

Such a continual negative self-appraisal could, in and of itself, be a motivation to drink. However, AA argues that “people who are driven by pride unconsciously blind themselves to their liabilities” (AA, 1987, p. 46), setting the stage for conflicts between instinct and reality. Thus, the drive toward humility is characterized as a source of happiness and contentment as opposed to demoralization (p. 70). As such, the emotional facet of sobriety is characterized by a reduction of negative emotions such as anger, grandiosity, and fear, ideally resulting in that sense of calm confidence referred to as serenity (Denzin, 1987a, p. 184).

Consequently, AA places great emphasis on the need to recognize and manage negative emotions, or even an excess of positive emotions, lest they endanger sobriety. AA describes the ability to remain sober, keep an emotional balance, and live well under “all conditions” as the “acid-test” of sobriety (1987, p. 88). This is not to say that AA expects its members to always be on an even keel. While emotional disturbances are viewed as warnings that one’s spiritual house may not be in order, it is how people characterize and handle these occurrences that serve as markers of sobriety. As Denzin notes, “the test of a member’s program is given in the ability to confront a problematic situation and not drink (1987a, p. 187). For example, Rudy documented several members of his study who experienced some form of emotional upset, but sought support from their AA group and did not relapse (1986, p. 75). Here we can tack back to the cognitive indicators of spiritual health. Monitoring and acknowledging one’s emotional state; examining the role of one’s own defects of character in that state; and then seeking

guidance from one's higher power, the AA group, or one's sponsor in order to correct oneself (not an outside source of the problem) indicate that one is spiritually healthy and therefore "sober."

Sobriety as a state of spiritual health can be juxtaposed with a "dry drunk"; an AA colloquialism used to describe a state when people are not drinking, but their attitudes and behaviors mark them as having poor quality sobriety and/or being at risk of relapse. Denzin (1987a) describes a dry drunk as "sobriety without serenity" (p. 186). Dry drunks are characterized by "stinking thinking"—a return to the cognitive and emotional distortions of active alcoholism. Symptoms include increased resentments, self-pity, a willful re-forgetting of drinking woes, blaming others, and focusing on others' character defects and not one's own (B. 1995, pp. 116–117; Denzin, 1987a, p. 205; 1987b, p. 131). During a "dry drunk" episode alcoholics become disengaged from the cognitive exercise of reflection while simultaneously failing to heed emotional warning signs that something is amiss. Alcoholism—dry or wet—emerges as a state of cognitive and emotional turmoil in opposition to sobriety, which represents a set of normative ideals about the state of one's soul and the conduct of one's life.

## Technologies

From the description above, it becomes apparent that achieving and maintaining sobriety requires an active orientation toward change. In AA, alcoholics engage in various exercises (such as going to AA meetings or studying program texts) that act on their thinking, feeling, and behavior in ways that bring them into alignment with AA's ideals. These exercises constitute the "technologies" of AA. Consistent with the pastoral nature of AA, the program's technologies are focused on facilitating individual members

attaining and maintaining the cognitive and emotional health that constitutes sobriety. To this end, members engage in what Foucault describes as "technologies of the self"—"operations" one takes on one's body, soul, thoughts, or conduct "in order to attain a certain state of happiness, purity, wisdom, perfection or immortality" (2003b, p. 146). AA's technologies constitute a regimen of introspection, confession, cognitive alteration, and structural lifestyle changes (see Rose, 1998, p. 24). These emerge around working the "12 Steps" of the AA program and participating in AA meetings. When members stray from the path, AA groups deploy a variety of, for the most part, mildly intrusive tactics to ensure compliance with AA's epistemology of alcoholism, its ethical norms, and its regimen of abstinence.

Because of its focus on defects of character as the root of alcoholism, AA places a premium on self-awareness and self-surveillance. This begins with the admission that one is an alcoholic and continues throughout AA's program, the primary vehicle for which is the twelve-steps. The steps are structured such that members go through a process of introspection and meditation in one step that mentally and emotionally prepares them to take specific actions outlined in the following step. For example, one completes the moral inventory of step 4 before confessing one's defects in step 5. AA's texts also recommend practical exercises in which to engage while working the steps. In a pragmatic statement, the moral inventory of step 4 is compared to a business inventory and is characterized as a "fact-finding and fact facing process" (AA, 1976, p. 64). Members are encouraged to list t on paper "the flaws in our make-up which caused our failure" (ibid). It is also recommended that they list out those people or situations around which they harbor

negative emotions. The focus throughout this process, and for all the steps, remains on the individual AA member and not on factors outside himself or herself.

Confession stands as a central practice in AA's array of technologies. Recovery in AA is a discursive practice; members gain knowledge about the program and themselves through an ongoing series of their own confessionals and by listening to the confessionals of others. Confessional milestones and practices abound in AA—from one's first public admission of alcoholism (Hi, I'm Jack and I'm an alcoholic), to admitting one's defects of character in step 5, to returning to meetings after a relapse. Foucault describes confession as "a ritual in which the expression alone, independently of its external consequences, produces intrinsic modification in the person who articulates it; it exonerates, redeems, and purifies him; it unburdens him of his wrongs liberates him, and promises him salvation" (1990a, p. 62). In AA confession is both a means of unburdening oneself and a means of transformation (AA, 1987, p. 56). For example, regaining control of one's life and returning to self-governance is only possible through the first step confession that one is powerless over alcohol. Confession in AA is a technology wherein people articulate truths about themselves that create the conditions for the possibility of change.

In addition to introspection and confession, AA offers a sizeable set of heuristics that members can use to maintain and even enhance their sobriety. These techniques are a combination of AA principles cast into mnemonic devices and practical strategies for avoiding the first drink. For example, encapsulated in slogans like "One Day at a Time" and "Just for Today" is the concept that members should shift their focus from lifetime abstinence to daily (or even hourly) sobriety. This strategy reduces the struggle to remain

sober into a more manageable and less overwhelming goal. It also serves to ward off feelings such as fear and hopelessness by keeping members focused on the present rather than imagining *years-on-end* without alcohol (AA, 1975, pp. 5–6; AA, 1976, p. 188; B., 1995, p. 38; Valverde, 1998, p. 135). The Serenity Prayer and slogans such as "Easy Does It" and "Live and Let Live" serve as reminders of the role of humility in sobriety, as a means to calm oneself when anxiety strikes, and reminders to turn to one's higher power for relief (Gellman, 1964, p. 109). Practical advice for avoiding the first drink focuses on issues such as lifestyle changes and refusal strategies. New members are advised to "avoid slippery places"—bars, parties, and other nonessential functions at which alcohol plays a prominent role. Newcomers are also recommended to attend AA meetings regularly as a means to learn about recovery, fill in now-empty hours formerly devoted to drinking, and make friends with other non-drinkers. In instances in which alcohol cannot be avoided, members are advised to arrive slightly late to avoid the "cocktail hour," or to be sure to have a non-alcoholic drink in hand to discourage offers (AA, 1975, pp. 66–67). While they may seem clichéd, trite, or utterly obvious, the slogans and practical strategies are not simply self-evident advice. Rather, as Valverde astutely notes, these are "crystallizations of AA's homegrown collective wisdom, they are full of practical meaning" (1998, p. 137; see also Maxwell, 1984, pp. 92–96). These "slogans" are signs that signify to the collective wisdom of AA.

AA meetings are a focal point for individual recovery and serve a multiplicity of functions for new and veteran AA members alike. One AA text noted that in meetings "there is a kind of momentum toward recovery. Whereas drinking is the object of a cocktail party, sobriety is the common goal aimed for at any AA meeting" (AA, 1975, p.

78). The image of AA meetings as an accelerator for recovery is apt: they are a public forum where the program's confessional ethos is performed; they serve a pedagogical and normalizing role for members; and they perform a surveillance function. Meetings are the site for both mundane and serious confessions. For example, members begin their "shares" by declaring themselves to be alcoholics. This ritualized greeting is a de facto confession and labeling of speakers as both alcoholics, and alcoholics in recovery (Keane, 2000, p. 330; Rudy, 1986, p. 36; see also Robinson, 1979). Members who relapse will often perform a public confessional in a meeting wherein they not only reveal their drinking, but may also "take inventory" and discuss how their character defects contributed to their relapse (Denzin, 1987b, pp. 145–146; Wilcox, 1998, pp. 100–102). That said, members who return to the meeting after drinking are welcomed back and offered encouragement (Denzin, 1987b; Gellman, 1964). More generally, meetings are venues for members to discuss, openly and candidly, the tribulations and triumphs of their alcoholism. AA's principle of anonymity provides both symbolic and real protection for members from the stigma of alcoholism. It also empowers those who need to discuss sensitive issues, allowing for public confessions of personal problems or questionable behavior (B., 1995, pp. 93–96).

In addition to the confessional function of meetings, these gatherings are a key point for the transmission of AA's epistemology of alcoholism and practical wisdom for achieving and maintaining sobriety. One AA text fittingly characterized meetings as "workshops in which an alcoholic learns how to stay sober" (Alcoholics Anonymous, 1975, p. 80). Meetings will often focus on working through particular issues that alcoholics face in recovery and members will share how they applied AA principles to

the various problems they face. Speakers at meetings also share their experiences of active alcoholism prior to recovery. Meetings thus serve to ameliorate the "willful self-forgetting" described earlier. Through recitations of "what it was like," both "newcomers" (people with relatively short periods of AA-connected sobriety) and "old-timers" (people with moderate to long periods of AA-connected sobriety) alike are reminded of the pain of active alcoholism.

Frequent and regular meeting attendance also performs a surveillance function both for newcomers and old-timers. For newcomers, meeting attendance is viewed as a sign of one's commitment to change. Even in those instances when newcomers have trouble remaining sober, their continued attendance at meetings can be viewed as positive (Gellman, 1964, pp. 110–114). For members with longer-term sobriety, regular meeting attendance is used as a gauge for the health of their sobriety, and a sudden decrease in attendance without a solid explanation is viewed as reason for concern. For all regular members, a period of absence can trigger a sponsor or group member to call, or visit at home to see where they have been, or call family members to find out if these people have returned to substance use (Gellman, 1964, p. 114). While done with benevolent intentions, these checks also serve a disciplinary role by letting wayward members know their behavior is observed, monitored, judged, found alarming, and in need of correction (see Rose, 1998, p. 27).

Social pressure from other members also plays a role in discipline. Within AA groups, members can, and do, engage in coercive tactics to secure compliance with behavioral and ideological norms (e.g., maintaining meeting attendance and the adoption of the AA epistemology and ontology of alcoholism), These interventions exist on a

continuum ranging from relatively benign to openly aggressive. For instance, Hoffmann (2006) describes members "joking" that one member's love life was crowding out meeting attendance, and, by implication, threatening his sobriety. He also discusses public admonition from an old-timer to a newcomer to refrain from giving advice until that person had some sober living experience from which to draw (pp. 682–683, 688). Newcomers may be quizzed about their understanding of AA principles and, if found lacking, scolded for their lack of commitment (Rudy, 1986, pp. 5–6, 35).

More aggressive tactics are also deployed to enforce discipline. Members, particularly newcomers, may be subject to rebukes from other (often more senior) members for violating group norms. For instance, Hoffmann documented profanity, sarcasm, and veiled threats of banishment directed at a junior member of AA who violated ideological norms by taking "the role of victim"—not accepting responsibility by neglecting to place her defects of character in the center of her problems and portraying herself as an atypical alcoholic in need of "special consideration" (2006, pp. 679–681). However, while harsh interventions may occur as a means to redirect members who do not fully comply with group norms, AA does not rely heavily on disciplinary technologies to govern its members.

Alcoholics Anonymous does not have a centralized governing authority that can issue directives concerning the conduct of groups or members. Because membership is decided by the individual and not the group, there is no formal means to discipline members such as fines or excommunication. That said, the potential for a return to drinking lurks in the background as a fitting punishment for the deviant AA member. In the words of AA: "The A.A. member has to conform to the principles of recovery. If he

deviates too far, the penalty is sure and swift; he sickens and dies" (AA, 1987, p. 130). In short, those members who flaunt AA norms, who arrogantly refuse to listen to group experience, or who question their alcoholism will return to drinking. In the vernacular of AA, for those who doubt, "we will gladly refund your misery" (Wilcox, 1998, p. 57). In Foucauldian terms, they will be allowed to die.

True to AA form, members' personal experience has taught them that alcohol will bring them pain, and if one accepts AA's construct of alcoholism as incurable, that pain is virtually certain if one returns to drinking (pp. 100–102). Moreover, AA doctrine acknowledges that "when one alcoholic had planted in the mind of another the true nature of his malady, that person could never be the same again" (AA, 1987, p. 23). As Wilcox notes, members who relapse have their drinking ruined by the knowledge and insight they acquire in AA, and often "they return to the program with a new acceptance of themselves as 'somebody who just can't drink'" (1987, p. 102). In other words, not only will members who relapse experience the pain of active alcoholism, they will do so knowing that there is little hope, other than AA. Thus, there is little need for a rigorous policing within AA; in true panoptic fashion, individual members become their own best disciplinarians.

## Authorities

Although external sources, such as family, clergy, employers, and the law can serve as pressure agents who push people toward AA, people ultimately voluntarily adopt the personal panoptiscim that characterizes recovery. This is in large measure because AA has constructed a viable knowledge-discourse concerning the psychology and physiology of alcoholism that potential members rely upon to make sense of their

drinking and themselves. AA has established a set of technologies that have been deemed effective at altering one's thinking and behavior such that an escape from the negative consequences of alcoholism is possible, and even likely, *if* one does as instructed. People engage in the labor of sobriety as prescribed by AA because AA has established the authority to speak about the truth of alcoholism and the path to recovery.

While there is an "official" AA program of recovery encapsulated within conference-approved literature produced and disseminated from the GSO, AA is first and foremost a non-professional, nonhierarchical organization. In AA there is no head of the church, no agent of the state, no accredited expert providing external guidance or governance. Moreover, there is no AA training institute; there are no "AA certified" counselors/sponsors; individual groups do not answer to the GSO; and within groups there are no formal leaders. In short, as Valverde describes, there is no shepherd guiding the flock: AA represents a democratization of pastoral power because in AA the sheep guide themselves and look only to themselves as authorities on alcoholism and its recovery (1987, pp. 19–20). In fact, given the influence AA has had on the addiction treatment industry, one can argue that AA represents the triumph of what Foucault (1980) called a "subjugated knowledge" over institutionalized rationalities.

As such, authority in AA does not derive from either formal education or organizational position. Rather, AA places a premium on personal experience and derives its truths about alcoholism and recovery from the personal experience of its founders and members. As Valverde notes AA's "knowledge is always justified by reference to the subjective experience of its members, not to either scientific logic or factual truths" (1998, p. 127). This subjective and experiential epistemology constructs and derives from

two prongs of authority in AA: The personal experience of being an alcoholic and the authority derived from "living sober." Thus, a certain limited authority in AA is derived simply by claiming an alcoholic subject position through completion of step 1 and/or claiming AA membership. Each individual AA member, regardless of sobriety length, is accorded the authority to speak about her or his own alcoholism, and by extension add to the AA body of knowledge concerning the nature of alcoholism.

Beyond the authority to speak about alcoholism extended to all members of AA is the authority afforded to old-timers who have acquired a period of *sobriety* as defined previously; length of time without a drink is a consideration, but the quality of that sobriety is just as important (Hedblom, 2007, p. 127) Those who have achieved long-term sobriety through the AA program are considered best able to speak about "how it works," serve as sponsors for newcomers, have the moral authority to discipline wayward members, and provide guidance to individual members and the groups (Gellman, 1964, p. 126; Hoffman, 2006). In AA authority ultimately emerges from the personal experience of AA members; particularly as each member is able to apply AA principles so as to demonstrate the practical wisdom of living sober.

While it is possible for old-timers to wield disproportionate power over individual groups, AA's institutional norms provide checks against this. AA's second tradition declares that "our leaders are but trusted servants; they do not govern" (AA, 1987, p. 132). Consistent with AA's focus on humility, formal and informal structures deliberately take the spotlight off old-timers as "star" personalities. AA's tradition of anonymity, particularly in interactions with media, is cast as "real humility at work" thereby invoking a cherished value as a brake on any given member's desire to set herself or himself up as

a public figure (AA, 1987, p. 187) To limit the domination of groups by "older" members, leadership posts within individual groups are assigned by election, limited to brief periods, and open to people with as little as a few months of sobriety (Gellman, 1964). Consistent with AA's informal disciplinary structure, old-timers who gracefully retreat into the background of formal group operations earn the title "Elder Statesman." An esteemed title, "theirs is the quiet opinion, the sure knowledge, and the humble example that can resolve a crisis" (AA, 1987, p. 135). On the other hand, "Bleeding Deacons" are old-timers who seek to maintain power and prestige in the group. The lack of humility displayed by Bleeding Deacons is positioned as a threat to sobriety. A return to drinking serves to discipline power-hungry old-timers, while humility, as both a concept and practice, emerges as a structure in AA's self-governance.

Examining, *Alcoholics Anonymous* reveals many of the positions from which one can speak with authority about the topic of alcoholism within AA. First, *Alcoholics Anonymous* is a publication of the AA World Service Office and is therefore "official" literature—this text *is* the AA program. *Alcoholics Anonymous* is written in the first person plural, indicating that the author is also an AA member who has successfully worked the program. For example, at the beginning of the chapter articulating the twelve steps, the author states, "rarely have *we* seen a person fail who has thoroughly followed *our* path" (AA, 1976, p. 59, emphases mine). The author does not attempt to know that the reader is an alcoholic. Rather, the text extols the reader to determine for him or herself if drinking is an issue: "We do not like to pronounce any individual as alcoholic, but you can quickly diagnose yourself. Step over to the nearest barroom and try some controlled drinking" (p. 33). The author also speaks directly to the reader: "If you want

what we have to offer and are willing to go to any length to get it—then you are willing to follow certain steps" (ibid). Here the reader is the ideal audience of someone contemplating whether she or he is an alcoholic.

Thus, *Alcoholics Anonymous* is not the voice of a professional telling a desperate alcoholic what has been proven to effective. Rather, it is a material example of a core AA principle and epistemological frame: One alcoholic sharing his or her experience, strength, and hope with another. Although the official author of *Alcoholics Anonymous* is the AA World Service Office, the book itself was primarily authored by Bill Wilson (B., 1995, p. 144). This is not just any alcoholic speaking, it is "the alcoholic," the man credited with founding the entire movement and developing the twelve steps. In other words, *Alcoholics Anonymous* is really Bill Wilson, the ultimate Old-Timer, sharing his own experience and knowledge directly with the reader. Thus we see how the various positions of authority that exist within AA are revealed within the text *Alcoholics Anonymous*: the AA program; a new member's experience and self-diagnosis; an old-timer sharing knowledge of alcoholism and recovery; and the founder of the movement speaking directly to its members.

## Conclusion

In many ways sobriety is a triumph that deserves recognition. It is the apex of a struggle with society and oneself that is marked by self-sacrifice and self-discipline. In the language of governmentality, sobriety represents a return to "self-governance"—sober addicts have regained the ability to live without threat of heavy-handed interference in their lives; not from the law, not from employers, and not from family. They are freed from the compulsion to drink to destruction, and if they have worked the program they

can gain peace of mind. Yet, while "free" sobriety displaces "enslaved" addiction as the primary means by which a twelve-step member lives, the latter is not erased once one ceases drinking, embraces twelve-step ideology, and engages in twelve-step technologies of the self. Here the conventional twelve-step greeting is telling—one introduces oneself as an alcoholic or addict, not a recovering, recovered, or sober alcoholic or addict. The sober addict in twelve-step does not adopt a sober subjectivity. To be a self-governing subject, the alcoholic in twelve-step must assume and maintain an addicted subjectivity.

Addicted subjectivity comes into being through twelve-step's physiological and psychological formulation of alcoholism. Through this model, one comes to understand oneself as addicted in a particularized way. This is not *just* physical addiction; wherein one must have a substance or risk painful physical consequences. Nor is this *just* psychological addiction; wherein one ruminates, obsesses, romanticizes, and fantasizes over and about substance use. Nor is this a simple synthesis of the two wherein physical need and psychological desire conspire to, quite literally, "drive a person to drink." While these factors are accounted for in the twelve-step formulation of "an allergy of the body and obsession of the mind," physical need and psychological craving are secondary to addiction theorized as a manifestation of "defects of character." By coming to believe in the twelve-step epistemology of addiction as a disease that is permanent and incurable, twelve-step members must adopt an addicted subjectivity that continually monitors and surveils itself lest the urge to use strikes when one is off one's guard.

In the face of an addicted subjectivity that is never cured, but only managed, the construct of recovery-as-freedom becomes a suspect narrative. No matter how long a person has been without intoxicants, a single use can lead to complete relapse and

concomitant disaster. However, this contradiction reveals the mechanism by which unruly addicts become a self-governing people in recovery. I want to argue, with Sedgwick (1993), that addiction serves as a "master status" by which anything and everything about a known alcoholic—emotions, thoughts, behavior, etc.—can be made understandable and actionable through the construct of that person as "an addict." The twelve-step gaze is ethical as Valverde (1998) suggests in that it focuses on emotion, thought, and action; but this gaze is always applied through a lens that presupposes the addicted subjectivity of its object.

Thus, in order to be free, sober addicts must adopt a subjectivity that both enables and requires them to self-govern. They must engage in the processes of self-surveillance and self-discipline embedded in the twelve steps; they must attend recovery group meetings; they must confess; and they must not forget that a failure to "work the program" will likely result in their destruction. Giving Freud his due, the adoption of an addicted subjectivity could be said to be the "internalization of external authority" or a reconstruction of certain parts of the superego (1961, p. 86). In short, the "recovering addict" self-governs through—and is therefore governed by—an internalized sense of peril. To live free is to live in willing compliance. If members wish to avoid the certain misery will return if they use, they must "choose freedom."

If not, then, as they say in AA, we will gladly refund your misery.

## Chapter 4

As discussed in Chapter 2, the rise in overall methamphetamine use and the introduction of the drug into regions previously unacquainted and ill-equipped to deal with it was accompanied by a wave of media hype reminiscent of previous drug scares

(see Reinerman & Levine, 1997). In an analysis of major news coverage of the methamphetamine panic, Parsons (2013) saw a steady increase in methamphetamine-related reporting throughout the 1990s (roughly corresponding to reports of increased use and the emergence of ice). This peaked in 2005 and then proceeded to decline (p. 122).

Reporting was not the only means by which the sense of crisis was conveyed. Documentaries such as *Crank: Darkness on the Edge of Town* (2007) provided a voyeuristic exploration of the "facts" of methamphetamine. Films such as the dark comedy *Spun* (2002) and the neo-noir *The Salton Sea* (2002) used methamphetamine as a plot device and the "world" of meth users as a setting. More recently, the wildly popular and critically-acclaimed TV series *Breaking Bad* (2008–2013) placed its character study of alienation and hubris within the underground economy of methamphetamine. Though the forms vary, all these mediums share ideological content; chiefly that methamphetamine is a purely destructive force that will inevitably have devastating consequences, not only for the people involved with it, but also for everyone around them.

The Meth Project (TMP) differs from these other iterations of the methamphetamine discourse. While the latter have a biopolitical dimension and a governmental function (e.g., they express norms and elevate certain forms of life over others), they are not specifically concerned with shaping behavior per se. TMP constitutes a governmental exercise in biopower because it identifies a problem associated with the management of human life and expressly seeks to act on it toward a desired solution. TMP conveys a direct concern with managing the health of a population through a discourse that positions methamphetamine as a grave threat to the general

health, welfare, and safety of the community. This chapter uses TMP as a case study in the governance of addiction, focusing on its problematization, teleologies, technologies, and authority.

## Speed Indeed: Pharmacology and Epidemiology

A description of methamphetamine, its effects, benefits, consequences, and patterns of use in the United States sets the stage for this investigation. Obvious, but worth stating, is that methamphetamine is neither good nor evil. It is a chemical compound that produces certain physiological effects that some people find desirable for a number of complex reasons—pleasure, productivity, sociality, etc. Of course, using this substance carries certain risks and at times can have serious negative consequences both for users and for the communities in which they live. That said, it is important to understand the data on methamphetamine is itself is a biopolitical enterprise in classification and surveillance. The collection and presentation of information is always, already ideological in that its goal is to find and pinpoint areas for biopolitical intervention. The basis for judging what constitutes a problem derives from cultural norms concerning what constitutes "the good."

An amphetamine derivative, methamphetamine is a central nervous system stimulant that can be administered through multiple routes (ingestion, inhalation, intranasal, or intravenous) and produces intense feelings of pleasure by releasing dopamine—a neurotransmitter associated with mood elevation and euphoria—into the brain (CSAT, 1999, p. 19). The high from methamphetamine can last up to twelve hours, and intravenous users and those who smoke methamphetamine also experience an intense "rush" upon initial ingestion (Covey, 2007, p. 9). In addition to euphoria, users perceive

benefits of the drug to include reduced fatigue, greater focus, increased productivity, and increased sexual appetite and pleasure (Lende, Leonard, Sterk, & Elifson, 2007; Rutowski & Maxwell, 2009, Winslow, Voorhees, & Pehl, 2007). Methamphetamine use is also as prevalent and popular for its sexual benefits among men who have sex with men (CSAT, 2001; Freeze, Miotto, & Reback, 2002; Green & Halkitis, 2006; Rutowski & Maxwell, 2009). Among women, weight loss is seen as a benefit of meth use (California Department of Drug and Alcohol Programs, 2007; Covey, 2007; Gonzales, Mooney, & Rawson, 2010).

As with other intoxicants, methamphetamine users incur both psychological and/or physiological health risks. NIDA describes the drug as "highly addictive" because meth's pleasure effects, combined with the propensity of users to build a tolerance to it, increases the possibility for compulsive and debilitating use (NIDA, 2006; see also CSAT, 1999). Heavy use of meth has been linked to psychiatric disturbances such as anxiety, paranoia, depression, and psychotic episodes. Users are also at risk for physical problems such as malnutrition, tooth decay, heart, kidney, and respiratory problems, and may be at increased risk for HIV and hepatitis C infections from unsafe injecting or unsafe sex (NIDA, 2006; Gonzales et al., 2010; Freeze, Miotto, & Reback, 2002; Rutowski & Maxwell, 2009; Winslow et al., 2007).

Meth has long been viewed as an intoxicant of working-class and poor whites, and is sometimes referred to as "poor man's cocaine." This signification likely arises from meth's long association with outlaw bikers, blue-collar workers, marginalized and unstable intravenous users, and poor rural whites (CSAT, 1999; Morgan & Beck, 1997, p. 137; Rasmussen, 2008, p. 225). Overall the highest percentage of methamphetamine user

have been whites in general, and poor white men in particular (Covey, 2007, p. 27; SAMHSA, 2004a, 2004b, 2004c, 2005, 2008).

However, according to data from SAMHSA, from 1997 through 2007, substance abuse treatment admissions where methamphetamine was the primary intoxicant showed an increase among Hispanics from 9 to 21 percent (SAMHSA, 2009, p. 3). Rutkowski and Maxwell (2009) note that according to the National Survey on Drug Use and Health (NSDUH), Native Americans are more likely to report past-year meth use and that from 2000–2005 methamphetamine-related encounters with Indian Health Services rose by 250 percent (p. 15). In short, although use by whites is higher than other groups and meth could be considered a "white trash" drug, meth use and its associated risks have made significant inroads among other racial/ethnic groups

Under the drug schedules established by the Drug Abuse Prevention and Control Act of 1970 methamphetamine is classified as a schedule II controlled substance. This means that although it is considered to have medical uses, it has a "high potential for abuse," and "abuse of the drug or other substances may lead to severe psychological or physical dependence" (Drug Enforcement Agency [DEA], 2013). Thus, methamphetamine is only available by prescription with no refills allowed. Sold by Lundebeck under the brand name Desoxyn, it is recommended as treatment for obesity and (ironically, given the extreme anxiety over methamphetamine use by children and adolescents) attention deficient disorder (Lundbeck, 2009).

Beyond this pharmacology and epidemiology, it is important to note the interconnections between methamphetamine and amphetamine. As discussed in Chapter 2, the history of methamphetamine in the United States begins with amphetamine. The

two intoxicants are virtually identical chemically, they produce similar effects, and the histories of their development and use overlap. Even today discussions of amphetamine and methamphetamine frequently blur the lines between the two. For instance, studies of methamphetamine often have historical overviews that begin with meth's amphetamine roots and then focus on methamphetamine's black market history after the tight regulations on stimulants adopted in 1970 (see Covey, 2007; Rutowski and Maxwell, 2009). Sometimes sources discuss all amphetamine-like stimulants as a singular phenomenon (CSAT, 1999) or use the terms methamphetamine and amphetamine interchangeably (Banavie, 2009). Official data systems also contribute to this perception. Articles on stimulant use by SAMHSA, describe methamphetamine as the "primary form" (2001) and "most common form" (2004b) of amphetamine available in the United States, indicating that meth is considered more of an interchangeable "type" of amphetamine rather than distinct unto itself. SAMHSA also notes that they report on the use of "methamphetamine/amphetamine," because certain states do not differentiate between methamphetamine and amphetamine in their treatment admission data, (see SAMHSA, 2004a, 2005, 2008a).

The primary distinction between methamphetamine and amphetamine appears to be the assertion that while both intoxicants produce similar effects, are used for similar reasons, and carry similar risks, methamphetamine is considered a more potent form of amphetamine in terms of intensity, duration, and destructive potential. It is also easier to make than amphetamine and therefore more readily available as a black market intoxicant (Covey, 2007, p. 4; NIDA, 2006). Thus, while methamphetamine is often discussed as a "different" drug than amphetamine, meth runs both parallel to and constitutes a

continuation of amphetamine, rather than some completely new and distinct phenomenon.

## The Meth Project: An Overview

TMP is a large-scale, multi-platform media prevention campaign that originated in 2005 as the Montana Meth Project (MMP). The MMP was a philanthropic effort spearheaded by Thomas Siebel, the founder of Siebel Systems (now part of Oracle) and was funded with a $25.8 million investment from the Thomas and Stacey Siebel Foundation (Siebel & Mange, 2009, p. 413). Siebel refers to his mission as "strategic philanthropy," which he describes as efforts to "create enterprises that will result in some social change" (Seibel, n.d.). These attempts at social change are on a grand scale and seek to influence "public policy, trying to change national opinion, trying to change the opinions of lawmakers, trying to have significant impact on public health, trying to be involved in research projects that can have far reaching social change and human benefit," with TMP as one such endeavor (Seibel, 2010). TMP approaches methamphetamine as a consumer product, and its goal is to "unsell meth" in order to reduce use among its target audience (Siebel & Mange, 2009, p. 415). Since its launch in Montana, the Meth Project has been implemented in eight states—Arizona, Colorado, Georgia, Hawaii, Idaho, Illinois, Montana, and Wyoming. In 2013, TMP was absorbed into The Partnership for Drug-Free Kids (formerly the Partnership for a Drug-Free America) and is currently active in six states—all the previously listed states except Arizona and Illinois (MPF, 2013k, 2013g).

TMP's prevention campaign has been built around public service announcements (PSAs) disseminated via print, billboards, television, radio, and websites, with its

television spots serving as the flagship of its efforts. Over the course of its ten-year life, TMP has run 19 of these thirty-second PSAs. All forms of the PSAs use graphic and disturbing imagery to target an audience between ages 12 and 17 (Siebel & Mange, 2009, p. 410). As I will discuss, images of violence, physical decay, dirt, and degrading sex are typical of TMP's public service announcements. Although the stated primary audience of TMP is teenagers, with such a wide range of media, it has the potential to deliver its messaging far wider—parents, educators, policy makers, average citizens, and the like—will all be exposed to TMP's messaging.[7]

TMP's web presence consists of the Meth Project Foundation (MPF) webpage, the various Meth Project states' pages, the program's newest addition "MethProject.org," and various social media sites. The Meth Project Foundation website provides information about methamphetamine, the history and mission of TMP, and includes access to the public service announcements, research reports commissioned by TMP, press releases, fact sheets, and so on. Each active state also has its own web portal (e.g., colorado.methproject.org). In terms of format and content, these pages mostly replicate

[7] A 2008 survey conducted by the Roper Corporation on behalf of the Arizona Meth Project claimed that parents most often initiated conversations with their children about methamphetamine as a result of a television commercial (Roper Public Affairs and Media, 2008, p. 5). While the Roper data do not specifically state these conversations are a result of viewing TMP advertisements, given TMP's claims of reach and effectiveness it is likely the advertisements are among those spurring parent-child interaction. These finding make it logical to conclude that TMP's ads are reaching beyond the intended audience of teenagers.

the material found on the MPF page (e.g., the PSAs).[8] However, each site also provides information specific to that state (e.g., state meth use statistics).

Noting that it needs to adapt to changes in how young people interact with media, TMP launched MethPorject.org in 2011 to serve as "an encyclopedic online source of information about Meth for teens" (MPF, 2013c). This website differs from the Foundation and state websites in that it is designed to be "an immersive interactive multimedia experience" (ibid). Visitors to the site are presented with a series of questions (e.g., What is Meth? What is Meth-Induced Psychosis?), and clicking on a question provides a menu of "answers." Rather than simply following a link to a video or text-centric document, MethProject.org has "games" such as the "Mug Shot Match Up." Here, "players" are challenged to match "before and after" mug shots of methamphetamine "addicts" as a means to demonstrate the physical deterioration that methamphetamine users experience. MethProject.org is also part of a concerted effort by TMP to expand into social media that includes a dedicated YouTube channel for TMP media as well as Facebook pages for TMP and each of the active Meth Project states. These various new media platforms provide access to TMP media, updates about the project, and links to meth-related material such as news items. People can also contribute content to TMP such as "liking" a story on Facebook, posting links to articles on methamphetamine, or commenting on YouTube videos.

Since its launch, TMP has claimed great success in its efforts. In the pilot state of Montana, TMP reports that teen meth use (as indicated through workplace testing)

[8] See: Colorado Meth Project, 2013; Georgia Meth Project, 2013; Hawaii Meth Project, 2013; Idaho Meth Project, 2013; Montana Meth Project, 2013; Wyoming Meth Project, 2013.

dropped by 72 percent between the program's inception in 2005 and 2007 (Siebel & Mange, 2009, p. 413). During the same period meth-related crime in Montana purportedly dropped by 62 percent (ibid). At the same time, TMP reported that negative perceptions toward methamphetamine use had risen among teens (p. 414).[9] Results such as these are commonly claimed by the various Meth Project states. Virtually all of the Meth Project states state that teens in their states have developed negative perceptions about methamphetamine and/or are less likely to use (Montana Meth Project, 2006; Arizona Meth Project, 2008; Illinois Meth Project, 2009; Idaho Meth Project, 2009; Wyoming Meth Project, 2009; Colorado Meth Project 2011; Hawaii Meth Project, 2011). In addition to Montana, Arizona and Idaho also reported that meth use among their young people showed significant declines after implementing TMP (Office of Attorney General Terry Goddard, 2008; Idaho Governor's Office, 2010). All these results are generally framed in causal terms, with a positive outcome being directly linked to the rollout of TMP.

Beyond the positive results it claims to have generated, TMP has also received external accolades for its work. In 2006, the Office of National Drug Control Policy (ONDCP) Director John Walters cited TMP as a factor in Montana's declining rate of methamphetamine use. In 2009 and 2010, *Barron's* magazine listed TMP as one of its top

[9] Research on the efficacy of the MMP has called these claims into question. When comparing changes in methamphetamine use post-MMP while controlling for pre-existing downward trends in the drug's use, Anderson (2010) found the MMP had no statistically significant effects on meth use among youth in Montana. Erceg-Hurn (2007) reviewed the MMP's survey data and pointed to flaws in the survey methodology that meant "the internal validity of the MMP's research is seriously compromised" (p. 262). Moreover, Erceg-Hurn noted that the MMP misrepresented its data by ignoring and/or not reporting negative data.

25 philanthropic organizations (McGee, 2009, 2010). The program has also received extensive recognition for its craftsmanship. TMP's prevention materials have been recognized by *Advertising Age*, The American Advertising Federation, Effie Worldwide, and Cannes Lions International Film Festival (MPF, n.d.c, 2005. 2009). Thus—taking TMP at its word— the program reaches its audience, and that audience recognizes TMP as a source of information. Further, that information has contributed to the formation of certain opinions about methamphetamine, thereby impacting public perception about it. Finally, this has resulted in shift in public behavior, with people less likely to begin using or continue using this intoxicant.

## Problematization

As outlined in Chapter 1, problematization focuses on the various means by which phenomena are made intelligible and actionable (Rose, 1998, p. 25; Nadesan, 2008). How various authorities understand, and would have others understand, the nature, locus, and possible consequences related to various issues. For instance, using language reflecting a focus on the health of a population, TMP notes that:

> Methamphetamine's effects cost the U.S. between $16.2 and $48.3 billion per year. Meth is one of the most addictive substances known and its use imposes a significant disproportionate burden on individuals and society in money spent on treatment, healthcare, and foster care services, as well as the costs of crime and lost productivity. (MPF, 2013a)

Here TMP lists several macro-level harms: healthcare, crime, child abuse, and lost productivity, and frames them in terms of economic loss. These are linked to the micro-level threat of individual addiction, which is implied by the phrase "most addictive

substances known, and its use imposes." This statement reveals both TMP's orientation to pharmacological determinism and its indictment of individual users: "They" (people who use this highly addictive substance) cost "us" (taxpayers, consumers, business owners, etc.) money. Within the biopolitical discourse that TMP forwards, the root of all meth-related problems is the poor personal choice to use methamphetamine. As such the best (only) way to effectively reduce these harms is individual abstinence; which is the preferred form of life TMP advocates as the solution to the methamphetamine problem.

The underlying logic of methamphetamine as a problem that TMP conveys is best understood through its television/video PSAs. As the primary and most visible means TMP uses to connect with the public, the PSAs are a particularly dense site to examine TMP's governmental rationality. In general, these are "fall from grace" narratives wherein a "good subject"—coded as white and middle class—uses or has used methamphetamine, and then engages in various forms of mayhem while also suffering well-deserved consequences. To pick past these initial tableaux and disentangle the various explicit and implicit discursive threads present in these artifacts, I use Young's (1999) four-part model of exclusionary narratives to break down how TMP problematizes methamphetamine through the construct of the meth addict as a source of social ills who is responsible for his or her own predicament.

**Temptation**

The first stage in Young's model is temptation; a person is offered a choice between a moral and immoral alternative and chooses the immoral one. In this case the person voluntarily uses methamphetamine. Simply put, the decision to use methamphetamine is not a site of serious struggle for any of the protagonists in the PSAs.

In general, the PSAs of TMP do not relate a manifest message of temptation. None of the PSAs show the protagonists having to resist the harassment of friends or drug dealers attempting to coerce them into using the drug. Nor are these young men and women shown struggling with their decision to use methamphetamine. For example, there are no PSAs showing protagonists engaged in inner debates or any in which friends try to dissuade them from using (in fact, in a permutation of the dope-fiend mythology, friends are often the source of the protagonists' methamphetamine). In several of the PSAs the protagonists show some trepidation as they try the drug by proclaiming they will use it "just once," or they express regret for having used the drug for the first time. However, in each of the PSAs, the protagonists have already tried the drug, are using for the first time, or are about to use having already made the decision to do so.

Given the purpose of the PSAs—to communicate a particular truth about the consequences of methamphetamine in order to dissuade potential users—this lack of overt struggle makes sense. TMP cannot portray the consequences of meth use if its protagonists do not use the drug. However, while not made manifest in the PSAs, temptation plays a latent role in the construction of methamphetamine addicts as despised others in a number of important ways. At a basic level, when one is tempted, one is "entic[ed] to do wrong by promise of pleasure or gain" (Merriam-Webster, 2001, p. 1209). Temptation is a decision point at which one is given the opportunity to choose between a morally privileged option (meth abstinence), or a morally suspect option (meth use). By choosing the morally suspect position, one "succumbs to temptation."

Put in governmental terms, one has failed to exercise his or her freedom for the good of society. As Young notes when describing the role of temptation in exclusionary

narratives, "people voluntaristically choose their deviance rather than being impelled by any social circumstances (it is their fault, not society's)" (1999, p. 113). This notion of choice makes drug users culpable and deserving of any negative consequences they suffer. Furthermore, because intoxicant use has long been linked to myriad social ills, the decision to use intoxicants, especially ones positioned as physically, psychologically, and socially dangerous (such as methamphetamine), simultaneously opens the door to the possibility of graver moral turpitude and threatens society at large. As a willful choice between right and wrong, temptation provides the moral force for the narrative of exclusion put forward by TMP.

**Petrification**

Next is petrification, wherein the initial foray into deviance comes to dominate and define a person's life—the person becomes addicted to methamphetamine. In the petrification phase, the formerly law-abiding, normal person who gave in to temptation crystallizes into a deviant Other. In TMP's narrative, it is addiction, triggered by the intake of methamphetamine, that serves as the mechanism of this transformation. In the PSAs of TMP there is no ambiguity about the certainty of petrification; addiction is portrayed as a swift and certain outcome of using methamphetamine even a single time. For example, in *That Guy*, the protagonist insists before trying the drug that he will snort meth "just once." Following this initial surrender, we witness the protagonist leap from snorting, to smoking, to injecting methamphetamine. Each time, he protests he will take this next step "just once" before immediately moving to the more stigmatized, and presumably more dangerous, form of use. This rapid progression signifies to growing addiction that sprang instantly from the first use. In *Junkie Den*, a young man proclaims

to a group of meth addicts that he will only use the drug once, at which they laugh knowingly. In *Crash* and *Jumped*, the protagonists wish they had respectively been in a crippling car accident or received a vicious beating rather than use methamphetamine for the first time.

The narrative of addiction presented by TMP diverges and converges with that put forward by twelve-step. As discussed in Chapter 2, the twelve-step paradigm of addiction is a variant of the disease model informed by the construct of the psychopathic addict: Addicts are people who were already defective and their addiction is their flawed character made manifest. In contrast, TMP locates the cause of addiction in pharmacological determinism: Otherwise normal, healthy individuals are "hooked," often through a single use of a drug that TMP frames as incredibly and inevitably addictive. Room likens these addiction discourses to tales of possession wherein "something… entered the afflicted person from the outside and took control of the person's behavior against his or her will" (2003, p. 226). In short, the person is unalterably changed by his or her interaction with a foreign entity, and is not—and never will be—the same person formerly in possession of a "will."

Although TMP's locus of addiction diverges from that of twelve-step, they share the notion that rebelliousness is a common trait among addicts. The possession narrative is contingent upon a person's initial willful decision to give into temptation. This allows for a moral judgment about addicts because a sliver of blame resides within this explanation. Denzin captures this tension between absolution and blame well when he states: "[addiction], being a disease or illness, is not the responsibility of the drinker. Yet the ethos of self-responsibility and self-control that permeates American culture makes

[addiction] the personal responsibility of the drinker who abuses [drugs]" (1987, p. 17). One cannot lose control of one's will if one exercises that will in the first place and does not give in to temptation—in the language of TMP "Not Even Once."

The discourse of "addiction" is a normalizing one. Despite the wide range of terms used to describe the phenomenon—addiction, substance abuse, substance dependence, alcoholism, problem drinking, drug abuse, etc.—many of the "symptoms" of this condition point back to the inability of a person to conform to the needs of the society in which he or she lives (see American Psychiatric Association [APA], 2000, p. 197, 199). These standards emerge through knowledge discourses put forward by differing authorities that "qualify, measure, appraise, and hierarchize" (Foucault, 1990a, p. 144) various behaviors and feelings surrounding substance use as "normal" or "pathological" based on the degree to which they interfere with functioning. It is this framing of disruptive substance use as a disease manifesting in socially unacceptable behavior that constitutes one of the normative structures of addiction. In other words, these are moral judgments, articulated as symptoms of pathology, and legitimated as such through the authority of psychiatry/psychology and leading peer recovery organizations. Hence, addicts are thought to be known in their entirety via the knowledge discourses and norms of addiction—moods and action, past and present, can now be scrutinized in relation to the person's identity as an addict. Through addiction, the unruly substance user becomes the focus of scorn, the existential threat, and the object for exclusion.

**Disturbance**

Following petrification is disturbance; having chosen deviance the person becomes a source of social problems, such as committing crimes either to support the

habit (theft) or as a consequence of use (child neglect). Disturbance is marked by tales of how unruly subjects create problems for society, threatening both order and "decent citizens." From the opium scares and Temperance movement of the nineteenth and early twentieth century through the current War on Drugs, moral entrepreneurs have long associated substance use with the disturbance of criminality in their efforts to promote temperance, abstinence, or prohibition. Often, the criminalization of substance use has been interwoven with racist, classist, sexist, and xenophobic narratives.[10] For example, as discussed in Chapter 2, the crusade against opium use gained traction by associating the drug with white slavery by Chinese immigrants (Musto, 1999; Provine, 2007). Temperance crusaders singled out so-called saloon culture as a source of crime and political radicalism, often committed by new immigrants (Pegram, 1998; Provine, 2007; White, 1998). Narratives about African-American cocaine use in the early twentieth century focused on the violence and the urge to rape (white women) that cocaine induced in "hitherto inoffensive, law-abiding Negros" (Williams, 1914, cited in Provine, 2007, pp. 77–78). At the end of the twentieth century crack cocaine was linked to increases in murder associated with the drug trade (Reinarman & Levine, 2004).

[10] Linking criminal or deviant behavior to substance use is not merely a Trojan horse for moral entrepreneurship or a cover for oppressive actions by dominant groups. Focusing on substance abuse can also serve as means for excluded groups to prompt discussion of issues that would otherwise go ignored by those in power. For example, because temperance was considered an appropriate topic for women to speak on publicly, women used the issue of male alcohol abuse to enter into public debate on issues such as coverture laws by linking the economic instability of women and children to male drunkenness. Women fiction writers in the Temperance movement used temperance themes as a means to discuss issues such as marital rape and domestic violence by linking these abuses to husbands' alcohol use (see Mattingly, 1998).

These campaigns focused on more than the regulation or prohibition of substance use. Consistent with Nadesan's (2008) observation that biopower creates zones of exclusion and oppression, these crusades all drew on substance use as a means to keep particular groups of people under control. For instance, the crack cocaine panic also gave rise to the phenomenon of "crack mothers"; women (typically portrayed as African-American) whose craving for crack cocaine was so strong that they continued to use the drug even when pregnant. Concerns over a generation of so-called crack babies saturating both the social welfare and criminal justice systems led to attempts to prosecute these women for child abuse and even to jail them preemptively in order to keep them drug-free through their pregnancies (Cherry, 2007; Humphries, 1999; Reinarman & Levine, 2004).

Drawing upon the construct of the psychopathic addict/dope fiend mythology (see chapter 3), TMP both reproduces and extends the portrayal of meth addicts as sources of crime and violence. Crime in TMP mythology is an inevitable consequence of a person's voluntary choice to use methamphetamine. For example, in *Just Once* we witness the protagonist, a young woman, stealing from what we may assume is her mother's purse and then prostituting herself after she progresses from snorting methamphetamine to smoking the drug. During most of this the protagonist's much younger, little sister is watching. The PSA ends with the little sister taking some of the protagonist's meth in order to try it for herself. In *Junkie Den* a group of meth addicts congratulate a young man on his first use of methamphetamine by describing the fun they will have, which includes stealing together. In "end-state" narratives, the protagonists are already committing crimes while in the throes of addiction, demonstrating the depths to which

meth addicts will sink. In *Laundromat* a young man threatens and mugs the patrons of a coin-op laundry. These representations of disturbance solidify the construct of the meth addict as a dangerous element in society who needs to be feared and controlled.

The crimes TMP are portrays petty, brutal, and degrading, and often victimize loved ones and innocents. For example, in *Boyfriend* a young woman is prostituted by her high-school sweetheart; in *Laundromat* the protagonist terrorizes a mother with young children (including a frightened, screaming baby) as he commits his crime; and in *Mother* a young man assaults his mother when she attempts to stop him from stealing her purse. These are crimes that inspire outrage rather than awe.[11] In their analysis of crime myths, Kappeler and Potter (2005) refer to this phenomenon as the "theme of innocence" and note that in media accounts of crime, women and children "are often used as the virtuous victims who suffer at the hands of the unpopular deviant" (p. 24). The theme of innocence often serves to amplify indignation and justifies the implementation of harsh

[11] Although deviant, crime in American culture is often glamorized and some criminals gain the status of folk heroes. For example, the Mafia anti-heroes of films such as *The Godfather* (1972) and *Goodfellas* (1990) are presented as powerful Horatio Alger types, making their own versions of the American Dream. Other films such as *Ocean's 11* (2001), *12* (2004), and *13* (2007) portray crime as an adventure lived out in exotic locations and perpetrated by highly skilled professionals fresh from the pages of *GQ*. Victims in these films are often either other criminals or well-insured institutions—no one gets hurt who does not deserve it, can afford it, or both.

Worth noting is that the drug trade and drug use served as destructive plot devices in *The Godfather* and *Goodfella*s. In *The Godfather*, Vito Corleone refuses to enter the drug trade because he foresees the destruction of the Mafia through drug dealing, which he refers to as "a dirty business" (Coppola, 1974). This refusal triggers a Mafia war. In *Goodfellas*, it is protagonist Henry Hill's drug use and drug dealing that ultimately leads to his arrest and decision to "rat" on his lifelong friends and criminal companions. In the *Ocean's* films, all the characters drink, but not to excess, and none use drugs. The fantasy world of criminals thus reflects the larger anti-drug hegemony. As with the framing of methamphetamine in TMP, drugs introduce instability into social milieus and are "bad for business." Drug-using criminals are portrayed as unreliable, unstable, disloyal, and a general liability.

criminal penalties. This aspect of the drugs-and-crime narrative of TMP flows neatly along the lines of Young's (1999) "fall from grace" story arc by transitioning people from "decent citizens" to "addicted criminals." Thus we see the construct of the psychopathic addict/dope fiend mythology play out—these are people who are definitely violent and morally degenerate. The fact that many of these new users get their first dose from friends, or that their own use influences others nods in the direction of recruiting new addicts. TMP deviates from the psychopathic addict narrative in that it portrays soon-to-be addicts as physically and psychologically healthy prior to using. However, the analysis of temptation above demonstrates that TMP passes a moral judgement on them.

These PSAs not only illustrate meth addicts generate crime, but also show meth addicts have devolved into a particularly loathsome type of criminal. At the level of population, or biopolitics, the meth-addict-as-criminal plays the role of a conventional folk-devil: A stereotyped deviant whose selfish pursuit of pleasure brings harm to society (Goode & Ben-Yehuda, 1994, pp. 28–29; see also Cohen, 1972). In the greater methamphetamine narrative by which TMP is informed, and to which it contributes, the meth addict serves as a cultural scapegoat who solidifies, reproduces, and extends longstanding tropes surrounding substance use, and more generally, despised behaviors.

By linking methamphetamine use to various social ills, the meth addict emerges as an Other suitable for exclusion and punitive treatment. As Freud (1961) notes, "it is always possible to bind together a considerable number of people in love, so long as there are other people left over to receive the manifestations of their aggressiveness" (p. 72). Moreover, as a source of crime, the meth addict creates fear, which as Altheide describes, "often leads people to look for fear-reducing solutions, usually involving the state's use

of force" (1996, p. 69; see also 2002; 2006). Fear of the meth addict can lend support for repressive measures directed toward people who use methamphetamine. The creation of the meth-addicted Other serves to coalesce the community behind calls for increased surveillance and punitive disciplinary actions such as pre-employment drugs screening, court-ordered rehabilitation, or incarceration. It is not so much that TMP directly calls for increased law enforcement measures. Rather, it contributes to the ongoing framing of methamphetamine as primarily a criminal justice issue, as opposed to a public health problem. That framing requires the intervention of social control agents to contain and manage the problem.

**Nemesis**

Finally, this person meets his or her nemeses; experiencing negative consequences that result from the voluntary step into deviant behavior. In the nemesis phase of exclusionary narrative, those who succumb to temptation meet with the inevitable, catastrophic consequences of their poor decisions. Within the discourse of TMP, nemesis both signifies to punishment and serves as a means of demarcating an excluded Other. Formerly normal, decent people have become meth addicts, and meth addicts are monsters; people who are "essentially different from us," and whose acts "are 'unbelievable,' impossible to imagine oneself doing," and are "on the edge of human comprehension and empathy" (Young, 1999, p. 114). According to TMP, this descent into monstrosity is a consequence of the voluntary choice to use methamphetamine one time. It is a descent the consequences of which are lives not only of crime, but also of madness, which is in turn marked by disease. It is a descent the ultimate consequence of which is banishment and exclusion from the middle class. In this realm of consequences

TMP plays its disciplinary role by threatening people about what will become of them if they give into temptation and use the drug even one time. In the narrative structure of TMP, nemesis comes manifest along three axes: A descent into criminality, a descent into madness, and the physical dissolution of the body through disease. Having already discussed the descent into criminality, I now turn to constructs of madness and disease within TMP.

**Madness as nemesis.** After criminality, another characterization of the fall into monstrosity is the associations TMP makes between methamphetamine use and madness. The link is not entirely without reason. As Room (2005) notes, at least part of the stigma surrounding intoxicant use stems from the tendency of certain drugs to lower inhibitions and cause alterations to perception, which can make people appear irrational and/or behave unpredictably (p. 150). However, what often occurs in anti-drug discourses is that this penchant toward unpredictability is reconstructed as an absolute propensity for mayhem. For example, not only was cocaine said to produce violent sexual appetites in black men, it was also said to have such a powerful effect that "cocaine crazed negroes" were virtually immune to bullets, which prompted police to upgrade their weaponry (Musto, 1999, p. 7; Provine, 2007, p. 77). Worth noting is the association of the term "crazed" with claims that the disinhibiting effects of a drug combine with severe cognitive distortions to create a deranged, superhuman monster. The current discourse on methamphetamine is also peppered with tales of sleep-deprived meth users who commit violent acts. For example, an editorial in the *Arizona Republic* advocating stricter law enforcement deployed lurid examples of methamphetamine users who, "hallucinating and sleepless for days on end, commit horrifying crimes: A father beheading his fourteen-

year-old son, a cop shooting down two of his colleagues, a mother stabbing her child more than one hundred fifty times" (Meth Mess, 2005). Not only are these crimes fearsome and grotesque, but they also have the flavor of a B-grade slasher movie. In short, drugs produce dangerous behavior in otherwise "normal" people by transforming rational human beings into violent madmen.

As in the larger narrative of methamphetamine, TMP frames the drug as having the power to create madmen who turn on the people they care about. This is reflected in the PSA *Mother*, as the protagonist storms about his house in a frenzied search for money, strikes his mother as she attempts to stop him, and then strides off without even glancing back at the damage he has caused. The crazed meth addict is a particularly powerful signifier in the PSA *Parents*, wherein the out-of-control protagonist is pounding and kicking the door to his parents' house while he threatens to kill them if they do not let him in. In both these PSAs the insanity of the situation is brought into further relief by a voiceover of the protagonist calmly discussing the good relationship he has with his parents. The discordance between the visual and aural narratives not only accentuates the chaos of the situation, but may also be interpreted as a look inside the disordered mind of the narrator. These meth addicts are so out of touch with reality that they interpret violent situations as part of the ongoing and caring relationships they have with their families. These images are a variation of the theme of innocence that deploys the bond between child and parent in place of the victimization of the helpless or weak.

What is at stake here extends beyond the manifest link made between drug use and violent insanity. As Foucault (1965) argues, in the confrontation between madness and reason, it is reason that must silence the animal insanity latent in every human being.

The discourse of madness points to a deep history of associations between the mad and animals. Indeed, the iconography of madness is replete with images of the insane as bestial or as insanity itself taking the form of human–animal hybrids (Gilman, 1988; Foucault, 1965).[12] Along these lines, TMP's portrayals of violent outbursts facilitated by methamphetamine expose an "animality that reveals the dark rage, the sterile madness that lies in men's hearts" (Foucault, 1965, p. 21). In TMP's narrative, methamphetamine use, like madness, removes the barrier of reason, releases the "dark rage," and exposes humankind's brutish, even homicidal, animal nature. The frenzied, sleep-deprived meth addict reminds us that "the animality that rages in madness dispossesses man of what is specifically human" (p. 74). Therefore, the descent into monstrosity brought on by meth-induced madness invokes the loss of reason, and in the process, the loss of one's humanity. These images of meth-induced insanity deployed by TMP serve to position the meth addict as an animal rather than a human being. In such a state, "where frenzy is unchained; if determinism can have any effect on it, it is in the form of constraint,

[12] The vision of the mad human as an animal is well captured in Gilman's (1988) offering of William Blake's *Nebuchadnezzar* as an example of the physiognomy of insanity (pp. 32–33). In this image, the naked, mad king is crawling on hands and knees in a cave with a look of bewildered sorrow on his face. His hair and beard combine into a mane; his haunches appear to be growing fur; and his fingernails resemble claws. On the one hand Gilman cites Blake's work as an example of the emergence of physiognomy in the semiotics of madness—the mad can be positively identified by their visage and physical characteristics. On the other hand, Gilman notes that this physiognomy itself drew on longstanding notions of the insane as animals and deployed anthropomorphized qualities animals were presumed to have (e.g., the weasel is clever, owls are wise, etc.).

Iconography of animalistic insanity tempting human reason is offered through Foucault's (1965) description of the image of St. Anthony confronting the gryllos in Matthias Grünewald's *Temptation*. Foucault describes this as a confrontation between the "ascetic" and "animality" as both mirror and temptation (p. 20). The human of reason and the animal of madness, estranged parts of the same self, beckon each other, and it is reason that is tempted by madness. On Foucault's account, such representations are expressions of both the fascination with, and horror of, madness.

punishment, or discipline" (p. 76). While today the frenzy of madness may be tamed through the chemical restraints of pharmaceutical psychiatry, the image of the madman resurrects the desire for the physical restraints of the asylum.

**Disease as nemesis.** Along with crime and madness, disease imagery plays a significant role in TMP's construction of the meth addict as an excluded monster. The link between substance use and disease is tangible and symbolic, mundane and terrifying. The basis of the harm reduction paradigm is a pragmatic acknowledgement that people engage in risky behavior and that the negative consequences of that behavior can be, if not eliminated, managed. The disease model of addiction has gained widespread acceptance and, although unable to totally disentangle itself from its moral genealogy, is a dominant frame that informs intervention practices from medical/psychiatric/psychological treatment, to self-help and mutual aid programs such as AA, to juridical technologies such as drug courts. Disease can be a useful platform for conceptualizing risk and developing strategies to minimize that risk, or treat its negative consequences.

Discourses of disease are, more often than not, anything but dispassionate (and/or relatively forgiving) assessments of risk. The invocation of disease, whether as actuality or metaphor, can activate moral denunciation and demarcate exclusion by creating angst and dread, and disease imagery can serve to mark individuals and/or groups as threatening, disgusting, and degenerate. Disease serves as an existential threat by bringing our mortality into stark relief through the degeneration and unreliability (even betrayal) of our own bodies (Freud, 1961, p. 26). Adding to the confrontation with death inherent in disease is the threat of physical and/or mental debilitation. Sontag notes the

diseases that are most terrifying are the ones that appear to be the most dehumanizing—those that not only destroy, but also disfigure the body and the symptoms of which humiliate the sufferer, or those which destroy the mind (1990, pp. 126–127). Beyond forcing a confrontation with mortality and threatening dehumanization, disease upsets our sense of order and starkly reveals how little control we possess over our lives and worlds, which often prompts the moralizing labels that accompany illness (Gilman, 1985, pp. 24–25). As with madness, the degeneration of certain diseases threatens the reduction of human beings into animals.

In the PSAs of TMP, signifiers of disease are pervasive and vivid. Vomit, blood, sweat, runny noses, greasy hair, darkened "raccoon" eyes, and open sores on the face and body all signify to the physical decay brought on by methamphetamine addiction. In *Just Once* and *That Guy*, the protagonists begin with unblemished faces and bodies, and we witness their physical deterioration as they sink deeper and deeper into addiction. Here the truth of addiction as a progressive disease is made manifest through the degeneration of addicted bodies. Other narratives contrast the health of abstinence with the disease of addiction. In *Everything Else* a young woman who curiously asks to try methamphetamine at a party is shown all the horrors that will go along with this decision—her meth-baby, meth-boyfriends, until finally, she is confronted with a mirror that shows her sore covered "meth-face." In *Bathtub* the female protagonist reacts to a stream of bloody water going down the shower drain, turns around, and is confronted in the shower by her sore-covered, meth-addicted future self who pleads with her, "Don't do it." Here one is presented with a stark contrast between the healthy non-user and the diseased user, focused through contrasting imagery of unblemished and blemished bodies.

Finally, the diseased state of addiction is presented as a fate worse than disability or death. As mentioned, in both *Crash* and *Jumped* the protagonists wish they had been involved in a catastrophe rather than use methamphetamine for the first time. In *Crash*, we see the bloody protagonist in her ruined vehicle as the voiceover expresses her wish that she had "broken [her] neck." The spot then cuts to a shot of her sore-covered face. Drooling as she heats a meth pipe, the voiceover laments that, unfortunately, she did not crash and break her neck; she used meth for the first time instead. *Jumped* follows a similar narrative, with the protagonist wishing he had been beaten, possibly to death, rather than having used meth. As one assailant prepares to smash a cinder-block down on him, the spot cuts to the now sore-covered young man vomiting just before heating a spoon so he can inject methamphetamine. He too laments that he did not experience a mauling, but had used meth for the first time instead. Taken at face value, one is to believe that a broken neck and an assault ending in what is likely a killing blow are preferable to the possibility of addiction.

Whereas crime and madness are linked directly to methamphetamine use, disease signifiers serve as the "glue" that binds them together. As in *The Picture of Dorian Gray*, physical degeneration signifies moral degeneration (Wilde, 1983). The disease imagery of TMP thus taps into longstanding associations between the physically grotesque and the morally bankrupt (Gilman, 1995, p. 66; Young, 1990, pp. 127–128; O'Malley & Valverde, 2004, p. 31). The further the protagonists in the PSAs move into addiction and its linked deviances, the more obviously their bodies show the ravages of their poor initial choice to use methamphetamine. Moreover, as Young (1990) notes, this scaling of the body as "ugly," in this case through signifiers of disease, provides a basis to establish

the Other as one who is to be "feared, hated, or avoided" (p. 123). Hence not only does the diseased body of the meth addict serve as a marker of deviant behavior, it further demarcates the meth addict as an excluded Other.

## Teleologies

As Dean (1999) notes, "All practices of government of self or others presuppose some goal or end to be achieved—whether other-worldly salvation, the sculpting of a beautiful and noble life and memory, an enterprise culture or an active citizenry and society" (p. 17). In other words, government does not exist simply for the sake of its own existence, to grow its own institutions, and to perpetuate its own power. Rather, it is always already engaged in some effort to cultivate, guide, mold, browbeat, or punish human beings in the service of *something*. Whether this *something* can be considered noble, such as the extension of legal rights to historically marginalized groups, or monstrous, such as genocides designed to purify a race, the ultimate end of such endeavors is to achieve to an ideal form of life.

In the case of TMP the manifest goal is "reducing methamphetamine use through public service messaging, public policy, and community outreach" (MPF, 2013a). To prevent young consumers from making the "wrong choice," TMP seeks to "arm teens and young adults with the facts about methamphetamine so that they can make well-informed decisions when presented with the opportunity to try it" (ibid). More precisely, acting on the problematization of methamphetamine as "highly addictive," the program seeks to dissuade potential users ever trying the drug—hence the tagline "Not Even Once" (Siebel and Mange, 2009, p. 410). TMP approaches methamphetamine as a rational choice where

a consumer will conduct a cost/benefit analysis of the product. When costs outweigh benefits the consumer will make the "right choice."

The "right choice" is that potential users will not use the drug. To frame its arguments, TMP focused on conveying five key points:

> 1) Meth is dangerous to try even once; 2) Meth will make you look different than normal; 3) Meth will cause you to act in a way that you do not want to act; 4) Meth affects many people's lives other than the user; 5) Meth problems could happen in your town or school" (Siebel and Mange, 2009, p. 411).

TMP elected to treat the above assertions as "hard facts," with the intent to convey to teens that "methamphetamine is the most addictive illicit drug in the world and that [teens] should fear using the drug because of its effect on them and those around them" (ibid). TMP makes these choices in order to influence the thinking of audiences along a number of lines, including: "Increas[ing] the perceived risk and decreas[ing] the perceived benefits of trying meth so that perceptions reflect accurate information about the drug…stigmatiz[ing] use, making meth use socially unacceptable" (Siebel & Mange, 2009, p. 410). A behavioral goal of the campaign is to "promote dialogue about the drug between parents and teens" (ibid). In short, TMP hopes to make methamphetamine so unattractive that anyone who considers using it would turn it down immediately.

Given TMP's conceptualization of methamphetamine and the goals of the program, these decisions about how to think and speak about the drug may seem like "common sense"—after all, methamphetamine is dangerous and making people aware of these dangers enables them to "choose wisely." Even as it frames itself in the language of rational choice, TMP seeks to narrow the field within which one can "choose." For

example, although assertions outlined in the previous paragraph are open to debate, treating these as "hard facts" reflects a strategy off closing off questioning and discussion, arguably the antithesis of education. Equally noteworthy is that the stated intention of two key movers of TMP[13] is to portray methamphetamine as "the most addictive illicit drug in the world" in order to foster fear. This is significant because even though TMP may use slightly more conditional language about the addictive qualities of methamphetamine (e.g., meth is "highly addictive"), it is clear that TMP wishes to set methamphetamine apart from other addictive substances—to amplify the threat in order to accomplish its persuasive goals. While it may be unreasonable to expect a prevention program to leave the dangerousness of its prevention target open to debate, this should call into question the meaning of what making an "informed choice" actually means vis-à-vis this pleasurable, but risky behavior.

TMP's biopolitical decisions about how to "unsell" methamphetamine support an anatomopolitics that is unambiguous. In a reflection of biopower's preference for persuasion over coercion, the command "not even once" is couched in the form of an exhortation to make a rational, individual choice. Instead of issuing orders (Don't use meth!), TMP provides facts that make it obvious meth use is a "bad choice" (Why on Earth would you ever want to use meth?!?). This might imply TMP seeks to educate people so they may engage in a risk-management strategy not restricted solely to abstinence. For example, TMP could include facts about harm reduction strategies that may ameliorate the risks of meth use. However, such options are not discussed in TMP's

[13] Thomas Siebel is the founder of TMP. Steven Mange was executive director for the Illinois Meth Project from 2003 to 2007

materials. In a manner designed to engineer choices toward desired outcomes, the only facts presented about methamphetamine explicitly link a single use of the drug to a transformation of the user into a "meth addict" who, in turn, is a source of social ills. Thus "choice" in this sense is a shibboleth because abstinence is simply the only "rational" choice one can make when presented with the opportunity to use methamphetamine (see O'Malley & Valverde, 2004, p. 37). In this way, TMP seeks to align the free choices of people with larger public health and public safety goals (see Rose, 1999; Nadesan, 2008). This micro-level influence is an effort to contain macro-level problems resulting from the manufacture, distribution, and use of methamphetamine.

## Technologies

To examine technologies is to examine the means by which human beings are acted upon and act upon themselves to achieve the ideal forms of life laid out in an overarching biopolitical narrative. For instance, drug testing is a macro-level surveillance technology that seeks to steer people away from using various intoxicants through the threat of detection and discipline. The underlying logic is that fear of getting caught and facing consequences will compel people to make individual decisions in harmony with desired biopolitical outcomes. Those defying the injunction can be subjected to more or less harsh forms of discipline that may serve to correct behavior (e.g., drug treatment) or to punish them as an example to others (employment severance).

Like twelve-step, TMP lacks overtly coercive means to impose its will on people and therefore uses rhetoric in an attempt to persuade people of the dangers meth poses so they choose abstinence as a technology of the self. While not directly coercive, TMP

definitely articulates a disciplinary threat to its audience. The threat of addiction and the degeneration of "normal" people into insane, diseased criminals promises both material and existential consequences for those ignoring TMP's abstinence injunction. Beyond this, TMP implicitly recommends a course of action for those affected by the meth users' poor decisions. I now turn to an examination of the threat of banishment as a disciplinary technology.

Up to this point I have demonstrated how TMP associates a single use of methamphetamine with an inevitable slide into crime, madness, and disease. As Altheide (2006) notes, these repeated associations condense the cognitive distance between methamphetamine use, drug addiction, and other despised or threatening behaviors until they are all "meaningfully joined" and methamphetamine becomes a signifier for crime, madness, and disease (p. 77). This process is facilitated by a long history of linking drug use with criminality, insanity, and disease. Thus, through close association and by deploying longstanding historical tropes, the PSAs of TMP create a semiotics of methamphetamine whereby even uttering the word "meth" invokes images of various threats—crime, madness, and disease.

In the narratives constructed by TMP, methamphetamine is the threat that promises dissolution if it is consumed. It is through the construct of the meth addict that TMP seeks to tame the threat. The meth addict serves as a point of condensation for angst springing from the perils of methamphetamine and is ultimately "domesticated" through an account of exclusion, or more accurately, banishment. Whereas TMP's narratives of crime, madness, and disease are all manifest consequences of succumbing to the temptation of methamphetamine, the subtext running through TMP is that people who

use methamphetamine will, and should, fall from the middle class into destitution and be "allowed to die."

The fall from the middle class is generally signified by transformations in the bodies of meth addicts as well as the environments in which they dwell. These transformations involve the move from cleanliness to filth and from order to chaos, violating what Young (1990) describes as a "bourgeois respectability"; middle-class norms focused on cleanliness, order, and moderation, that apply to control of both the body and the environment (p. 136). Young notes that within norms of bourgeois respectability: "The body should be clean in all respects, and cleaned of its aspects that betoken its fleshiness—fluids, dirt, smells. The environment in which respectable people dwell must also be clean, purified: no dirt, no dust, no garbage" (p. 137). Young finds an ally and corroborator in Freud, who claims that cleanliness, order, and beauty "occupy a special position among the requirements of civilization," even going so far as to call soap "the yardstick of civilization" (Freud, 1961, pp. 46–47). The signifiers of what could be called class status in TMP conform to these ideas of respectability. Before "the fall," the homes of the protagonists are single-family dwellings (as opposed to apartments or other multi-family dwellings) and the interiors appear to be both clean and orderly. Cars are neither overly expensive nor are they falling apart. The clothing and grooming of the protagonists (before they start using) are both clean and moderate—there are no obvious signifiers of rebellion, deviance, or sexual immodesty. In short, the protagonists begin as what one might call "good kids from good homes."

The fall from the middle class is signified by violations of respectability committed by the meth addicts of TMP. During and after the fall, we witness drastic

changes in the users and their surroundings. Previously clean bodies and clothes become visibly dirty. Markers of disease—sweat, sores, matted hair—serve double-duty as signifiers of poor hygiene. Clean, well-ordered homes degenerate into, or (more often) are replaced by, garbage-strewn flops. TMP makes it clear these people no longer meet the norms of their class, and have been banished. For example, the healthy, well-groomed protagonist of *That Guy* is reduced to a quivering, sore- and sweat-covered mess living in an alleyway next to a dumpster—symbolically becoming "white trash." The protagonists of both *Crash* and *Jumped* end up in dingy rooms with torn up walls, garbage on the floors, and, in *Crash*, a dirty, uncovered mattress on the floor. The meth-house in *Junkie Den*[14] is a garbage-strewn room in what appears to be an abandoned house. The denizens of the den are uniformly dirty and diseased-looking. Breaking with sexual propriety and class status, the protagonist of *Just Once* prostitutes herself to an unkempt, older man.

Perhaps the best example of symbolic exclusion from the middle class is shown in *Parents*. The home the young man is trying to break into has the markers of respectability Young (1990) describes. Through the picture window of this single-family dwelling we see a clean, well-ordered living room. The house is decorated with lights and a Christmas tree, a signifier of a time reserved for family. As the protagonist pounds on the door and threatens to kill his father, his parents hug and comfort each other. Finally, behind the relative safety of a locked door, they turn off the lights and leave the protagonist to his impotent rage. This image is not simply of a family trying to cope with a drug-enraged child. Rather, keeping the meth addict locked out of the house and turning off the lights

[14] Again the underlying theme of animality emerges. The choice to refer to a place where meth addicts congregate as a "junkie den" as opposed to a "meth house" (vis-à-vis "crack house") invokes a simple signification—meth addicts are animals.

on him at Christmas sends a clear message—the meth addict has been banished. This symbolic banishment pulls the curtain back on a significant, yet unstated, goal of TMP. While the manifest goal of TMP is the reduction of meth use as a public health aim, TMP is also a means to regulate and discipline the white middle class.

In the United States, norms and zones of inclusion and exclusion have been inextricably intertwined with issues of race. In general, undesirable intoxicant use has been linked to a marginalized, vulnerable, and/or threatening racial/ethnic group as a means to promote restrictions on particular drugs and discourage their use by the white middle/upper classes. For instance, the Temperance movement was motivated to an extent by anxiety over "the Other"; finding a foil to "temperance values" in alcohol use by Irish and Germans (Gusfield 1986, pp. 50–51, 57; Pegram, 1998). The outlawing of opium, marijuana, and cocaine was successful in part because moral entrepreneurs linked those drugs to Chinese, Hispanics, and African-Americans respectively while at the same time weaving a narrative about minority crime and violence, and white victimization.[15]

[15] The theme of victimization is often expressed as paternalistic concern over white, female sexuality, with fears articulated over white women having sexual desires for, forced into prostitution by, or raped by non-white men, thereby bringing a portion of the gendered narratives of intoxicant use into relief. This paternalistic concern is reflected in the PSAs *Just Once* and *Boyfriend*, in which white, middle-class teens are "reduced" to prostitution to obtain methamphetamine. In addition to sexuality, gendered themes of intoxicant use also often focus on "bad mothers"—women who neglect, endanger, or abuse their children because of their substance use; perhaps epitomized by the scare over so-called "crack babies" and the disdain heaped on "crack mothers" (see Humphries, 1999) which is intimated at in the PSA *Everything Else* when the protagonist is presented with her "meth baby."

This glance in the direction of gender reveals that these narratives are complex and deserve a richer exploration than I can offer in this chapter (as do many other issues that space prevents me from enumerating here). I have deliberately chosen to concentrate on racialized demarcations in this section as, historically, these have most often served as the means to construct external threats to white middle-class security, maintain social group borders, and justify punitive drug-control policies.

(Massing, pp. 5–7, 219–221; Provine, 2007, pp. 70–72, 82–83, 89). Most recently, the crack cocaine panic, with its coded racial language of crack migrating from the (black) inner city to the (white) suburbs, serves as an example of anxieties over race finding expression in an anti-drug campaign that has resulted in one of the largest, most racially disproportionate, mass confinements in American history (Provine, 2007, p. 101; Reinerman & Levine, 2004). Invoking racial fear and/or hatred amplified the power of rationalized norms and cultural taboos while justifying the application of cultural and institutional discipline surrounding the use of intoxicants, thereby functioning as a means for the white middle class to police its interior and protect its borders.

The narrative of methamphetamine use presented by TMP differs from past drug panics in that it does not draw on an external, racialized threat against whom the white middle class can marshal against. This silence reflects a post-civil rights shift from the flagrant racism and xenophobia of the nineteenth and early twentieth centuries to a subtler form of racial code that draws on embedded racial stereotypes without resorting to overtly racist language (Beckett & Sasson, 2004, pp. 49–50, 54; Provine 2007, pp. 103–105). TMP does not portray racial/ethnic minorities as the suppliers of the protagonists' methamphetamine; as preying on naïve, white, middle-class meth users; or as the source of meth-related crime. In each of the PSAs the protagonists encounter suppliers/dealers, johns, and other meth addicts who can all be read as white. For instance, in *Just Once* and *That Guy*, white friends provide the protagonists their first fix. The meth addicts of *Junkie Den* are all white, as are the imaginary "meth dealer" and "meth boyfriends" of *Everything Else*. The perpetrators of crime in TMP are the white protagonists of the PSAs who "turn" to crime as a result of their methamphetamine use.

While explicit racism or even racist innuendo is generally absent from TMP, class distinctions in the PSAs are clear and unambiguous. In addition to the violations of respectability committed by the individual users and the decay in their surroundings, the people the protagonists encounter during their decline adhere to, or violate, class norms depending on which side of the methamphetamine divide they reside. For example, the denizens of the junkie den are uniformly dirty and diseased looking; the John in *Just Once* is unkempt and haggard; the protagonist's meth-addicted tormentors in *Everything Else* are dirty, disheveled, and lewd. Victims of crimes perpetrated by the protagonists are clean, modest, and orderly— they are the prey of white Others who have willfully violated class norms. Whereas past drug scares have created external, racialized threats to white middle-class security, TMP creates a class-based, internal threat that must be neutralized.

This internal threat can be described as the threat of degeneration into social marginalization that drug use presents to members of the white middle class, embodied in TMP by the construct of the meth addict as "white Other"—a member of a white underclass who are referred to in the colloquial as "white trash." In their analysis of that particular slur, Annalee Newitz and Matt Wray note this pejorative:

> Names that which seems unnamable: A race (white) which is used to code "wealth" is coupled with an insult (trash) which means, in this instance, economic waste. Race is therefore used to "explain" class, but class stands out as the principle term here. (1997, p. 8)

For Newitz and Wray, "white trash" serves to identify a subgroup of whites who have not succeeded economically. In turn this brings into relief certain contradictions in notions of

white superiority. Willoughby-Herard (2007) notes, the presence of poor whites in a society undermines narratives of white supremacy by exposing that whiteness "in and of itself guarantee[s] nothing" (p. 492). In other words, the existence of a white underclass makes it difficult, if not impossible, to position whites as inherently superior. At the same time, the lack of a guarantee that Willoughby-Herard references goes beyond destabilizing constructs of racial superiority/inferiority. At the least, it points to the specter of economic deprivation that haunts whites and non-whites alike in the United States.

Yet "class" is also a complex construct that cannot be reduced to a purely economic structure. In his analysis of working-class images on television, Leistyna (2010) argues that poor and working-class whites are framed as inferior through media portrayals of them as stupid, uneducated and ignorant, lacking refinement, and lazy (pp. 344–346). Young notes that, in this narrative, "class position arises not from tradition or family, but from superior intelligence, knowledge, and rationality" (1990, p. 126). In other words, social class manifests across multiple sites: economic status, intelligence and education, comportment and "taste," and work ethic. Social advantage is not guaranteed by the accidents of the body one inhabits or the luck of one's birth. Even for those coded as "white," privileged class status is ultimately contingent on one's ability to cultivate and maintain these markers of cultural value. In TMP's narrative, the meth-addict as "white trash" confronts members of the white middle class with the precariousness of their membership in a privileged social group. Situated at the intersections of whiteness, poverty, and social stigma, methamphetamine is, in the mythology of TMP, positioned as a gateway drug to a life as white trash.

Therefore, while numerous individual disciplinary interventions exist in the larger methamphetamine control effort, in TMP, the meth addict serves as the disciplinary intervention. By linking a single use of methamphetamine with a slide into criminality, madness, and disease TMP associates a particular, willful behavior with the inevitable collapse of a stable subject into a state of social inferiority and zone of exclusion, thereby threatening one's physical, social, and mental security. This possibility of becoming a meth addict serves as a screen and a mirror for both individual and collective projected anxieties. The exclusion promised to the meth addict is an ontological threat created by the promise of expulsion from normalcy (Gilman, 1985, p. 20). Thus, TMP attempts to manage life by moving people toward the goal of methamphetamine abstinence using the threat of transformation into a meth addict. To the extent that it secures individual compliance, TMP protects the white middle class from the various hazards posed to it by methamphetamine.

## Authorities

TMP seeks to establish itself as an authority on the nature of methamphetamine, its consequences, social costs, and prevention by providing "facts" about methamphetamine that people can use to make "informed decisions" about trying this intoxicant. TMP makes direct claims about the depth and breadth of its knowledge such as describing MethProject.org as "a definitive source" and "an encyclopedic online source of information" about methamphetamine for young people (MPF, 2013i, 2011). Through statements like these, TMP seeks to demonstrate for its audiences that it has the credentials that provide it the right to speak and be believed on this issue.

However, examining authority through a governmental lens goes beyond looking at how a rhetorician establishes a "right to speak" by deploying various signifiers of expertise. Rather, one attempts to bring into relief the various means by which a given discourse creates and validates, and/or dismantles and silences truth. Foucault (1972) argues that authority "involves the *rules and processes of appropriation* of discourse: for in our societies (and no doubt many others) the property of discourse…is in fact confined (sometimes with the addition of legal sanctions) to a particular group of people" (p. 68). In other words, discourse—and by extension truth—falls under the ownership of those who speak within the acceptable boundaries of that discourse, who are then able to deploy said discourse for particular purposes or engage in its modification. For instance, a person in recovery occupies a space in the field of subject-positions sanctioned to speak about addiction and is thus able to make utterances about that topic that will be deemed worth listening to and acting upon.

As such, one interrogates the origins and exercise of authority by examining issues such as who can speak truthfully about human beings (doctor, priest); with what epistemological foundation (Western science/medicine, divinely revealed truth); through what apparatuses authority is granted (medical schools, seminaries); and how authorities themselves are governed (licensing boards, ecclesiastical courts) (Rose, 1998, p. 27). To validate its assertions that meth is (nearly) instantly addictive and dangerous both to individual users and communities, TMP harnesses a variety of knowledge discourses put forward by experts "embodying neutrality, authority and skill in a wise figure operating according to an ethical code 'beyond good and evil'" (Miller & Rose, 2008, p. 69). TMP establishes its authority and appropriates the methamphetamine discourse by tapping into

three interlocking sources of expertise: physical and social science, police, and methamphetamine victims.

TMP draws on various scientific authorities to validate its assertions about the nature of methamphetamine and its effects on users. In this sense I am referring to people and institutions whose state-sanctified credentials certify them as experts on a range of topics related to *knowing* methamphetamine in various ways—its composition, effects, toxicology, prevention, treatment, etc. This cadre of experts includes researchers on addiction and related topics such as brain science, treatment professionals, prevention specialists, psychiatrists, doctors, chemists, environmental scientists, etc.

For instance, TMP, describes methamphetamine as "powerfully addictive" (MPF, n.d.a), and one of the "most highly addictive substances" (MPF, 2013e), or "one of the most addictive substances known" (MPF, 2013a). To illustrate its claim, all TMP websites provide access to a video on the neuroscience of methamphetamine supplied by the University of California, Los Angeles Integrated Substance Abuse Program (MPF, 2013b). Several of the answers to the various questions posited about methamphetamine on Methproject.org are quotes from experts excerpted from external documentaries on meth. For example, one of the answers to "What is Meth-Induced Psychosis?" is a segment from the A&E documentary "A Question of Life or Meth." wherein a psychiatrist describes the hallucinations his methamphetamine-using patients experience (MPF, 2013). Here a credentialed expert working "in the trenches"—one who has the right to speak truth about this phenomenon—provides a firsthand account of methamphetamine's effects. Moreover, the documentary is a media format that sets an expectation for audiences that the information they receive is factual as opposed to

fictional narrative (see Altheide, 2002, pp. 33, 43–45). In other words, this is a "real psychiatrist" working with "real meth addicts" who has "real insight" into the effects of methamphetamine and therefore ought to be believed. Finally, TMP provides an extensive list of 134 sources, many from government agencies (e.g, NIDA) and peer-reviewed journals, that it states are the bases for the claims it makes about the nature of methamphetamine and its effects on people (MPF, n.d.b). For a casual reader or perhaps even a more sophisticated researcher, this combination of volume and apparent quality serve to establish that TMP has "done its homework" to ensure that it is indeed providing the "facts" about methamphetamine use.

In a similar vein, TMP deploys the authority of social science when speaking about the development of its prevention materials, to validate its approach, and to prove its effectiveness. This is particularly evident when TMP justifies the use of graphic imagery and fear appeals in its materials. Critics of fear-based campaigns highlight ethical concerns surrounding the representation of "deviant" people, the imposition of dominant values on marginalized groups, and the concern that extreme images may traumatize or demoralize the people they are trying to help (Brenkert, 2002; Guttman & Salmon, 2004; Hastings, Stead, & Webb, 2004; Hyman & Tansey, 1990). For example, Buchanan and Wallack (1998) cite a Partnership for a Drug-Free America anti-heroin PSA that featured a young man "confessing" about having sex with men to support his heroin addiction. This PSA was pulled after pressure from advocacy groups objecting to the association of homosexuality as a last resort in street survival–in other words linking homosexuality to a young man's final degradation. Citing concerns about representation, Davis and Delano (1992) contended that anti-steroid advertising served to fix gender

stereotypes by emphasizing the side-effects of steroids on male and female secondary sexual characteristics, such as the production of facial hair on women and breasts on men. Thus, despite the "good intentions" of these campaigns, they tend to use existing stereotypes that reproduce and reinforce those stereotypes and their attendant prejudices. In a critique of the effectiveness of fear-based messaging, Hastings, Stead & Webb (2004) note that although these types of advertisements are reported to work, most of the research done on their effects has been in controlled settings rather than evaluations of actual campaigns. Moreover, it is problematic to "disentangle advertising effects from other effects" (p. 965). In other words, it is difficult to know whether public attitudes and behaviors shift due to campaign or due to confounds, such as news coverage of the phenomenon.

However, by invoking social science research methods TMP is able to deflect, if not dodge, these possible critiques. Throughout the program's material (websites, press releases, etc.), TMP describes its campaign as "research-based." For instance, in the press release announcing the launch of Methproject.org, TMP states that "Meth Project.org is the culmination of six years of campaign development and quantitative and qualitative research conducted with more than 50,000 teens and young adults, including 60 national and statewide surveys, and 112 focus groups" (Meth Project, 2011; see also Seibel & Mange, 2009). Here TMP invites us to understand that the development of the campaign's messages and materials have been produced in a thorough manner using methods (ongoing evaluation, a large sample, and mixed focus groups and surveys) that are widely accepted as capable of producing accurate, actionable information. Siebel and Mange also note that conducting focus groups and survey research with teens revealed

that TMP's messaging had to "break through the clutter" of media messaging and "feel immediate, real, and tangible," leading to the use of graphic advertising (2009, p. 411).

Follow-up research on the campaign material conducted in Montana for TMP reflected that teens knew of, remembered, and had been influenced by the PSAs (p. 414). Similar results were reported in the various former and current Meth Project states (Arizona Meth Project, 2008; Colorado Meth Project, 2011; Idaho Meth Project, 2009; Illinois Meth Project, 2009; Wyoming Meth Project, 2009). The message of these combined science-based discourses is that TMP's claims about the effects of methamphetamine are accurate and are being presented to its audiences in a way that does in fact break through media clutter and influences their thoughts and actions.

TMP also draws on the authority of various police to verify the severity and urgency of the methamphetamine "crisis." By police I mean those whose expertise and/or institutional position produce policy and/or surveil the general welfare of the community. As such, these comprise a mélange of people and institutions such as politicians, law enforcement, child welfare workers, teachers, census takers, pollsters, etc. TMP uses the authority of police to establish that methamphetamine is both a legitimate and important issue, and that it causes a grave amount of harm both to individuals and the community. For example, the TMP Foundation page notes that the US Department of Justice considers methamphetamine "one of the greatest drug threats to the nation" (MPF, 2013a). Five of the six state Meth Project sites (all save Montana) note that "Law enforcement officials, drug counselors, and state legislators agree—there has never been a drug as powerful, addictive, and quick to destroy lives and communities as methamphetamine" followed by a statement that meth is the top drug problem in the that

particular state (Colorado Meth Project, 2013; Georgia Meth Project, 2013; Hawaii Meth Project, 2013; Idaho Meth Project, 2013; Wyoming Meth Project, 2013). These general statements are often supported in TMP material using quotes from officials of the various Meth Project states. For instance, in a press release, Colorado Attorney General John Suthers describes meth as "the most pernicious, the most harmful, and the most costly drug [he has] encountered during [his] three decades in law enforcement" (Colorado Department of Law, 2009).

In turn, these claims are corroborated by statistical evidence gathered from institutions that monitor public health. Each state website posts some state-specific statistics and offers a downloadable fact sheet providing more detailed information. Much of this is compiled from various official sources such as state mental health boards, child protective services, or the department of corrections. Some of the data from official sources includes: age of first use (Colorado Meth Project, 2013), instances of meth-related child welfare cases (Georgia Meth Project, 2013; Idaho Meth Project, 2013), treatment admission rates (Hawaii Meth Project, 2013), rates of meth-related adult incarceration (Montana Meth Project, 2013), and rates of meth-related drug cases (Wyoming Meth Project, 2013). Broad proclamations purported to be made by abstract, but authoritative institutions (e.g., "the DEA," "law enforcement") become both tangible and local through the utterances of specific officials. The various epidemiological statistics on methamphetamine make the problem knowable by making the existence and extent of the risk concrete, and establishing troubling cause-and-effect relationships, (see Miller and Rose, 2008, pp. 65–66; Nadesan, 2008, pp. 106–111). All of this validates the impetus to "do something," particularly if that something is to "save the children."

Claims of extreme danger to individual users and those who come in contact with them are legitimated through the personal experiences of victims impacted by methamphetamine. These victims can be active and recovering methamphetamine addicts, family members, friends, or anyone else negatively affected by this intoxicant. The testimonials and confessionals offered by TMP are both scripted and organic. Scripted confessions are those created as content for TMP prevention campaigns. For instance, TMP's radio PSAs feature individuals performing an "addiction confessional" by describing the terrible things they did and experienced while using. One such ad, "Georgia" offers the following:

> To get meth, I beat up my friend for her money and I left her out on the back roads and I went and used. She had a couple of broken ribs and she had a skull fracture. But I feel more ashamed that I would do something to my friend who is always there for me because of meth. My name is Georgia, I am from Hamilton, Montana. I started doing meth when I was thirteen. I used it every chance I got. Every time I got money, I went and bought it. I would lie to my grandparents to get the money. I would steal from my family, my friends. I would steal things and go sell them for more meth. The first time I used meth I was with my sisters. When they offered it to me I didn't think it was going to change my life. I took it because I thought it was just a high. (MPF, 2013c)

The brief personal history offered by Georgia brings to vivid life several of TMP's "five points" discussed earlier. Georgia's addiction was the direct result of her naïve first-use of methamphetamine, which she considered to be "just a high"—illustrating the point "Meth is dangerous to try even once" (Siebel & Mange, p. 411). She is ashamed of her

violence toward her friend and stealing from family. At the same time, these acts were caused by an addiction so powerful she was willing to commit these crimes to get and use methamphetamine. These parts of the confession demonstrate both that "will cause you to act in a way that you do not want to act" and that "meth affects many people's lives other than the user" (ibid). Finally, Georgia is from Hamilton, Montana, a town of approximately 5000 people (United States Census, 2013). In other words, Georgia is not from a distant, crime-and-drug-ridden city. She is from a small town in a Meth Project state showing us that "meth problems could happen in your town or school" (Siebel & Mange, p. 411).

Organic confessions consist of anecdotes, videos, art, etc. posted to Methproject.org by a variety of people—current users, users in recovery, friends and family members impacted by methamphetamine, treatment workers, and the like. These are presented to the audience as unscripted and unsolicited posts from people who provide first-hand confirmation of the abstract claims of scientific experts and institutional authorities. For instance, a post submitted by "Chelsea B." on November 3, 2013, states:

> I started injecting meth regularly about 4 months ago. My boyfriend was the town meth cook so I did it very often & in large quantities. Within 1 month I was homeless. By the 3rd month I found myself in jail 2 states away from home (Georgia) being charged with intent to manufacture methamphetamine. At only 18 years old I was being charged with a felony. I thought my life was over. I was sure I would be sent to prison. After a month in jail my boyfriend took the charges and got out with 15 years felony probation & 15 to serve if he violates. By the

> grace of God I got out scott [*sic*] free. One decision to stick a needle in my arm changed my life forever. I'm still homeless & my boyfriend went back to jail. I still have a drug addiction, but I'm not doing meth. I'm terrified that I will be soon. Being homeless & having no family or friends makes me want to turn back to the one thing that made all the bad thoughts go away. I just found methproject.org & I'm hoping I can find the help I need through the site before I go down that dark road again. (MPF, 2013d)

As with Georgia's scripted confession, Chelsea's organic contribution illustrates many of the claims TMP makes about methamphetamine. Her addiction was the result of "one decision to stick a needle in [her] arm," again reinforcing the danger of even a single use. Although it is impossible to know about her drug use prior to her first injection, Chelsea's descent into homelessness and jail was incredibly rapid given that her use started only four months prior to her post. Chelsea is also from a place small enough to have a "town meth cook," somewhere in the Meth Project state of Georgia. Again we see that methamphetamine is not only an urban problem of the West Coast or North East—it is a rural, Southern, problem as well. Finally, Chelsea affirms both the authority and effectiveness of TMP by framing Methproject.org as a means to find help for her addiction.

While such victim testimonies as those offered by Georgia and Chelsea do not neatly reflect Miller and Rose's (2008) description of authorities as "neutral," they are both powerful and necessary to make TMP's claims resonate. As Altheide (2002) notes: "Victims provide evidence of the reality of fear, the source of the threats. Indeed, without victims there would be no credible fear, so they would have to be created even if they did

not exist" (p. 91). In other words, victims serve as a point of condensation for an audience to experience fear in tangible, rather than abstract, ways. In these cases, the use of the personal stories of young meth users reflects TMP's strategies of speaking to teens on their own terms, cutting through the white noise created by other media, and avoiding being seen by its target audience as preaching adults. In both of these examples victimization plays a key role in constructing the narrative of methamphetamine as dangerous. Both of these women are "addicts," but they were victimized by their own naiveté, which led them to be further victimized by a substance, anthropomorphized as both powerful and evil. While victims, these women also victimize—Georgia through violence and theft, Chelsea by contributing to meth's spread. This is a fate that people who are lucky enough to have been exposed to TMP can avoid.

Moreover, when TMP has people negatively impacted by methamphetamine "share their stories" it taps into—at least on a subtextual level—the authority of Alcoholics Anonymous and its twelve-step offspring. As I detailed in the previous chapter, twelve-step programs place a premium on personal experience as the source of truths about addiction and recovery. Thus, in what could be called the recovery subculture, personal experience expressed in a confessional format of the sort TMP utilizes holds a certain "pride of place" in the construction of knowledge concerning addiction and recovery. For the name "Chelsea B." reflects the twelve-step practice of using members' first name and last initial to maintain anonymity. The phrase "but for the grace of God" is part of the twelve-step vernacular people use to express gratitude for being in recovery. Because twelve-step has permeated popular culture, it is not unreasonable to assert that many could situate the performances (the addiction

confessional) and the vernacular ("being in recovery" or "recovering") deployed by TMP within twelve-step epistemologies.

This information is presented within a "semiotics of authority" that both centers TMP in any inquiry of methamphetamine and shepherds people into narrow epistemological channels. For example, the print PSA "Change" features a picture of a young man, wide-eyed with dilated pupils; disheveled, greasy-looking hair; his lips peeled back from his teeth in a snarl; and a clenched fist drawn back as if to punch the viewer. Superimposed to the left of this image is the question "Will meth change who I am?" At the least this image signifies to someone who is violent. It can also be read as someone whose violence springs from an unhinged mind. The proximity of this violence next to the word "meth" associates that violence with methamphetamine. This association and the authorship of the image by TMP immediately answers the posed question: "Of course meth will change you. Yes, you will become an insane, violent person." Underneath this rhetorical question is the "Ask" logo immediately next to "methproject.org." This informs the viewer that Methproject.org has the answer and/or has answered the rhetorical question. Moreover, the side-by-side of "Ask" and "MethProject.org" invites viewers to "find out more" and tells them where to get this information.

There is a similar pattern across TMP's various materials. For example, visitors to MethProject.org are confronted with a splash screen that asks "What do you know about meth?" that fades into the "Ask" logo next to a series of mouse-over questions such as "What is meth?" "Will meth change the way I look?" and "What does meth do to your brain?" Of course, these questions are all answered within the confines of

MethProject.org. TMP's television and radio PSAs invert the pattern by presenting a narrative about the downfall of someone who used methamphetamine followed by the "Ask MethProject.org" tagline. The closing sequences of the current iteration of TMP's television PSAs fade into the question "What do you know about meth?" The red "ASK" logo appears below this question, immediately followed by "MethProject.org." TMP's radio spots end their narratives with an announcer saying "What do you know about meth? Ask—at MethProject.org" (MPF, 2013f). In each case the questions are merely a setup to present the information that TMP wants its audiences to have. If audience members are curious about where to find more information about methamphetamine TMP direct s them to "Ask—MethProject.org." Within the websites there are no external links to other information sources, except for the Partnership for a Drug-Free Kids. In short, all questions are "asked and answered" within a closed loop that seems to invite inquiry, but closes down alternate avenues of investigation.

What emerges is a constellation of authorities—scientists, police, and victims—that reinforce and legitimate one another. Scientific discourse provides various facts about the nature of the intoxicant and its physiological or psychological effects while validating the approach TMP uses; police verify the severity and urgency of the problem; and victims' testimonies confirm and reinforce both. In fact, these sources represent an epistemological triumvirate that dominates the methamphetamine discourse, if not the entire discourse on intoxicant use. For instance, the forward to Covey's (2007) *The Methamphetamine Crisis*—a text "written for professionals working with methamphetamine users, addicts in recovery, and families involved with meth" (p. xvi)—was written by a member of law enforcement. The volume contains chapters authored by

addiction researchers, methamphetamine users/family members, and child welfare workers. Similarly, the documentary *Crank: Darkness on the Edge of Town*, which chronicles the struggles of Tennessee with methamphetamine, goes to these same sources: Leading experts on methamphetamine, law enforcement and local medical authorities, recovering meth addicts, etc. (Jarrell, 2007). Local and national news outlets may interview "victims" and then use experts from science or police to normalize and generalize these anecdotes as typical and part of a larger trend (Best, 1999, cited in Kappler & Potter, 2005, p. 48; see also Scarborough 2006). Even Reding's (2009) journalistic expose *Methland*—which provides a rare exception in meth-related media by actually exploring the interconnection and interdependence among capitalist structures, the drug trade, and drug use in some detail—relies heavily on testimony from the triumvirs. Thus, even though there exists a wide range of media that can inform the public about methamphetamine, and even though these media are tailored to varying levels of audience expertise, nearly all people seeking information about methamphetamine will be exposed to the same messages from the same sources.

The authority of the triumvirate and TMP's own authority arise from historical narratives concerning intoxicant control in the United States. From the Temperance movement onward, the narrative of intoxicants enslaving users, wreaking general havoc in families and communities, and even threatening the entire nation is hardly novel. Many sources have documented the convergence of science, police, and victims in the construction of truth surrounding various drugs. A telling example for this study is that of crack cocaine. In the mid-1980s and early-1990s—a time when methamphetamine definitely existed, but was not a high priority—crack cocaine was described as the most

addictive drug ever and positioned as the source of myriad evils (Reinarman & Levine, 2004). Thus as TMP yells into the current epistemological echo chamber constructed around methamphetamine, it also taps into a cultural echo, a recycled set of claims, images, monsters, and victims. In short, we can believe TMP not because it says anything new about intoxicant use (it does not), but because, in true hegemonic fashion, it reaffirms what we already know.

## Conclusion

The use of intoxicants is an aspect of personal and public life that readily lends itself to attempts at the governance of populations, and TMP provides a concise case study for an operation of biopower. This prevention campaign is the product of a non-state entity that attempts to act on a micro-level aspect of human life, the decision to use methamphetamine, with the goal of reducing macro-level disruptions caused by that use. To exercise influence, TMP draws on multiple threads of knowledge—the objectivity of physical science and statistics, the validation of police, and the lived experiences of victims—to weave a persuasive and authoritative narrative that establishes norms and prescribes modes of discipline for violations of those norms.

TMP is quite clear that the "ideal form of life" it seeks to promote is one that is meth-free. At the individual level, abstinence-as-correct-decision-making comprises the anatomopolitics of TMP. The biopolitical discourse that supports this goal is one wherein an intoxicant with incredible power over its users is the source of numerous harms to the communities it enters. TMP conceptualizes potential and (possibly) current methamphetamine user much like cigarette smokers: naïve consumers victimized by the

unethical marketing of a defective product. That product in and of itself is the cause of addiction.

A close exploration of the discursive structure of its PSAs reveals that in its effort to educate audiences on the negative consequences of methamphetamine use, TMP draws from deep and longstanding associations of intoxicant use with crime, madness, and disease, painting a picture of methamphetamine users as both dangerous and disgusting. Also exposed is a punitive orientation in TMP that shows a penchant for punishing, by way of exclusion, those who violate its norm of abstinence. Through these choices, TMP extends and contributes to an understanding about populations that use intoxicants that has long served as a justification for punitive state and non-state actions. Drawing from the same narratives that have fueled past drug scares, TMP asserts "this is what could happen to *you*," "this is how *they* are," and "this is what must be done about *them*." In the language of biopower, the meth addict is a disposable person—a threat to order, one who is of no use, and one who can be allowed to die.

Yet it is mistaken to view TMP as simply an amalgamation and distribution node for information about methamphetamine that urges young people to stay away from this intoxicant. TMP also brings into relief the boundaries of authority in what constitutes the discursive formation of methamphetamine use in the United States. Investigating the sources TMP uses to support its claims reveals the dominance of both certain voices and a discursive continuity that takes up, articulates, and extends the *savoir* and *connaissance* of current and historical American drug control efforts. Contrary voices are marginalized or silenced, becoming what Foucault describes as subjugated knowledge. This in turn

limits the responses we can have to the real problems to which methamphetamine contributes.

## Chapter 5

The epistemological, ideological, and regulatory regimes ushered in during the Temperance and Progressive Eras still inform our understandings of, and actions upon, people who use intoxicants in ways deemed problematic. I have shown, that while the goals of twelve-step (recovery) and TMP (prevention) differ, they operate from similar perceptions of addiction and addicts, share abstinence as the preferred method for achieving their desired outcomes, and operate from a belief that actual pain (twelve-step) or the threat of pain (TMP) is required for people to abandon their unruly desires or behaviors and conform. There is a continuity between twelve-step's message of hope, and the fall-from-grace narratives of TMP: The fallen can find redemption "in the rooms" so to speak. True to the form of governance seeking to guide and cajole rather than dictate and coerce, twelve-step promises that an addict who abandons drug use and lives according to twelve-step principles will achieve a peaceful and prosperous life (see AA, 1973, pp. 82–83). This account stands as a positive and desirable alternative to The Meth Project's promise of total destruction for those who deviate from desired norms. This narrative alignment reveals and reflects the "regularity of statements" Foucault (1972) describes in his concept of discursive formation. In this final chapter, I examine how twelve-step and TMP contribute to a broader misunderstanding of the nature of addiction; how the abstinence focus of each program reflects an overall rejection of harm reduction strategies in the United States; and how each program supports the individualization of structural problems.

## Strategies

Technologies such as twelve-step and TMP exist with a wider set of "strategies" that facilitate the governance of intoxicants. Examining strategies focuses on how a given set of regulatory devices mesh within the "wider moral, social, or political objectives concerning the undesirable and desirable" (Rose, 1998, p. 28). Both twelve-step and TMP are deeply intertwined with, contribute to, and extend existing ideologies of intoxicant control in the United States. With its goal of normalizing the deviant, its focus on abstinence, and its apolitical stance, twelve-step represents an exceptionally "good fit" within the broader strategies of alcohol and drug control in the United States. Similarly, TMP unambiguously promotes abstinence as the only way to avoid the tragic consequences of addiction while remaining mute on the structural conditions associated with methamphetamine use.

Twelve-step is a normalizing enterprise concerned with re-creating good subjects—people who are able to function well, and even at high levels, within the given requirements of American society. As Rose (1998, 1999) notes, in a liberal society focused on the ideal that individuals are free agents, there is a necessity for individuals to govern themselves—to weave themselves willingly into the fabric of demands placed upon them, and to mend themselves if need be. This is not to say there can be or will be no coercion. In twelve-step, a great many of the forces that can bring a person to "hit bottom"—arrival at the low point in a substance-using career—and seek out help via a twelve-step program arise from some form of coercion; from the law, from employers, from family, or any combination thereof (Hedblom, 2007, p. 71; Rudy, 1986, p. 24). In fact, the idea that one can "raise the bottom" of addicts by increasing the pain they

experience is a version of the notion that only harsh, often penal, treatment of addicts can break the cycle of addiction.

TMP is a normalizing enterprise in the sense that it seeks to maintain and enforce existing norms regarding substance use. Here the "good citizen" is one who makes the rational choice not to even try methamphetamine one time, a decision made easier by TMP's authoritative, "research-based" unmasking of methamphetamine as evil. By framing methamphetamine as a causal factor in numerous societal ills, TMP draws from and extends the long-standing dope-fiend mythology, portraying casual methamphetamine users and hard-core addicts alike as monsters ready to prey upon the innocent. TMP's implicit exhortation to banish addicts from the safety and security of their former middle-class existences serves to encourage and legitimate the use of sovereign power to discipline or destroy users while also threatening potential miscreants with the possibility of destitution, degradation, and death.

**The Delusion of Addiction**

Addiction is a kind of delusional state. Addicts subscribe to a belief system about their relationship with intoxicant use that is disconnected from the reality of that use. At the same time, both twelve-step and TMP reflect and project a delusional view of addiction that serves to maintain status quo approaches to the governance of addiction and recovery. Briefly, pharmacological determinism, the epistemology of addiction rooted in the disease concept, and the depraved addict common to twelve-step and TMP limits our understanding and narrows our options when it comes to the governance of addiction.

In contrast, addictions researcher Bruce Alexander argues that "addiction" in both lay and professional discourses has come to "encompass all socially unacceptable use of alcohol and drugs" (2008, p. 33). At the same time, our imaginary of "addiction" is rooted in images that signify the most severe forms of drug obsession and/or physical dependency. Here the "speed freak" running amok in a desperate quest for meth and the "junkie" writhing in pain from a heroin hangover serve as archetypes of obsession and physical dependence respectively. A semiological current sweeps our thinking toward conceptions of addiction rooted in the most serious, disgusting, and destructive forms of this problem. This current creates addiction as a signifier that is simultaneously meaningless, yet full of meaning. It is meaningless in the sense that there is no clear definition of what addiction is, but meaningful in the sense that "everyone" knows what addiction is and what addicts are like.

In twelve-step, addiction is defined in terms that are broad and imprecise, but always chronic and incurable which can contribute to the delusion that addiction is both common and grave. For instance, Narcotics Anonymous states: "As addicts, we are people whose use of any mind-altering, mood changing substance causes a problem in any area of life" (NA, 2008, p. 3). This definition captures virtually any combination of drug use and life difficulty imaginable, from being late to work after a rare night of partying to the compulsive and destructive methamphetamine use that is a real risk of using that particular drug. It is so broad as to be effectively meaningless, revealing the dilution of the term "addiction" Alexander describes. Similarly, while the text *Alcoholics Anonymous* does differentiate between "real alcoholics," who cannot stop drinking no matter how bad things get, and others for whom alcohol may cause problems but who do

not seem to have difficulty moderating or quitting drinking, twelve-step literature uses terms such as "problem drinker," "alcoholics," and "heavy drinkers," more or less interchangeably.

In TMP, the delusion is reinforced by the pharmacological determinism attached to methamphetamine and the hyperbolic portrayal of addiction as an inevitable, rapid, and utterly destructive consequence of using a despised intoxicant even a single time. This is a deliberate rhetorical choice to "amp up" the threat meth poses in order to make the drug that much less attractive. However, statements from senior officials at TMP reveal the epistemological foundation and ideological orientation they bring to their work. For instance, Siebel and Mange (2009) claim:

> Many teens liked to take risks and experiment with "party drugs" like alcohol, marijuana, or ecstasy; but they did not like the idea of addiction and would avoid any drug, such as heroin, that they perceived as addictive. Many teens believed—incorrectly—that meth was a party drug like alcohol, marijuana, or ecstasy, and that it was not an addictive drug like heroin. (p. 411)

This statement is worth interrogating because of the ideologies it expresses and the contradictions it exposes—put forward in a journal article by the originator of TMP and one of its state directors. To begin, the authors implicitly argue that meth is not a party drug, tacitly invoking the long-standing trope that some intoxicants have wider social value (can be "used socially") while others do not—a claim that reflects the views of privileged groups concerning the role of intoxicants in social life (see Gusfield, 1986; Massing, 1998; Mutso,1999). As noted, many people use methamphetamine because it increases sociality and enhances sexual performance—both of which are "social benefits"

of the drug. While ecstasy is commonly associated with the Rave and club scene, methamphetamine is also present in these "party" environments. Furthermore, this claim simply collapses in the face of research on methamphetamine as a party drug used by men who have sex with men (see Iverson, 2006; Rutowski & Maxwell, 2009). Thus, not only is methamphetamine associated with "party environments," it also has tangible, positive effects for users who wish to engage in a wide variety of "social activity."

We also see misconceptions and contradictions about drug classification, the addictive qualities of certain drugs, and the nature of addiction. For instance, ecstasy (MDMA) is a type of stimulant that provides both risks and benefits similar to methamphetamine (see Iverson, 2006; Freese, Miotto, & Reback, 2002), yet Seibel and Mange do not seem particularly exercised about its use as a recreational intoxicant. The association of methamphetamine with heroin puts forward a notion of addiction coded as a type of physical dependence characterized by incredibly painful withdrawal. Yet, while there is evidence that methamphetamine users can suffer physical discomfort and emotional liability while coming off the drug, this "withdrawal" is not the violent, flu-like withdrawal that heroin users experience. Moreover, alcohol is also a physically addictive drug and, unlike methamphetamine, withdrawal from alcohol can be fatal. So while the authors are asserting that methamphetamine is not a party drug because it is "addictive" in a manner similar to heroin (which it is not), alcohol remains (as always) safely beyond critique. While one cannot deny that methamphetamine is dangerous, one can also argue that the opinion leaders shaping TMP are both unaware of their ideological blind spots and strikingly misinformed about the nature of this intoxicant, how and why many different groups of people use it, how it compares to other intoxicants in terms of

risk, and the nature of addiction. In turn this calls into question the veracity of TMPs larger claims about meth.

This situation is exacerbated by the sources of expertise tapped into by both twelve-step and TMP. twelve-step taps into an extremely narrow range of authority as it relies on the experience of its members (victims) to theorize and validate its epistemology of addiction. TMP's sources of authority are broader and more diverse, but are either committed to the current paradigm (police, politicians, front-line addiction workers, institutional addiction researchers, etc.) or exemplify that paradigm (addicts, addicts in recovery, victims of addicts)—a pattern that is repeated throughout the lay and professional literature on drug use. Yet in the police station, emergency room, treatment center, or twelve-step meeting what we will find are only those people whose experience of drug use meets the expectations of what we have of addicts. In short, we have a sampling error that "knows" the nature of addicts and addiction from the experience of extreme cases, which then serve as the basis of understanding and action for all. The dominance of the addiction discourse by the triumvirate of police, scientists, and victims identified in Chapter 4 will only ensure that the delusional view of addiction continues.

**Abstinence**

In both twelve-step and TMP, abstinence is technology *and* ideology. As a technology, abstinence is the premiere means by which people are supposed to achieve the ideal citizenship twelve-step and TMP desire. Beyond this, twelve-step and TMP's promotion of abstinence supports a broader ideological stance favoring abstinence as a primary solution to intoxicant use in the United States. In fairness, the abstinence focus of both twelve-step and TMP is a pragmatic and necessary consideration given each

program's conceptualization of addiction. If the central feature of addiction is an inability to stop using once one starts and a drug such as methamphetamine is so addictive that one should not even risk a single dose, then the most sensible way to deal with the condition is to never start.

Abstinence is also one aspect of a larger cultural struggle regarding how to deal with various social ills in the United States. In their analysis of the evolution of crime control ideologies, Beckett and Sasson (2004) describe a fundamental schism between a structural/permissive orientation and an individualistic/moralistic orientation to social problems. The structural/permissive orientation looks to problems such as substance abuse, poverty, crime and other social ills as stemming from defects in the status quo such as racism, wealth inequality, poor access to education, and the like. Solutions are focused on systemic changes (e.g., welfare, drug decriminalization, etc.) and may focus more on harm reduction approaches (e.g., condom distribution, needle exchange programs, etc.) as opposed to prohibitionist/punitive approaches.

Conversely, the individualistic/moralistic orientation conceptualizes social ills as resulting from the actions of defective people. Approaches such as welfare or harm reduction are thought to create an overly indulgent environment that encourages and rewards bad behavior. For example, the individualistic/moralistic orientation of abstinence ideology keenly emerges in the discussion of (unmarried, heterosexual) sex. Adolescent sex education, family planning education, and STD prevention—particularly HIV prevention—have seen vigorous efforts, primarily by evangelical Christians, to move from a "safe sex" (harm reduction) paradigm to an abstinence-only paradigm (see Herzog, 2008). Resistance to efforts such as condom distribution or comprehensive sex

education are often criticized as encouraging unmarried, teen sex. Structural efforts at change originating from this orientation tend to be more punitive and focus on the control of individuals and/or social groups—the current War on Drugs being the epitome of such approaches.

The abstinence norm of twelve-step and TMP—with its origins in the moralism of Temperance and the punitiveness of Prohibition and the Harrison Act—reflects the individualist/moralistic orientation toward intoxicant use. Abstinence takes its ideological shape not just as a preferred means to govern troublesome phenomena, but also from a deeply embedded moral undertone that associates abstinence with a good character and a strong will. In twelve-step the moral ideology of abstinence presents itself in the program's reinscription of the dope fiend mythology. twelve-step assumes individual "defects of character" lie latent and addiction arises from already existing corruption. twelve-step contrasts the unruly addict—characterized as "self-will run riot"—who destroys everything and incurs the wrath of others—with the twelve-step ideal of sobriety predicated on the assembly of an essentially compliant subjectivity; one that refrains from alcohol, is humble and honest, and focuses on his or her own character defects rather than those of others' or the limitations of the environment. The addict is inherently immoral, but the addict-in-recovery has the opportunity for redemption.

In TMP the monstrous addict is also crucial to biopolitical control. It is worth remembering from Chapter 4 that the protagonists in TMP's messaging are not coerced. Peer pressure is implied in some cases, but there is no portrayal of intense harassment by friends or villainous dealers bullying or seducing innocents into trying a drug they otherwise would not. On the contrary, the future addicts of TMP chose to use, and are

even portrayed at times as seeking out the drug. Cases where the protagonists exhibit some trepidation before using (for instance in the PSAs *That Guy* and *Just Once*) provide textual evidence that, for the most part, the protagonists know they are about to do something dangerous and/or "wrong." Having committed this original sin, they descend into complete moral degeneracy. Finally, in an echo of the Abrahamic creation myth, the sinners are cast out.

Today, abstinence remains the privileged treatment and prevention strategy in the United States, with drug prevention messaging since the 1980s being dominated by abstinence themes (see Buchanan & Wallack, 1998; Massing, 1998; Musto, 1999). Whereas broader harm reduction strategies directed at drug use and HIV prevention—such as needle exchange programs—have been successfully deployed in Europe, that modality has been met with resistance (if not open hostility) in the United States. For example, in the Office of National Drug Control Policy's 2002 and 2003 *National Drug Control Strategy* harm reduction was dismissed as covert efforts at legalization that would inevitably increase drug use (Hedrich, Pirona, & Wiessing, 2008; Office of National Drug Policy, 2002, 2003). Neither TMP nor twelve-step present any challenge to the idea that abstinence is the optimal modality for dealing with intoxicant use. Quite the contrary, as with Nancy Regan's "Just Say No" campaign, TMP's tagline "Not Even Once" explicitly pushes abstinence as the only alternative to even trying methamphetamine. Moreover, twelve-step's perceived success legitimates abstinence as a premiere treatment and prevention strategy for alcoholism/addiction.

**Individualizing Structural Problems**

In both twelve-step and TMP, drug use is divorced from structure—the conduct of individuals is politicized, but the circumstances in which people find themselves are depoliticized. Just as twelve-step's standard of abstinence supports broader abstinence norms, twelve-step's dedication to remain apolitical serves to reinforce, rather than undermine, dominant ideologies of intoxicant control and the technologies that result. On the one hand, this reluctance to turn political is born out of the history from which twelve-step springs—a history that witnessed the demise of mutual-aid groups that extended themselves into the political arena. Hence, the traditions of twelve-step demand that various groups stay out of the political fray and concentrate on the recovery of those individuals who come into its orbit; twelve-step cannot help if it loses focus and self-destructs as the Washingtonians did. On the other hand, this means that on nearly all other matters concerning the governance of intoxicant use, twelve-step will remain malleable and co-optable by external forces—as a disciplinary tool of courts or businesses; as a commodified extension of the treatment–industrial complex; or as a redemptive plot device in an anti-drug film. In other words, twelve-step is whatever the culture needs twelve-step to be, and despite the fact that twelve-step has had an impact on the disciplines of substance abuse treatment, it will always be framed by powers greater than itself.

Finally, twelve-step's tight focus on individuals and their maladaptions as the locus of their problems limits the capacity of twelve-step members to deploy the philosophy and tools they learn "in the rooms" to examine themselves in relation to the conditions that shape their subjectivity and affect their potentialities. Problems with the

environment ("people, places, and things" in the twelve-step lexicon) are not theorized politically as structural impediments to a fulfilling life that require interrogation, critique, and action. Instead, these are framed as potential triggers for a relapse, and it is up to individuals to deploy the technologies of twelve-step to modify themselves to adapt to the environments. In twelve-step, anxiety, anger, outrage, etc. that may stem from the environment are refracted back onto the individual as a manifestation of his or her character defects and "stinking thinking," which in turn serves as evidence that this person is "not working the program," and is therefore at risk of a relapse. Ultimately, the responsibility for success or failure is a personal and private issue, not a political or public issue. In this sense, twelve-step is complicit with other narratives from the individualistic/moralistic orientation—such as those concerning poverty—that cast social ills as failures of personal responsibility while minimizing or ignoring the structural conditions that contribute to, if not cause, those problems.

In essence, twelve-step pathologizes a political conscience willing to call out the debilitating structures in which people find themselves, and echoes, supports, and extends the tendency toward the individualization of public problems in the United States. In this sense, it is fair to characterize twelve-step as a conservative enterprise unwilling and incapable of critiquing the society that gives rise to the maladies its various groups seek to remedy. Thus, contrary to twelve-step's conceptualization of itself as a non-professional and apolitical organization, what emerges is an organization that is deeply intertwined with, and passively supportive of, dominant narratives of intoxicant control in the United States. twelve-step does not provide its members a vision of the world as *it*

*could be*, it only normalizes its participants by giving them a means to end or ameliorate disruptive behavior and reintegrate themselves into society *as it is*.

TMP offers an anemic explanation as to why people begin using methamphetamine. In TMP mythology, the decision-making dynamic is simply ignored—a person is offered meth, hesitates for a second, uses, and experiences inevitable disaster. There is no discussion of motivation (other than getting high) on TMP's website. This silence on motivation gives the impression that *why* people begin using methamphetamine is irrelevant. Yet, contrary to the narrative put forward by TMP, both the history of stimulants presented in Chapter 2 and the epidemiological studies discussed in Chapter 4 clearly reveal that people use methamphetamine for definite, logical reasons other than drug-induced euphoria (e.g., better sex, increased productivity, weight loss, etc.). Importantly, nearly all these reasons reflect either mainstream American values (hard work), or an effort to attain some type of cultural good (better appearance).

This silence on motivation is evident elsewhere in the literature on methamphetamine. Although it offers manifest reasons for using methamphetamine, underlying motivation(s) and their connections to larger cultural imperatives are not interrogated. Covey's *The Methamphetamine Crisis* (2007) serves as an exemplar. Although he is a sociologist by training and authors the first two chapters, there is virtually no critical discussion of the economic or cultural factors that make methamphetamine use desirable individually or communally. For instance, the first chapter "What is Methamphetamine and How and Why is it Used?" covers 22 pages. Of those pages, only small portions discuss people's reasons for using, and these simply

presented in a matter-of-fact manner without any consideration of the societal factors that motivate people to use meth. For example, in the first portion of the chapter that provides an overview of methamphetamine, we learn:

> Some users find [methamphetamine] appealing because it causes decreased appetite (resulting in weight lose), heightens energy levels, enhances attention, enables people to be physically (sexually) active for long periods, and provides a general sense of well-being and euphoria similar to the of cocaine…. It is particularly addictive for females because of the "benefit" of its corresponding weight loss. (Covey, 2007, p. 3)

The only section of the chapter specifically devoted to the reasons people use methamphetamine repeats and slightly builds on what was already offered:

> People use [methamphetamine] for a variety of reasons (Morgan & Beck, 1995). The short-term effects of meth use are desired: the sense of euphoria and pleasure; a high that lasts 8 to 12 hours or more; energy enhancement and alertness; weight loss because of decreased appetite; decreased fatigue; relief from chronic depression; a sense of social bonding with other users; and improved sexual pleasure and drive. Rawson (2005) found that more than 35 percent of the women who used the drug said that they did so to lose weight, compared to about ten percent of meth-using men. Rawson also found that 35 percent of the women used it to relieve depression, compared to about 25 percent of men. (pp. 12–13)

Lastly, a section devoted to a description of low-intensity users offers a few more reasons:

> Users at this level use meth to keep themselves awake and alert for special tasks, or to lose weight. Users at this level are able to hold down jobs, attend school, and otherwise appear normal and operate normal lives. Some over-the-road truckers, overtime workers, night-shift workers, stay-at-home-parents needing to get several tasks done, and students…. It is important to note that that chronic, low-intensity users view [methamphetamine] as a "functional drug." That is, they see it as helping them get things done, such as lose weight, focus on tasks, or get work done. (p. 14)

As one can see, this minimal, often repetitive information is both dispersed in the chapter and merely descriptive, presenting no analysis concerning the material conditions and constraints confronting people and what impact these may have on their decisions to use methamphetamine. In other literature I examined that analyzes methamphetamine use, this dearth of interrogation and insight persists (Gonzales, Mooney, & Rawson, 2010; Lende, Leonard, Strek &, Elifson, 2007; Winslow, Voorhees, & Pehl, 2007). In short TMP is not unique in its failure to connect substance use to the material conditions from which is springs—even academics studying addiction fail to make the ideological leap from the standard narrative of individual maladaptation to a more comprehensive view that includes structural deficiency.

Yet such critical analyses ought to be considered vital both to understanding why people choose methamphetamine (or any other drug) and to planning any sort of intervention. Take for instance Covey's (2007) repeated assertions that women use methamphetamine for weight loss. It is myopic to state that women use methamphetamine in this way without at least gesturing to the pressures placed on

women to be slender in the American Culture. There is ample research connecting media messaging to its consequences on women's self-esteem, and its connection to maladaptive behaviors such as eating disorders (see Engeln-Maddox, 2005; Grabe, Ward, & Hyde, 2008). Yet Covey does not make this link; in fact, the use of shutter quotes around the word "benefit" implies that weight loss is somehow an illegitimate or trivial concern. However, given the prevalence of eating disorders among women—which are exacerbated by mass-mediated messages concerning beauty—the implication that women seeing weight loss as a pseudo-benefit trivializes women's physical and psychological health concerns. It also fails to make manifest the link between a culture that puts unreasonable pressures on women to achieve beauty, yet seems shocked and bewildered that women turn to methamphetamine in a quest to attain an "ideal" body.

What holds true for women and weight loss also holds for many of the other reasons people give for using methamphetamine, whether to be able to work longer hours, enjoy more and better sex, study for exams, or increase sociability. In each case a motivation to use methamphetamine arises from a desire to achieve material or cultural goods. Unlike drugs such as opium, heroin, and marijuana, which allow a user to "drop out" of society, the lore of methamphetamine is one of integration into society. Methamphetamine does not provide an escape from the pressures of society, it helps its users navigate those pressures. In other words, for at least some methamphetamine users, deviance is a byproduct of attempts to conform.

## Conclusion: Recovering Addiction

Communities of human beings will always live with some form of governance, particularly over areas of our existence that can be disruptive. The form of this governance can restrict or contribute to human flourishing. Yet, the superstructure of governance always arises from a particular epistemological and ideological base. In this dissertation I have sought to identify and bring into relief this base in relation to addiction and recovery in the United States. My analyses point to a number of areas in our current governance of addiction where we can and ought to do better.

A more nuanced and less histrionic view of addiction needs to supplant the moralistic and absolutist paradigms that still inform our understanding of substance use. Alexander (2008) argues that except for the most serious instances of addiction, much of what we capture in the excessively broad net of addiction ought to be considered bad habits similar to smoking, excessive caffeine use, or lack of exercise. This is not to say that there is no harm from drug use, but in many cases individual drug use is no more harmful than many less stigmatized forms of self-abuse or neglect. Moreover, current paradigms of addiction fail to recognize pro-social uses of illegal drugs, such as the insomniac who eschews pharmaceutical sleep aids and uses marijuana regularly instead. The idea that some drugs have no social value, that illegal drug use is abuse by definition, or that the regular use of an illegal drug will lead to addiction "sooner or later" all reflect a lack of insight about how and why people choose to use—insights that I have demonstrated lay latent in the literature.

In order to have a clearer idea of when and how addiction develops, our understanding must be informed by a more robust picture of those who use drugs, but do

not seem to suffer the overwhelming negative consequences associated with popular understandings of addiction. Extensive research into the lives of non-addicted legal and illegal drug users is needed. We must also advocate for more humane portrayals of drug use and/or addiction in all forms of media. The tactics of TMP misinform the public and stigmatize, not just meth addicts, but all drug users and addicts. While TMP's desired ends may be noble, their means are unethical and destructive.

Connected to this more nuanced conception is the need to rethink our own addiction to the moralistic approach of drug abstinence as treatment and prevention, and move toward a harm reduction paradigm. If we accept that people can use illegal drugs regularly, and even experience some negative consequences without becoming hopelessly addicted, then it follows that we ought to consider other means of intervention if they experience difficulty. Institutionally, it makes little sense to mandate abstinence-based substance abuse treatment for those who do not need (or want?) an intervention (e.g., the one-off drunk driver sentenced to twelve-step meetings as part of probation). Moreover, the model of lifelong addiction and abstinence may not always make sense. As a substance abuse counselor in the Air Force, I frequently had young adults who drank heavily and regularly sent to me (drug users were courts-martialed, jailed, and then punitively discharged). Many easily met the criteria for and were diagnosed with substance dependence (the more severe category of diagnoses in the DSM–IV at the time). The implication of this diagnosis—informed by the disease metaphor—is that they are addicts for the rest of their lives. Following conventional wisdom concerning treatment and abstinence, we would require them to refrain from drinking, including

having their commanders order them to remain abstinent, and turning any relapse/drinking for the duration of that order into a criminal offense.

When we consider that younger people tend to engage in a great deal of risky behavior that they "age out" of as they mature and gain responsibility, the notion of mandating or advocating life-long abstinence for people under the age of 25 makes little if any sense. To the Air Force's credit, toward the end of my service they changed standards. While we would still order supervised treatment for many, we stopped mandating abstinence, and based disciplinary action on an airman's ongoing behavior. If an airman continued to drink, but maintained good order and discipline during what was now essentially a substance use probationary period, then he or she would be returned to full duty status with no additional penalty. While we did not refer to it as such at the time, we had shifted from an abstinence-based treatment approach to a harm-reduction approach that changed the way we worked with our patients. For instance, under the abstinence regime, I would work with clients to identify "triggers" that could initiate drinking. Under the new regime, I would work with them on strategies that helped them avoid the harms of their use, such as setting up moderation schedules. Such an approach can be taken with any substance. For instance, a harm reduction approach to methamphetamine could include efforts at client education on special considerations for dental hygiene, nutritional monitoring, needle exchange programs, and the like.

The final area that we absolutely must consider is the relationship between structure and substance use. As my analyses have demonstrated, people use drugs for definite, rational reasons beyond simple rebellion or pleasure (which are both perfectly valid reasons to get use drugs in and of themselves). In his dislocation theory of

addiction, Alexander (2008), argues that addiction is a manifestation of failures by society to provide meaningful ways for people to integrate into communities. However, addiction in this sense is not a maladaptive response by sick individuals. Rather, addiction represents an adaptive response to a sick society. In other words, addiction is a societal failure, not an individual one. Alexander notes that the social Darwinism and atomization of individuals characteristic of late capitalism in the United States are especially conducive to the dislocation he describes. Echoing Alexander, addiction researcher Hart (2013) has argued in his autobiographical critique of drug-control ideology, that many of the problems he encountered growing up in a low-income, African-American community existed prior to the crack boom of the 1990s and were less about drug use than they were about hopelessness, despair, and what he describes as men and women having no stake in a system that they understand has no stake in them. In short, it is time to re-engage in the discussion of root causes if we are going to understand drug use and addiction. The question "Why do people use drugs?" is meaningless unless it is immediately followed by the question "And under what conditions does that use occur?"

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