A Genealogical Critique of Drug Liberalization:

Toward a Radical Anti- War-On-Drugs Position and a

Political Theory of Liberal Drug Politics

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Abstract:

People in the street, policymakers, and academics seem convinced that drug liberalization spells the end of the so-called war on drugs – some even think that it already has. If the freedom to use drugs freedom was destroyed by war, the idea is that giving public health the reins will repair the damage. This intuition is dangerous and fallacious. Fallacious, because liberal public health regimes were active in the war on drugs. Dangerous, because drug liberalization and the war on drugs are both based on a historic, practical, and ideological liberal political commitment to autonomy. Through a genealogical critique of drug liberalization, this thesis tests Jacques Derrida's claim that "the Enlightenment…is in itself a declaration of war on drugs." Insofar as the Enlightenment shaped the liberal approach to government and use of political power, the social domination of drug users has been justified by the aim of liberation into autonomy. Drug liberalization, as the use of liberal power to govern drug use(rs), is by no means recent, and therefore, cannot answer the question of the freedom to use drugs.

Resumé:

Le publique, les politiques, et les scientifiques sembles convaincus que « drug liberalization » sonnera la fin de la guerre contre la drogue. Tant que la liberté des consommateurs des drogues était détruite par la guerre, la pensée est que la solution se trouve avec le pouvoir de santé publique. Mais cette pensée est dangereuse, car les origines de « drug liberalization » et la guerre contre la drogue sont tous les deux actuellement les mêmes : un engagement politique libérale a l'autonomie. À travers qu'un critique généalogique de « drug liberalization, » cette thèse récapitule l'idée de Jacques Derrida : "The Enlightenment…is in itself a declaration of war on drugs." Bien que le projet des lumières était hérite par le libéralisme comme approche gouvernementale, la domination des consommateurs des drogues a toujours était et continues à être justifié par une libération en autonomie. « Drug liberalization, » comme l'utilisation du pouvoir libérale pour gouverner les consommateurs des drogues est nul récent. Cependant, ce procès ne peut pas répondre à la question de la liberté de consommer la drogue.

Acknowledgements:

When I began to explore the themes of drug use and addiction in an academic context, I was focused on existentialism and phenomenology. I had realized how much my own personal experience with the medical industrial complex influenced my motivation. And so I was searching for a big secret. There was no secret to find – at least, not an epistemological one.

I owe immense gratitude to Professor Ian Gold for leading me down the right path. In my last semester, he led a seminar on the philosophy of psychiatry and neuroscience. Along with the students in the course, many of whom were training to be mental health professionals or clinicians, Dr. Gold convinced me that I simply could not study the politics of drug use or addiction as a philosophical problem. At first, I turned to Foucault's *Discipline and Punish*. But, heeding his advice, I rapidly learned everything that I could about the neuroscience of addiction, the history of forensic psychology, and began to question everything about the social status of science.

Even though Heideggerian thoughts continued to creep up in my theoretical orientation, I walked into graduate school equipped with the right amount of skepticism and empirical knowledge to navigate the history of political thought from a perspective concerned with power and domination. Unfortunately, after a tumultuous fall semester, I spent too much time grappling with Augustinian political theology, and I lost the thread. In a seminar on ideology, I tried to understand the political epistemology of addiction as a problem of reification. Although my supervisor, William Clare Roberts, offered me useful rebuttals, I stubbornly persisted in thinking about the politics of consciousness. Finally, it took a proper blunder of a seminar paper and Yves Winter's critical eye to refocus myself. I thank them both for their patience and generosity in getting me off that intellectual rollercoaster, and reminding me that I wasn't looking for secrets. I was looking for the right questions.

Dr. Roberts has been a voice of reason, enthusiasm, unparalleled intellect, and much needed skepticism at every step of the process. He was the one who suggested that I narrow the research to a critique of liberalism. Without that suggestion, I would not have devoted the summer of 2022 to a major revisiting of the liberal canon. It was at the end of that summer that I re-discovered Foucault, studied the field of governmentality and biopolitics, and completed a very rough first draft. Then, Dr. Roberts led a seminar on self-determination, practices, and forms of life, which allowed me to turn that draft into a real launch-pad for the draft that follows. Thank you for pushing me, and most of all, thank you for always reminding me, in one way or another, that I have always cared about domination. I just needed to focus.

I must thank Jacob Levy for fostering the best academic environment I could ask for. Thank you for encouraging us to be at our best and offering us every opportunity to do so. I must also thank you also for your helpful comments on my thesis proposal and the initial draft of this text.

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Introduction: What is Drug Liberalization, Anyway?

A Google search for drug liberalization yields over ten thousand hits. Political organizations around the world advocate and lobby for it. Hundreds of academic articles have been written about it. And yet, no existing answer to the question posed above clarifies the flawed, intuitive explanation.

Drug liberalization seems to describe a process that removes restrictions on drug use. It would thus seem to allow more choice in how one leads their own life: there are less political barriers and more lawful, socially permissible possibilities. We might, then, want to say that drug liberalization already has or perhaps will produce the freedom to use drugs. Though exciting to those of us who abhor the social domination of drug users, this intuitive explanation is flawed. Even if liberal policies have removed restrictions, their justificatory circuit – the practical, theoretical, historical, and discursive basis for liberal drug politics – is antimonic to drug use. There may be more options today, but actually pursuing these options can never constitute an acceptable or free "way of life" in liberal society. Living this way would tread too close to a life of addiction: a threat to the autonomous form of subjectivity that liberalism uses to qualify persons as leading their own way of life at all.

Before further articulating my overarching argument, it is helpful to explicitly consider the tension at hand between the quantitative and qualitative dimensions of drug liberalization. While it has lessened the traditional forms of lawful repression that liberals and radicals often worry about, such as criminal penalties, drug liberalization has also led to new forms of governance; supervised safe injection sites, drug treatment courts, and drug tribunals. While this might quantify to less restrictions on drug use, the "new" practices remain qualitatively powerful sources of repressive domination.

A quick analysis of the Portuguese situation is telling. Often touted as the best case of what liberalization can promise, drug use is decriminalized and governed by the public health apparatus, with the police acting as its agents. People in the country can use and possess any drug they please, so long as the police do not find any amount that exceeds ten days' worth of use. If a greater amount is

found, the person apprehended will likely face criminal charges. The first "new" form of repressive domination stems from the lack of standards to assess what "ten days' worth" looks like. Because they do not exist, police cannot be held accountable to the public health authority for how they apprehend drug users. Moreover, while cops typically leave the male, native Portuguese population alone, they routinely subject gendered, racialized, and non-native Portuguese groups to violence and harassment.

The second "new" form of repressive domination stems from the police's power to assess whether an apprehended drug user might be addicted. If a cop says so, the "addicted" drug user must face a coercive and paternalistic drug tribunal comprised of lawyers, doctors – anyone deemed to have sufficient expertise by the public health authority. Even if the tribunal disputes the initial assessment, they will rarely reprimand the officer who made it. The tribunal, also called a "dissuasion commission" pressures those brought before it to seek treatment and imposes fines on those who deny it. In other words, the public health apparatus governing this late-stage drug liberalization regime deploys unaccountable and arbitrary agents (i.e., the police) to put drug users face to face with an institution armed with the power to interfere with and repress their will.

So why do harm reduction activists, public health officials, and scholars of drug politics parade Portugal as a model for drug liberalization? Quantitatively speaking, drug use is less repressed in Portugal than in places where the police are legally required to jail for less. The option to use drugs exists, despite being qualitatively fraught. It might be said, then, that those who are hopeful about drug liberalization see this as an important shift. Indeed, it is empirically true that advocates of drug liberalization sometimes make these quantitative arguments.[i] But the facts about drug tribunals are no secret. They exploit gaps in policing protocols and repress drug use. To place hope in the quantitative dimension is therefore not only distracted, but a mistake for anyone who wishes to end to the social domination of drug users. Of course, not all advocates are distracted. Certainly, the vast majority of establishment-advocates are political liberals who *want* an institution like drug tribunals to repress drug

use. Though this seems puzzling, the truth, I think, is that the liberal perspective on this is no puzzle at all. We simply do not have a coherent theory of liberal drug politics that can help us to see through the mud.

The quality of the option to use drugs is always going to be intimately tied to the quantity of options. This is the clearest lesson of the drug war. When we ban drug use, we expose already-socially dominated groups to catastrophic harm. It is no accident that the Portuguese public-health-repression of drug use reproduces this domination. Hoping that the domination of drug users can end through public health measures is blind to the political and historical mechanisms that reproduce the practices of liberal drug politics. Drug tribunals are a form of harm reduction born from the drug treatment court system – itself derived in the early 1980s from the practice of specialty courts. As the drug war lengthened prison sentences and utilized violent techniques, drug use only became more criminogenic, and thus, a worse social ill.[ii] Drug courts became juridically necessary in the war on drugs as an updated technique to deal with drug users as a social group distinct from other, "normal" political subjects.

This should give us pause. Liberal society is the only one in world history to treat drug users as a distinct political group. Why? The answer, the explanation of drug liberalization as a social process, and the argument against its capacity to produce the freedom to use drugs, are all bundled together in one political theoretical structure, dissectible through a genealogical investigation. The "new" forms of governance that drug liberalization has introduced are in fact not new at all. The harm reduction site and the drug tribunal are renovated forms of the clinic and the court. It's not that these renovations aren't good – they are. From a radical perspective – one that hopes for an end to the war on drugs because it hopes for an end to the social domination drug users – these renovations are important: they represent the political possibility flattening out the repressive domination drug users as deviant subjects. But we cannot take this possibility at face value. We have to historicize it.

To put it to a point, the politics of the distinction between the "normal" subject and the "drug-using-subject" do not originate with drug treatment courts or even the war on drugs, but with the problematization of drug use as a biopolitical threat to liberalism, which subsists by reproducing the liberal subject. The liberal subject has always been hermeneutically and politically constructed as autonomous. It was through autonomy that Kant argued we could break the dogmatic ideological chains of religion. It was through autonomy that Mill argued we could live together without harming each other. These arguments, as well as the discourses, concepts, and liberal theories they have given life to make up the political theoretical structure of the liberal west and its drug politics. To understand how these drug politics have produced the process that we call drug liberalization, and reproduced the repressive domination of drug users, we have to grasp the relationship (i.e., the justificatory circuit) between this political theoretical structure, the practices and discourses they and their history.

The use of drugs, including alcohol, has been common in a variety of social modalities since antiquity. Then, it was understood as a use of pleasure that threatened the ethical status of individuals. Specifically, it threatened ethical regression. Philosophers of the day interpreted drug use through a social hypothesis that I call the "regressive hypothesis." Yet, there was no distinctively political threat until the Enlightenment, when social and political institutions began to coalesce around the individual and her capacity to direct her own life, to be autonomous. In this thesis, I construct an explanation of drug liberalization as a historical and political process by which liberalism has, since the 18th century, interpreted drug use as a threat to autonomy, and deployed a wide range of techniques against it. Drug liberalization cannot answer the question of the freedom to use drugs because its historical and political impetus has been to liberate the drug user. In so doing, it has licensed the social domination of drug users in the name of their own autonomy as well as the autonomy of others.

In the first part, I explicate the genealogical methodology that I employ to trace the transformation of the regressive hypothesis – the justificatory *leitmotif* of drug liberalization. Then, I

articulate the antinomy at the heart of drug liberalization between addiction and autonomy before exploring the contemporary theories of addiction, the liberal subject, and critiquing the radical accounts of the social domination that that drug users face. I follow William Clare Roberts's suggestion that "To dominate another is to be able, persistently and with a reasonable expectation of impunity, to mess with them."[iii] The radical account takes seriously the domination-justifying transactions that arise through political and hermeneutical misconstruction. In other words, it is an external critique of harm reduction and "public health" as counter-politics to the war on drugs.

The simple insight the radical account holds is the most important one: drug liberalization only aims at the harms created by drug war. The radical account challenges my thesis – it does not emphasize the centrality of autonomy. Most radicals instead argue that medicalization perpetuates the war on drugs. I agree with this. Radicals, however, infer from this that anti-war-on-drugs politics must de-pathologize addiction. I think this is a bad inference. We should be suspicious of drug liberalization as another use of liberal power to produce an autonomous subject *because* the hermeneutical and political constructions of drug users as subjects-in-regress justifies messing with them, despite the ethical quandary that is addiction. Simply put, drug liberalization cannot be anti-war-on-drugs. Fighting the war on drugs means addressing all forms of social domination that the government of drug use might entail. In the second part of this thesis, I argue that drug liberalization is the history of the attempt to make the drug user free – not *qua* drug user, but *qua* liberal subject. It is one slice of the history of the production and reproduction of the liberal subject.

I: Autonomy, Addiction, and the Liberal Subject

Martin Saar captures the spirit of Foucault's use and understanding of genealogy as a "critique of how we became this way, of power, of the self." The genealogist must fashion a historical narrative that enables the audience "to make drastic readjustments in their practical and normative orientation."

> The audience sets the authors of genealogies the following task: 'Tell me the story of how my own view of myself came to be, and how my relationship with myself came to be. Tell it as a story of power, and do so in such a way that when I hear it, I no longer want to be [that] way…and so [I know] that I do not have to be that way."[iv]

This is what I will try to do. Drug liberalization is generally used to name a public-health-oriented turn in drug policy, that is, a turn towards harm reduction.[v] I want to convince us that this is a mistake. Drug liberalization is not recent. The practices that constitute *contemporary* drug liberalization are the result of an internal critique. Liberals are committed to autonomy. This commitment that leads them to disavow the war on drugs. It also leads them to take the ethical dimension of drug use and addiction seriously. Unfortunately, it also allows them to license the forms of domination that the "new" public health approach reproduces.

The stakes of this argument are high. Drug liberalization cannot redress the war on drugs because its liberalism cannot break with the history and morality of autonomy. It is crucial to explaining how we came to be autonomous beings. Many radicals would preserve *some* concept of autonomy. I am more scathing. Being deeply rooted in the liberal subject's self-relation, autonomy has come to justify the very domination that it has sought to oppose.

There is a sort of "blackmail of autonomy" as an organizing principle for social life in general and drug politics in particular: to validate autonomy, liberal discourses and practices must politically and hermeneutically construct the drug using subject and the addicted subject as stuck in spiritual, ethical, moral, personal, and political regress. This seemingly never-ending internal transaction justifies the domination of the heteronomous addict in the name of their liberation into autonomy.

I.1: The Antimonies of Drug Liberalization

Foucault's study of modern power makes helps us to see that liberalism reproduces its social form through a set of antimonies that were born in the Enlightenment. As he argues in *Discipline and Punish*, "the Enlightenment, which discovered the liberties, also invented the disciplines."[vi] We find

the same dynamic at work in liberal drug politics with the antimonic relationship between addiction and autonomy. In *Genealogy as Critique*, Colin Koopman expands upon the implications of Foucault's study of modern power for genealogies.

Foucault employs this method in *History of Madness, Discipline and Punish,* and *The History of* Sexuality. In *History of Madness*, we find the basic schema of the reciprocal incompatibility through a problematization of modern reason. As Koopman says, "the central argument is not that some primitive reality of madness is held down by a subjugating reason, but rather that madness and reason in their modern form are simultaneously produced as incoherent with one another."[vii] It is not simply that those with reason sought to use their power to exclude the mad from society. Certainly, "[t]he overplayed theme of repressive exclusion names a reality…but it is one that should be referred rather to the lens of productive purification."[viii] Whereas "[e]xclusion seeks to eliminate by means of separation, purification seeks to *preserve* by means of separation;"

> Purification is the logic of a modernity in which reason must preserve madness as its other, in which clinical medicine must isolate health from illness while at the same time requiring the preservation of illness as the abnormal other against which normal health can be recognized.[ix]

This notion of a productive relationship between power, reason, and discipline on one hand, and freedom, madness, and liberation on the other, is tantamount to my own reading of addiction and autonomy. I would not claim that an analytically robust conceptual series could be established between all of these counterposed concepts. Foucault's argument is just "that these relations are an intractable problem for moderns such that they are constitutive of the modern condition."[x] Dealing with these problems makes us who we are. This is the sense in which they are productive. They work upon us to demand that we work upon them. In so doing, we build on the world that we live in. This is our lot as moderns. Our social life requires not only attention, but our critical minds.

My wager is that we must see drug liberalization precisely like this. Harm reduction and decriminalization work upon the problematic relationship between autonomy and addiction. In-so-

doing, they deal in power and freedom, reason and madness, and discipline and liberation. Drug liberalization entails that we are working on the problem as liberal subjects, not only as moderns ones.

Using the term drug liberalization without questioning its meaning requires us to think in the terms set out by liberal thought about liberalization; i.e., that it creates the freedom to use drugs by loosening control. When we think critically – specifically, when we think genealogically – we see that it neither loosens control, nor creates the freedom to use drugs. In this form, drug liberalization is coterminous with a liberalism that grows out of a modern ethos, and a biopolitical form of power. HR and decriminalization are extensions of the liberal constellation of power – "complex practices of autonomy-freedom-liberation and complex practices of discipline-security-biopower [which] emerge in tandem as effectively purified of one another"[xi] – and as such constrain our ability to govern drugs without dominating those who use them, who through their practice refuse to produce, and thus, threaten a social fabric held together by productive tension.

Because addiction and autonomy are locked in this antinomic relationship, and liberalism holds autonomy to be the basis of its concept of freedom, what liberals see as the production of disciplined subjects, endowed with reason, liberated from a condition analogous to madness, comes at the price of domination. Drug users are dominated in the name of their liberation. The price is low for an approach to government centered around autonomy. They are liberated *into* autonomy. Not only low, but logical: it expresses precisely what liberal theory is designed to justify. But this price is too high, for anyone who cares about domination. For instance, the supervised injection site is a site of disciplinary power that executes this rationale. But supervising someone do something they do without supervision only makes them more autonomous when they are assumed to be heteronomous. It does not make them freer. Nor does it displace the stigma about them and their practice.

When we think about drug liberalization as freeing, then, we are equipped with conceptual, reciprocal incompatibilities. These conceptual, reciprocal incompatibilities are stopping us in our

tracks. Faced with the problem of addiction, we are implicitly working to recover autonomy. I cannot justify domination, and thus, am not willing to justify autonomy as the basis for anti-war-on-drugs politics. Similarly, because solving the problem of addiction inheres the creation of autonomy, autonomy cannot be the concept that justifies the freedom to use drugs. The freedom to use drugs is an inherently autonomy-threatening freedom. Liberalism conceptually excludes us from thinking about the freedom to use drugs and the domination of drug users, and thus, it is not an appropriate political theory or approach to anti-war-on-drugs politics – or to governing drug use at all.

I.2: A Sketch for Addiction and The Value of Drug Use for the "Addicted Self"

Conceptually speaking, what is addiction? The first distinction to make is between the disease theory of drug addiction and the moral theory of drug addiction as a sin or a vice. The moral view has two elements. First, addiction is a choice. Second, society should morally condemn this choice[xii] The disease theory of drug addiction describes addiction as a "neurobiological disease of compulsion." It is seen as a counter-reply: addiction is not a willed choice but an unwilled one. At the center here, therefore, is the will and the question of freedom versus social control over the will.

Many addiction scholars believe that the medical view has superseded the old moral one as its conceptual other. I push against this. Both theories arose first for alcohol, and were only later applied to drugs. Here, Mariana Valverde – a leading sociologist of addiction – will continue to be instructive. In *Diseases of the Will*, Valverde shows that it was the medicalization of alcohol that constructed it as a threat to freedom. But let us not imagine sharp lines. As Gene Heyman concurs, medicalization took control over what had already been described by religious reformers in England[xiii]. In other words, the addiction-concept that arises in relation to alcohol is inseparable from its moral past. The disease-concept of alcohol addiction cannot break with the moral one. The addiction-concept that arises in relation to drugs, a cognate to the alcohol-concept, carries forth this moral-medical link.

Hannah Pickard, a leading philosopher of addiction, concurs. But her incorrect genealogy misexplains this link and leads her astray. Pickard sees clearly that there is both a distinction and a link between these two models. Because "[c]ompulsion is the antithesis of choice," seeing

> addiction as a neurobiological disease rejects the first part of the moral model. It thereby also rejects the *possibility* of condemning addicts for their choices to use drugs once addicted, for, according to this view, they have none. But an element of the second part of the moral model of addiction is nonetheless typically retained by the view of addiction as a neurobiological disease: the moral condemnation not of *addicts*, but of *drugs*, and relatedly, of pleasure got from drugs.[xiv]

This is correct so far as it goes, but it does not go far enough. Pickard misses the fact that the moral model continues to speak, not only about drugs but about drug users. That people in the street or treatment services think about addiction as a disease that "hijacks"[xv] our brains does not *displace* moral stigma around addicted people. The moral condemnation of addicts is *tied* to denouncing drugs and the pleasure derived from consuming drugs. This moral aspect of addiction itself persists because addiction forms the conceptual other to the idea of autonomy, which centers around the will.

Pickard thinks the disease-view motivates the following justification: "Don't call her a junkie, it's not her fault." Because people cannot choose this disease of compulsion, no one, Pickard would think, is justified in blaming a person who is addicted for being addicted. This is quite narrow, however. Now that we know addiction to be a disease, the possibility of condemning people – addicts – who nonetheless wind up addicted can be justified by adding: "She should have known better." Crucially, in either case, the person with the addiction lacks reason and discipline. If she could choose, but chooses badly, then she lacks socially or personally imputed reason and discipline. If she cannot possibly choose not to be addicted, because she uses compulsively, without reflecting on "true" ("higher order") desires, then she is naturally or ontologically un-disciplined or un-reasonable. Pickard is thus wrong that the possibility of condemning the choice to use drugs has not conceptually disappeared. Not only does it remain possible. It is common for political (theoretical) reasons. Addicts

are perceived as "succumb[ing] against their will—to temptation on the [moral] view or to compulsion on the disease view." Both views imply reduced autonomy.[xvi]

Pickard's argument – that we cannot understand addiction without understanding the value of using drugs for drug users and people who have addictions – is useful, however. The addicted self, as a drug using self, values the drugs they use for the sake of the effects they produce. One of the crucial effects, however, is also the one we do not understand: that drug-taking becomes a useful and meaningful part of one's self-image. For those who have an addiction, drug-taking can become constitutive of their self-image. To themselves, they are users and addicts. Drug-taking is for them an existentially valuable practice, a practice engaged in for its own sake or for the sake of being oneself.

The incomprehensibility of drug use as valuable that Pickard is working against is the result of the fundamental value of autonomy in liberal society. As autonomous, I should make choices that allow me to be who I am. But "who I am" can never be irrational. Drugs, the pleasure they provide, and the attached compulsive desire to use them is seen as the opposite of what one would rationally choose. That one would choose to use drugs is precisely to risk developing a self-relation that could not be autonomous. To take drugs is to risk becoming addicted. Developing an addiction amounts to regressing, unravelling one's own ability to lead a life "worth living." And when viewed as diseased, addicts come face to face with inextricably moral standards of health that they cannot meet. The "addicted self" that Pickard studies – who sees drugs as valuable – is seen as regressive in relation to a standard set by "the autonomous self." What we should take away from this study is the fact that drugs do allow some people to be who they are, even if it means they are not considered autonomous by others. Being autonomous, therefore, is not the only sort of life that could be "valuable."

Pickard, however, does not see the liberal counter argument. What Pickard has described, with a different emphasis, is an example of a willing addict. The willing addict endorses their addicted desires, but this does not stop liberal society from condemning them. On the one hand, this shows us

that not only the concept of autonomy, but its history and the discourse that sustains it are in play. On the other, however, condemning the willing addict is supported by means of the concept of autonomy too. The concepts of autonomy and addiction (and the selves they describe) are among the most, if not the most elusive categories in the modern liberal west. Everyone "knows what they mean," but there is very little agreement on even the basic elements of each. Being autonomous means not being addicted. Being addicted means not being autonomous. Though it is one of the more useful among the philosophical studies of addiction, Pickard's attempt to study of the addicted self only takes us deeper into the business of constraining. It assumes, as liberal theorists have for quite some time, that it is even possible to hermeneutically construct a nosology of addicted selves.

Let me be clear: it is crucial that we see how drug use can be a meaningful part of a person's self-image. Liberals, I think, cannot do so. Even the willing addict cannot be considered autonomous in the terms of liberal theory. It is no accident that drug users are dominated in the name of their freedom. The liberal subject must be autonomous. The heteronomous must be homogenized. Policies of domination are the result of historical, discursive, and ideological justifications for dominating drug users by (post-Enlightenment, biopolitical) liberal powers. Here, I ground this wider critique, which I direct at the radical account of drug liberalization, in a critique of the contemporary basis in liberal theory for liberal policies of domination. I argue that political liberalism supports contemporary moral stigma through the theoretical, nosologically dominant figure of the willing addict.

It was Harry G. Frankfurt who first distinguished between the willing addict and the unwilling one (and also the wanton addict). His purpose was to support an argument about free will and moral responsibility (i.e., compatibilism). Both the unwilling addict and the willing addict lack free will. But only the former is morally responsible for their being addicted. The latter is not. As Robb puts it, "[t]o be morally responsible is to be the proper object of the "reactive attitudes," such as respect, praise, forgiveness, blame, indignation, and the like."[xvii] For Frankfurt, a person chooses freely, i.e., has a free

will, when their first-order desires match up with their second-order desires. First-order desires are about things which are not desires; to desire pleasure, for example. Second-order desires, third-order desires, and so forth, are higher-order desires. These are desires about desires. They rely on lower-order, basic desires. The further disjointed my higher-order desires from the basic, the less sense they make to me. The key is that with regard to my first-order desires, I could *always* choose otherwise.[xviii]

For Frankfurt, I can still be morally responsible for having the will I do not want. This is the situation of the willing addict. If I desire pleasure, see heroin as a way to feel pleasure, and consume heroin, my first-order desires are in line with my higher-order ones. For Frankfurt, I am a typical drug user; my will is free. I want pleasure and I want to use heroin to feel it. If the drug is unavailable or the person selling it appears untrustworthy, for instance, I can choose otherwise. But when my higher-order desires start to change, my will is suspect. I might continue to desire pleasure, but come to see heroin as overly-taxing on other parts of my life. I might wish to find other higher-order conduits for pleasure, but the desire for heroin itself is too powerful. I both want heroin and do not want it. When I eventually succumb to the desire, I do so without free will. I do not have the will that I want. I do not control my want, or the connection between my higher-order volitions and my lower-order one's. The willing addict, by contrast, does not want to choose against heroin. While it remains irresistible, she would not resist anyway. Because she does not control the underlying irresistibility, her will is not free from restraint. Even though she "is altogether delighted" to use drugs, the desire to do so "will be effective regardless of whether or not he wants this desire to constitute his will."[xix] For Frankfurt, the willing addict is thus morally responsible, but the unwilling addict is absolved.

This argument has since been employed by two groups: liberal theorists of autonomy and theorists of addiction. Some liberal theorists think endorsement is the basic condition for autonomous action. It thus falls under the general category of procedural accounts of autonomy, in contrast to substantive ones. Procedural accounts aim to be neutral on the content of an agent's action. In this

case, the willing addict endorses his addiction and thus is autonomous. That he endorses it, not what he endorses, makes him autonomous. The very attempt to conceptualize the willing addict ascribes autonomy to an agent who lacks free will. Only hierarchical-endorsement-proceduralists support this. For most others, it denies key elements of the theory of autonomy. What remains true about Frankfurt's willing addict for liberals who see the endorsement-condition as the key to a procedural defense of autonomy (over a substantive one) is that he is responsible and deplorable despite being autonomous because he endorses what he knows is bad for his own autonomy. The willing addict risks becoming heteronomous despite knowing the stakes: losing free will. Even for firmly anti-paternalist hierarchical-endorsement-proceduralists such as Gerald Dworkin, this life, even if willed, is morally degrading, and ought to be prevented out of respect. It might not be "better for her," but it would "make her life morally better."[xx]

Where Pickard had hoped that seeing the value of drug use for a person with an addiction would help us change our attitude toward drug use, liberals intervene to defend autonomy. For these liberals, one cannot endorse threats to one's own autonomy without facing morally grounded reactions. While Frankfurt's argument has been quite influential, many have pointed out issues that render it incapable of calling willing addicts autonomous. As Robb explains, Levy (2006) and Pickard (2015) have demonstrated that it is a conceptual fiction.[xxi] It might help theorists of free will or autonomy. But it does not describe a real person. Other objections can be summarized by noting that Frankfurt does not take his own case to its natural conclusion. Either the willing addict cannot control the underlying irresistibility, and is thus akratic, unwilling, and non-autonomous, or else, it does not matter whether the willing addict has some physiological relationship with the drug because they endorse the pleasure received by consuming it, and the mechanism by which they attain it (i.e., the drug itself). In which case, the willing addict is not so different from the regular drug user, and thus, is autonomous.[xxii] I will deal with this nuanced counter-view shortly, but almost every other liberal

theorist of autonomy argues that people with addictions, even willed ones, are heteronomous. While they do not all justify political interventions to make them autonomous, most advocate that the core of liberal subjectivity is autonomy. If they do not, then the fundamentally moral value of autonomy looms over them, creating the analytical space to infer that drug use is morally questionable, and addiction is morally detrimental.

For Foddy and Savulescu, Pickard's logic implies a liberal theory that identifies "[a]ddiction [as] an illiberal term invented to describe those who seek pleasure in a way that expresses our social disapproval." Theorists of addiction must "take seriously the claim that pleasure…can be a part of an autonomous and even rational life plan,"[xxiii] even when it leads to addiction. For them, liberal theory and politics can do so. This is precisely what I think is mistaken. Historically, the term "addict" and its cognates has defined political practices in liberal regimes, not illiberal ones. Practically and conceptually, liberalism must express disapproval about uses of pleasure that interfere with social freedom, the basis of which is a moral concept of autonomy. Practices of moral reprobation are crucial for political liberalism to govern the autonomous subject that its theory conceives as ideal. Addiction is a liberal concept that carries moral stigma, then, because autonomy is a liberal concept that carries political value. Maintaining that it might be possible to reconcile liberalism with practices or theories that decry the moral reprobation of addiction is unworkable.

Autonomy has historically justified the domination of drug users. But liberal theories and practices obfuscate their own role in reproducing various social forms that dominate drug user. Liberalism especially conceals the way in which it produces and reproduces addiction itself. This means we ought to be suspicious of any argument that tries to reconcile liberalism with drug user liberation. Even though it turns out to be lacking, the radical account is crucial to maintaining this suspicion because it motivates the most poignant critique of drug liberalization in general, and specifically, the liberal account of it, by taking aim at the medical apparatus and its theoretical, discursive grounding.

I.3: A Critique of the Radical Explanations of Drug Liberalization

The radical account of drug liberalization is promising in the first place because it does not take liberal autonomy to be the basis of its critique of drug policy. While this ultimately spells its downfall – because it neither takes it seriously enough, nor sees the role it plays – it also allows for critical distance from the process of drug liberalization to see the role of medicalization in producing and reproducing the forms of domination that drug users experience. By way of outlining the field of inquiry, I want to first explain why I have called this the "radical explanation."

I am criticizing a way of thinking about public health which is critical and radical primarily because it is external to liberalism. In departing from liberalism, however, it is also crucial that these radical critiques also break with bioethics and academic public health, where the gold (moral) standard for critiquing health policy is *also* autonomy. This has been the case since the early-1970s debates on autonomy in liberal theory and epidemiology. But as I have noted, critical public health outlines poorly why it breaks with autonomy. Though I cannot explore this line here, autonomy is simply not a prominent feature of this scholarship. The reason critical public health breaks with autonomy is not discernible *as* an explicit aim. Rather, it seems to be an implicit bias of the field.

I take the name critical public health, after all, from the eponymous journal. The journal and its articles are defined by a concern for social justice. The field is merges sociology, political economy, anthropology, and social theory, and is critical of the role that the psy-sciences play in "making people up," to use Ian Hacking's phrase. Obviously, by this token, the field has a heavily post-Foucauldian bent. Many of these articles are in explicit communication with the field of governmentality studies and are critical of neo-liberalism. Though this intersection of ideas is precisely where my debt to Foucault lies, his own lack of focus on autonomy cannot be carried over; it must be repaired.

Studying neo-liberalism as a particular liberalism is useful. It is a unique governmentality that sees the market as a universal "principle of intelligibility…of deciphering social relationships and

individual behaviour."[xxiv] Neoliberalism turns the *laissez-faire* principle of classical liberalism – "a principle of government's self-limitation" – "into a *do-not-laissez-faire-government,* in the name of a law of the market which will enable each of its activities to be measured and assessed."[xxv] This leads critical public health to focus on the role "risk" plays in neoliberalism for assessing the correct social policy. This is crucial for understanding drug liberalization, as we will see shortly. But, by not centralizing autonomy, CPH misunderstands how neoliberal public health policy works, and is thus incomplete as a critique of domination under drug liberalization. If I am so focused on critiquing autonomy in this project, it is to emphasize the role that autonomy plays within *all* liberal discourses and modes of government. As a result, I critique critical public health for this lack, but by way of weaving it through their helpful, external critique of liberal public health policy.

There are two broadly distinct, relevant "radical" critiques of liberal public health policy that illustrate the empirical domination of drug users. The first is C.B.R. Smith's anarchism. It is not only theoretically external to liberalism but politically external to it. Smith is very influenced by *Black Panther* Michael Tabor's *Capitalism Plus Dope Equals Genocide*. Tabor argues that "conventional drug treatment programs… 'deliberately [ignore] the socio-economic origin of drug addiction' since addressing the 'true causes of addiction…would necessitate effecting a radical transformation of this society.'" For Smith, harm reduction cannot redress drug user domination or the war on drugs because it cannot meaningfully address the "true causes of drug addiction."[xxvi] The second radical account is the "medicalization account," which I extend and build on in my genealogical critique. Smith's account is actually a popular version of the medicalization account, but it contains major errors that must be put to bed. The medicalization account argues that drug liberalization is a neo-liberal revamping of the public health elements of early-20th century drug politics. While the war on drugs is a counterweight to public health values, it neither discounted the disciplinary power that the public health apparatus had amassed previously, nor dispensed with the resources of public health.

The medicalization account directs its substantive critique of drug politics the neoliberal use and convergence of medical and market categories to reproduce drug user domination. Smith takes this negative critique and offers some political direction. Unfortunately, as I argue, it is a fraught one. He wants to de-pathologize addiction. I think this is fraught because addiction, as liberals understand very well, is a clear ethical quandary. While liberals are willing to pay the price of dominating drug users to try and solve this quandary, Smith and the rest of the critical public health perspective is not. This is the right impetus, but to follow it we have to dig deeper.

For Smith, addiction is a product of capitalism, and that is why it is a social ill. It is in this spirit that Smith emphasizes the non-governmental, anarchist origins of harm reduction, starting in the 1980s. Citing Fischer (1997), Stoller (1998), and Roe (2005), Smith argues that "harm reduction originated as an illegal activity where activists and politicized front-line workers risked arrest by distributing clean syringes."[xxvii] We can extrapolate from this a narrative about drug liberalization. It began with anarchist activists, but it was "depoliticized." Smith defines depoliticization "as the systemic exclusion of a structural, political-economic critique of the etiology of addiction" and traces the process by which harm reduction became "little more than an inflexible tool of the addiction-as-brain-disease model."[xxviii] In this way, drug liberalization masks the perceived deviance of drug users established and policed in the war on drugs by institutionalizing a "pathology paradigm" of addiction.

A drug user is a deviant in the sense that they must be *cared* for and made "normal" through care; they are as normal as any other patient. Under neoliberal late capitalism, an economistic outlook reconstitutes patients as "clients" and "consumers" of "medicine as business." Risky clients and consumers as drug users are, whether dealing with addiction or not, harm reduction policies are justified by a calculation. It is simply *less* of a social risk for drug use to take place at the harm reduction site than for it to be banned. [xxix] This creates a semblance of neutrality: drug users are treated like any other patient. However, it reproduces a hermeneutical construction of drug users as political deviants.

Drug users must still be made normal. They are just patients of the medical process instead; a banal, , of liberalization as medicalization conceals the

For Smith, the process of drug liberalization is just the same "process of institutionalization [undergirded by] insidious neoliberalism, disguised as progressive practice, played out on the stage of public health."[xxx] It is insidious because in its neoliberal form, harm reduction "avoids confronting the very things that produce the most harm for drug users: drug laws, dominant discourses…and the stigmatization of users."[xxxi] Anti-war-on-drugs politics must oppose these harms, Smith argues. Because drug liberalization cannot oppose them, Smith argues that we should re-politicize harm reduction under a "new anarchist" framework and de-pathologize addiction.

While I am largely sympathetic to this analysis, its genealogical ground cannot motivate the anti-war on drugs ethos that Smith advocates. Though I would like to endorse parts of such an ethos – specifically: neo-liberal drug policy cannot address the harms that anti-war on drugs politics should; it reproduces old harms, and creates new ones – it is necessary to provide it with stronger grounds; and to say flat out that de-pathologizing drug dependence is not the right anti-war-on-drugs direction. At stake in neo-liberalism's inability to address such harms is not only, as Smith draws on Roe to argue, that the "health problems [neoliberal public health policy] address[es] are substantially created by the ideology of the systems in which they work."[xxxii] Nor is it only a normalizing (read: disciplinary) power which acts upon drug users. The question is what constitutes such ideology and what drives disciplinary power. The answer is autonomy. The other aspects of drug liberalization are crucial to its political frailty. Smith's account makes it is impossible to realize the centrality of autonomy to these disciplinary and ideological aspects of drug liberalization because it rests on a bad genealogy.

While Stoller's analysis of "San Francisco's syringe program as an underground 'act of civil disobedience by group of pagan, hippie anarchists"[xxxiii] is particularly important to the history of anti-war on drugs politics, the Fischer citation is misleading here. Fischer's article deals with Canada's

adoption of harm reduction legislation. Though important to other parts of Smith's argument, it has nothing to say about anarchist origins. Roe certainly argues that activists played an important role. But here too, the citation is misleading – anarchism simply does not come up in his critique.

There is no denying that anarchists have played a pivotal role in anti-war on drugs politics. This is, in part, the story of ACT UP. Some might moreover wish to advocate anarchist opposition to the war on drugs. However, the suggestion that anarchism (or anarchist philosophy, for that matter) plays a founding role in harm reduction is a red herring. It distracts from the fact that drug liberalization is not recent. Those who would advocate anarchism as an anti-war on drugs position need other grounds. Though I will not investigate those here, I think my own critical genealogy would be helpful to such a position. My critical genealogy is motivated by much of same the literature that Smith is well-acquainted with from the medicalization account – which he cites, but fails to integrate.

Smith notes that before there were North American harm reduction programmes, there were European ones. He *even* notes that North American neoliberal public health policy was to some degree modelled on the European approach.[xxxiv] But then, we should ask, how did this European approach arise? Following Roe, Smith is right to look for non-governmental roots. But they are simply not anarchist ones. Dutch drug-user groups (and a few Swedish one's before them), were established in the late-1970's. They modelled their work on trade unions and styled themselves "Junkie unions." They were fighting the deviance assignations they saw persisting despite the Netherlands' 1976 revision of the Opium Act. They were not anarchists. They were excited about the potential of the national methadone program to reduce harm and they wanted to expand access to it beyond the therapeutic communities to which it had been limited as of 1972.[xxxv]

It might be then said that Smith's proposal and its genealogy are simply limited to a North American context, and that I am being uncharitable. But this is not the case. For example, Smith cites Rosenbaum (1995) to argue that "neoliberal health policy served to de-medicalize the subject of

addiction treatment."[xxxvi] Neo-liberal de-medicalization is a problem for Smith, as for me, because it hides but perpetuates stigmatizing discourse. It suggests that at some point, the (stigmatized) subject of addiction treatment was born. If we ask *when* this subject was born, or on that basis, try to determine when the drug user was constituted as a medical subject, we find a long history; part of which others have used to interpret dependency treatment as harm reduction.

Rosenbaum argues that methadone treatment is an early exponent of harm reduction. We find this view in Inciardi and Harrison (2000), Riley and O'Hare (2000), Fraser and Valentine (2008), Campbell (2011). These accounts find that methadone treatment arose in the US in the 1940's. The earliest forms of maintenance treatment were established in England and the US in 1929 and 1919 after the Rolleston Report[xxxvii] and the urging of police by Internal Revenue agents[xxxviii] respectively. Methadone was adopted by European countries in the mid-late-20th century. On one hand, therefore, European harm reduction is neither originally anarchist, nor strictly activist. On the other hand, it has American roots. Smith's anarchism is thus genealogically out of order. Harm reduction did not arise due to anarchist practice or philosophy. Needle exchange sites, for instance, were fought for by anarchists, as well as other groups in the early-1980's. But their political wins were built on the back of methadone-treatment programs that were much older.

Smith's genealogy fuels the myth of drug liberalization as a recent turn away from the war on drugs by mishandling the origins of harm reduction. Simply put, if harm reduction is older than we think, then so is drug liberalization. Smith is thus a helpful interlocutor because he points us in the direction of medicalization. Is the methadone clinic a policy of loosening? Quite the opposite. As a matter of fact, the first drug Czar of Nixon's war on drugs was a methadone pioneer. Suddenly, we can begin to see why Smith advocates de-pathologization from an anti-war on drugs perspective. If medicalization is an important to the techniques that discipline and dominate drug users, then medical

power seems fraught, and its use untenable. Here, I evaluate this suggestion by way of a critique of the medicalization account, which seems to motivate Smith's anarchist desire for de-pathologization.

Dependency clinics link "pre-war-on-drugs" medicalization to "post-war-on-drugs" public health-oriented, drug liberalization. I thus focus on the methadone clinic as a unit of autonomy-based domination and liberation that produces and reproduces domination. Bourgois argues that the methadone clinic is a biopolitical site of disciplinary power that "short-circuits pleasure sensations within the brain's synapses" to "facilitate a moral block to pleasure"[xxxix] Pleasure cannot be morally blocked without identifying the pleasure derived from heroin as immoral, and then creating a bio-technical intervention to arrest the conversion of consumption into immoral feeling. Heroin-related pleasure is blunted, and methadone-related pleasure promoted. The aim is for the drug user to gain autonomy by the *correct* use of pleasure. Addiction as pathology is a way of isolating, discussing, and introducing such an intervention. Smith's suggestion might then follow; mending such domination might require de-pathologizing addiction. This is worth exploring. Bourgois's path-breaking Foucauldian ethnography of drug users argues that:

> The contrast between methadone and heroin illustrates how the medical and criminal justice systems discipline the uses of pleasure, declaring some psychoactive drugs to be legal medicine and others to be illegal poisons…the most important difference between the two drugs that might explain their diametrically opposed legal and medical statuses is that [heroin] is more pleasurable than [methadone].[xl]

Many drug users do not like the way methadone feels. *Many* more experience counterproductive effects, as Keane's summary of Bourgois's central vignette shows: "Primo, a former crack house manager [in New York city who] sniffed heroin and cocaine for years without becoming addicted, is incapacitated by methadone. His self-respect is destroyed by his dependency on the *clinic* and his relationships collapse because of the drug's effects."[xli] While searching for a safer way to use, Primo became addicted to methadone itself. This suggests that the methadone clinic, the product of medicalization, reproduces the very problem it wishes to solve – addiction. Liberals understand this

kind of domination. But here, it results from drug liberalization. And yet, I think it would be a *non sequitur* to argue that the anti-war-on-drugs position should take aim at the medicalization of addiction whatsoever, or as Smith argues, at the pathologization of addiction. We must see why the clinic produces new problems for drug users: I argue that we should think of this domination as a failed attempt to produce autonomous subjects, even if it sometimes works and is invited.

The liberal politics of autonomy either goes unnoticed, as in Bourgois (2000) and Smith (2012) or else, its centrality to drug policy is understated because attention is not paid to the liberal political theory that underlines such policy. But signs of this politics are everywhere. For example, Furst et. al (1998) and Bourgois (2000) report autonomy-based hierarchies in communities where drug use and addiction are prevalent. In these communities, autonomy has a specified form. As Bourgois explains:

> Symbolic interactionists, ethnomethodologists and other empirically descriptive ethnographers consistently document methadone addicts as being at the bottom of the status hierarchy of street-based drug abusers (Goldsmith et al. 1984; Hunt et al. 1985; Preble and Miller 1977; Agar 1977). Institutionally autonomous street-based addicts contrast themselves to "those lame methadone winos" (Preble and Miller 1977). Hence the term "righteous dope fiends" to identify heroin addicts who are determined to die as outlaws with their boots on.[xlii]

Bourgois does not see this hierarchy as entwined with a liberal politics of autonomy. For Bourgois, drug control is a form of biopolitical and disciplinary power; methadone treatment services are one mode of drug control that "represents the state's attempt to inculcate moral discipline into the hearts, minds, and bodies of deviants who reject sobriety and economic productivity" If "methadone is supposed to enable addicts to reorganize their lives productively and healthfully [so that] they can no longer nod away their days in unemployed bliss (or agony); they are no longer constrained to engage in risky injection practices" what is the effect of such discipline?[xliii] To make non-autonomous subjects autonomous ones. Methadone clinics fuel the self-legitimating narrative of liberal power that autonomy is desirable and heteronomy undesirable for living together in a way that is just and free.

Such hierarchies describe degrees to which drug user can manage their own pleasure – i.e., use autonomously – and avoid domination.[xliv] As Roberts put it, "[the dominated] develop strategies for negotiating [the] risk [of domination] and get used to altering their comportment…to take account of it." Because drug users have internalized the value of autonomy, those who endorse their pleasure recalcitrate[xlv] potential intervention and admonish the clinic. A drug users can be free from domination, and thus, autonomous in a sense, so long as they can remaining free from power's reach. So long as one can remain out the methadone clinic's reach *qua* harm reduction site, one can be free.

The methadone clinic reproduces the moral, social, and political value of autonomy. It not only affirms the socially regressive nature of drug use, but it also affirms the internally regressive nature of methadone clinic-goers in contrast to other, more willing drug users. This pits drug users against one another by making recovery about the ability to autonomously avoid using. The recalcitrant drug user sees the methadone user as a striker sees a scab: as someone who cannot resist the powers that be, despite the inherent solidarity between them. Recalcitrant drug users, at the top of drug user hierarchies, want to protect their outcast, but nonetheless autonomous way of life. So, to stave off further interventions, they rebuke the methadone user, and enforce solidarity among those who refuse interventions. In the end, this leaves the unwilling addict worse off than other users. They no longer belong to a group they previously may have, but they remain regressive to everyone else.

Reith (2004) and Seddon (2010),[xlvi] lay the groundwork for this view from the critical public health perspective. Reith focuses on how addiction has been constituted as a consumer pathology. As they are engaged in a risk-based activity, drug users are disciplined "to consume rationally…to safeguard their health and wellbeing, and to…avoid, potential dangers."[xlvii] Both the recalcitrant drug user and the willing methadone patient are trying to deal with the "burdens of liberty." Pleasure is a burden of liberty. In a liberal society, it is "imperative to be vigilant, to regulate behaviour, to guard against risk and… continually monitor one's freedom." An inability to do so is an inability to conform

with the demands of autonomy. The recalcitrant drug user wishes to distinguish themselves from the perceived failure "to manage their [own] freedom."[xlviii] They not only wish to mark such a distinction; their socio-economic condition requires them to.[xlix] Perhaps it is not unreasonable, then, to suggest that the recalcitrant drug user knows more deeply than anyone else the burdens of liberty.[l] It is perhaps this knowledge that makes them deeply suspicious of the methadone clinic as an option at all.

My point is that even their suspicion is based first on internalizing the value of autonomy. Managing one's pleasure and one's liberty is level with managing one's own domination. The unwilling addict must deal with domination from both from their own social group and the dominant opinion. Both operate on an internalized politics of autonomy. The recalcitrant drug user must make every effort to avoid being perceived as regressive, but also, to avoid thinking about themselves as regressive. The methadone patient's efforts, by contrast, are directed at escaping the domination of the hierarchy, and of their own regressive self-image, to become autonomous. Those who do not rely on government methadone services see themselves as freer for it. Liberal power, through its disciplinary function, inculcates the values of sobriety, economic productivity, and health into liberal subjects *as* liberal subjects. Drug user hierarchies are the product of such power. Those at the top are dominated, but by such domination, are better attuned to the demands of power. To keep their social place, they must maintain stigmatizing hermeneutical constructions of their fellows, which are a source of their own domination and the domination of their peers. Drug users are thus in a socially impossible position. Not only are they worked upon by technologies that promise a healthy and productive life, but they are also likely to be degraded by their own communities because autonomy is central to political life; because they cannot be free as liberal subjects, nor free to use drugs; free from the reaches of power.

By applying Reith's analysis to Bourgois's ethnography, we have already seen part of what this domination is. Bourgois himself, however, "does not extend his analysis to the technologies of self that are also produced by [the methadone clinic]."[li] Drug users are self-dominators. As Charles Taylor

noted: "The objectifying and domination of inner nature comes about…through training in an interiorization of certain disciplines."[lii] This self-relation is a source of autonomy-based domination because of an internalization of the drug-user hierarchy and the methadone clinic, but also the social status of autonomy writ large. Like any other liberal subject, drug users do not want to be regressive. If the standard is set by autonomous subjectivity, drug liberalization is the modern history of the development and employment of this standard in the name of liberating drug users from their regressive natures into autonomous, socially acceptable ways of life.

II: Towards A Genealogy of Drug Liberalization and a Radical Anti-War on Drugs Position

Drug liberalization is a modern political process that seeks to produce the freedom of drug users *qua* liberal subjects. The domination of drug users can itself be explained and justified as a technique to produce this freedom. The political and moral value of autonomy therefore cannot condemn domination licensed by the war on drugs – it cannot even stop the domination of drug users under the "new" liberal approaches to drug use. In this section, I build on the radical account of the domination that drug users face through the medicalization of drug use by articulating the long history of these practices. It is an Enlightenment project, coterminous with biopolitical modernity.

Modernity cannot only be thought of as a historical period. Following Foucault, it is a critical ethos, theorized under the heading of Enlightenment, and posed by Kant "as a political problem" to be solved.[liii] Kant poses the problem from the perspective of the governor. The governor must ask: how do we endow subjects with the ability to critique themselves and their social lives, who will retain a deep and basic commitment to society? In other words, the question for modern governments is: how do we make people up so that they are autonomous? Hence, a governmentality of Enlightenment.

In the first part of this section, I articulate the Western encounter with drug use and addiction, and show how this governmentality of Enlightenment was deployed. I propose that in the West, drugs have been conceptualized for millennia under a robust, epistemologically extensile social hypothesis: the regressive hypothesis. It is analogous, up to a point, to the repressive hypothesis that Foucault studied in *History of Sexuality*. After exploring the ancient, ethical origins of the regressive hypothesis regression, I compare it methodologically to the repressive hypothesis. This allows me to sketch the generalizable historical schema through which the regressive hypothesis was politicized and detail the process by which biopolitics developed and the governmentality of Enlightenment arose, centered around the life of the mind. This concept in hand, I argue that at bottom, the problematization of drugs has not changed in nearly 250 years. For liberals, drugs threaten heteronomy. As a result, the

lives of those who use drugs today can be messed with at the biopolitical will of the liberal governor. The liberal governor is historically given to this political orientation: to liberate, to see liberation as a function of autonomy, even if it might force his dominant hand. The war on drugs reproduces a form of domination that is itself a historical, political, social, and moral product of drug liberalization. To fight the war on drugs, and advocate drug user liberation, we must critique drug liberalization, resist, and reshape its autonomy-based practices.

II.1: Power, Pleasure, and The Regressive Hypothesis

The regressive hypothesis is a moral-epistemological *leitmotif* of practices that constitute drug liberalization. It refers to ideas about drugs (including alcohol), people who use them, and their lived experiences, for which addiction is central. At bottom, it articulates drug use as existential regress, particularly in relation to excess. Before we had a stable concept for "drugs," there were discreetly ethical reasons to think that of excess as detrimental to the human subject. But the justificatory *leitmotif* did not gain a political, legal, or economic lifeblood until the late-17th and early-18th centuries, when it rose to specifically moral prominence through the rise of the liberal arts of government.

When we combine this narrative with the argument about autonomy, addiction, and liberalism that I have been weaving, we find a regression-based politics of autonomy that is born in the post-Enlightenment era, which itself merits further interrogation. Here, I contend that if we start with the ancients, we find that we must think about today's concept of drugs as made up by the history of food, drink, sex, and medicine altogether – not by any pleasure alone. It is by starting here that the subsequent focus on Gin, which was contrasted to coffee, beer as a victual, and linked to a broken femineity, connects to the medicalization of society in the 18th century and then drug use in the 19th.

For the Ancient Greeks, food, drink, and sex formed a tripartite of pleasures to be mastered. In Plato's *Laws*, they are the three basic appetites. Xenophon's *Memorabiliu* draws a tight connection

between the ethics of sex and the ethics of the table. Aristotle combines these ideas in the *Nicomachean Ethics*. The moral problematization among the Greeks "raised the question: how could one, how must one "make use" (*chrēsthai*) of these dynamics of pleasures, desires, and acts?"[liv] The similarity here to modernity is striking. As we know, what is at stake in liberal drug policy is the correct use of pleasure, with the end of being autonomous. But the ancients were concerned with right use as opposed to wrong use. The aim was to enjoy pleasure *correctly*, and thus, as a proper ethical being. The danger was excess, not use as such. For us, excess is certainly still at the forefront, but the difference is crucial. Because we have politicized pleasure, excess is not just an ethical worry. It is a moral one that threatens the prospect of living together in the form of life for which liberal subjects are constituted: freedom.

Though we tell ourselves that our autonomy allows us to provide ourselves with an ethics of conduct, life in a liberal society entails that we can only lead ethically autonomous lives within the boundaries of public morals, beset with autonomy as a standard for critiquing each other's conduct, and a justification for intervening, for instance, against those perceived as unable to control their use of pleasure. If we are autonomous, it is because we are made so. For the Greeks, ethics were a self-constituted affair. It had nothing to do with politics, and could even take a form of self-domination. Self-constitution was ethical in the purest sense: it was genealogically prior to the unification of politics and ethics through the critical idea of morality: the Enlightenment. We liberal subjects dominate ourselves too. But we do so to liberate ourselves for the sake of participating in social life.

For the Greeks, the aim of self-domination was to be ethically good. In the face of excessive pleasure, one must employ moderation: *sōphrosynē*. To do so, one must first control oneself. Foucault notes that "this attitude which was necessary to the ethics of pleasures, and which manifested through the proper use on made of them [is] *enkrateia*."[lv] The was used prominently in the classical vocabulary as a reference to "the dynamics of a domination of oneself by oneself and to the effort that this demands"[lvi] with the aim overall of being good. I am arguing that the historical possibility of us liberal

subject finding ourselves to be regressive and then developing an internal relation of domination toward ourselves is *ancient*. This is not strictly a chronological claim. While the political possibility of this attitude is modern and liberal, in *enkrateia*, we have the historical seeds for the modern concept of autonomy, which serves our liberal politics as a utensil for being moral and bringing about morality where autonomy could serve as a political guide, not merely a personal ethical one with social effects.

This latter notion distinguishes the modern correct use of pleasure from the ancient one. It is well known, as Foucault notes, that "one of the most constant themes of Greek political thought [was] that a city could be happy and well governed only if its leaders were virtuous; and inversely, that a good constitution and wise laws were decisive factors for the right conduct of magistrates and citizens."[lvii] The crucial difference between us and them is that the latter placed all of the stress on rulers and the organization of social life, not on individuals. For liberal subjects, the individual is the primary political unit. As in Rawls, justice starts with the individual behind the veil of ignorance who is already autonomous. She can give principles that can promote the autonomy of others. But the giver of such principles is not a ruler. She is a universal figure. One of Rawls's major points is that a society set up by principles of freedom and justice behind the veil of ignorance could be produced by anyone who is autonomous. It does not have to be a "specially" endowed person. Indeed, it cannot be.

For the ancients, a just society requires highly cultivated, very biased rulers. In his text, *To an Uneducated Ruler*, we find Plutarch arguing that the "rationality of the government of others is the same as the rationality of the government of oneself…one will not be able to rule if one is not oneself ruled." By what? A special kind of law…"reason, the *logos*, which lives in the soul of the ruler and must never abandon him."[lviii] Conceptually, this is already very close to autonomy. The difference is that it must be cultivated through a self-determined *ēthos*, not public principles of justice or freedom. The existence of the modern subject and, by extension, the freedom of the liberal subject must be politically

constituted. The ancient ascetics of the self was only concerned with political rulership, not political subject-hood.[lix] The point is well-tied-off through the following reminder:

> "For millennia, man remained what he was for Aristotle: a living man with the additional capacity for a political existence; modern man is an animal whose politics places his existence as a living being in question."[lx]

For the ancients, the idea of a regressive hypothesis about an excess pleasure was not political. It problematized one's capacity for rule, but the domain where concerns for pleasure held was ethics, which was focused on the relationship a person had with oneself and one's immediate others. The quest for virtue was an individual ethical quest. For the Greeks, the political question about pleasure was about qualifying for rule: "Moderation, understood as an aspect of dominion over the self, was on an equal footing with justice, courage, or prudence; that is, it was a virtue that qualified a man to exercise *his* mastery over others."[lxi] It benefitted politics, but it was limited in its existential gravity to individuals. For us, the universality of being autonomous is inseparable from the question of being able to manage our pleasure. And liberalism is politically responsible for this shift.

One final point must be clarified. As I have suggested, the regressive hypothesis was always a social hypothesis. Even though the manner for dealing with pleasure and desire involved cultivating a relationship with oneself, even dominating one's own self, ethics themselves were a matter for the public forum. Ethics constituted a social epistemology: "one could not form oneself as an ethical subject in the use of pleasures without forming oneself at the same time as a subject of knowledge."[lxii] This epistemology was shared in the classical world in the quest for "social virility,"[lxiii] as Foucault puts it: one had to appear ethical in one's social role.[lxiv] Seneca's *Letters on Ethics* offer a glimpse into this discourse on ethical knowledge. I focus briefly on Letter 83, "Heavy drinking," which, as all the letters in this volume, was addressed to Seneca's student, Lucilius.

Seneca gives Lucilius an account of drunkenness as the correct use of one's body. The body was a social signifier of one's ethical status. Seneca tells Lucilius that "Our lives should be…lived as if

in the sight of others. Even our thoughts should be conducted as though some other person could gaze into our inmost breast." This is crucial to the lesson that follows: "Drunkenness does not create faults – it brings out faults that already exist" and "expose[s] them to view." This argument proceeds from a flaw in reasoning he takes with Zeno's syllogism against habitual drinking. Seneca wants to show Lucilius how he might correctly express the Stoic idea "that a good man ought not to become inebriated:" [lxv] by using examples of people whose virtue deteriorated by drinking. The nature of habitual drinking is a "voluntary insanity" that, when it "becomes ingrained," "causes the mind to become brutish"[lxvi] and therefore, causes ethical regression by impairing one's ability to care for oneself; in the sense of an ascetics whereby an "individual fulfilled himself as an ethical subject by shaping a precisely measured conduct that was plainly visible to all and deserving to be long remembered."[lxvii] Alexander drunkenly murdering his best friend or Mark Antony drunkenly ordering servants to bring him the heads of leading statesmen at dinner banquets represents an unravelling of ethical virility that we might otherwise associate with their names.[lxviii]

These drunken lapses in ethical status are moments of insanity. The loss of ethical virility is a social regress and a destruction of social virility because it is at bottom an ethical regress. Insanity here is the opposite of an ethics grounded by *logos*. But as Seneca makes clear, it is not the reciprocal other that we find in modernity. It is still possible to be trustworthy and also a habitual drunkard, such as Lucius Piso or Cossus.[lxix] This becomes impossible when reason becomes the soul of autonomy, and autonomy becomes the beating heart of political freedom. Of course, these are not the stories we tell about drunkenness today. Alcohol is no longer part of the social category that is occupied by our concept of immoral pleasure born with the Gin Craze due to the fall of 19th century temperance. The political category of drugs was born out of the ethical category of pleasure set out by the Greeks, taken over by Christian morality, and imputed to 19th century doctors through the Gin Craze. Drugs were in and out of this category until the early-20th century; temperance died, and it claimed "drugs."

Freedom, moreover, was also in play for the ancients and their ethics of regress, which demanded *enkrateia*. But it was a freedom that was epistemological and ethical.[lxx] Crucially, our freedom could not have developed to be based on autonomy without a concept of self-domination that feared excess pleasure and the desires it creates. Whereas for the ancients, facing up to ethical regression only meant facing oneself, and putting oneself under self-domination, for us, facing up to regression means facing up to political and moral castigation. Our quest for excess, our addiction, makes us deserve social domination. It may very well be that an ethical life requires freedom from addiction, but this, liberalism claims, would not be in its purview. What liberalism does claim, as Valverde notes, is that we task ourselves with sobering up enough to participate in social life. If it means that we ought to dominate ourselves, this only is the price of living in a free society.[lxxi]

The stake of this genealogy of regression – the history of the development of the autonomous subject – is at the center of Foucault's problematization of the repressive hypothesis. Since the latter idea has inspired my concept of a regressive hypothesis, I want here to lay out the relationship between the two. This will allow me to make a methodological clarification regarding the role of the Enlightenment and its politics in the events that make drug liberalization what it is at present.

There are many points to compare. I cannot treat them all. The main similarity is obvious. Sex and drugs are forms of pleasure. The main idea in discourse on sex is that it is repressed. The main idea in discourse on drug use is that it is bad. Where Foucault sought to dispel a repressive hypothesis about sexuality in modernity, I affirm and trace a regressive hypothesis about drugs as characteristic of liberal regimes of drug use. For Foucault, it is not possible to find liberation in sexuality because power does not work like the juridical model says it does; as though it were holding our capacity for liberation hostage. Rather, modernity is distinct for it inaugurates a new, critical approach to power.

In the first installment of the genealogy of sexuality, the goal is to show that power did not repress sex. When we look at the "capillary" level of power, we find that there have never been "more

centers of power; never more attention manifested and verbalized; never more circular contacts and linkages; never more sites where the intensity of pleasures and the persistency of power catch hold, only to spread elsewhere."[lxxii] Discovering the "secrets" of sex thus has nothing to do with liberation. The "truth" has been created right in front of us since the 18th century.[lxxiii] Read with the *Birth of Biopolitics*, Foucault's *History of Sexuality* sheds light on drug use: "Pleasure and power do not cancel or turn back against one another; they seek out, overlap, and reinforce one another."[lxxiv] Even prohibition itself produced the truth of sex. But as with the regressive hypothesis, "it is a ruse to make prohibition into the basic and constitutive element" of the repressive one.[lxxv]

Foucault's genealogy of the modern state shows that power requires knowledge about pleasure to govern. In aiming to produce free subjects, power must identify themes in the activity of their subjects to shape their lives accordingly. Pleasure is one such theme. Drugs, sex, drink, and food are modalities of that theme. We cannot be liberated through the "truth" about drugs because the truth about drugs, as it is articulated in the discourse of the most successful biopolitical approach to government (i.e., liberalism), is that they arrest our freedom, our liberation into autonomy.

Next to sex, there was clearly a morally pre-figured political attempt in the 19th and early 20th centuries to repress alcohol which can easily be seen as having transferred over to drugs. But, as with sex, repression required expression. As with sex, especially in the nineteenth century, law "often deferred to medicine."[lxxvi] Medicine, it was thought, was better suited to understand drugs, alcohol, and sex, and to tell us about their correct use. It did not, however, "just so happen" that medicine told us that alcohol and then drugs were regressive to the human subject. This, and the subsequent political repression of drug use, required an image of the subject, an ideal, that was itself prior to 19th century medical discoveries, and only then justified by them.[lxxvii] Following Rawls, Christman argues that:

> For "[l]iberalism… political power is legitimate only if it is endorsed or accepted by the citizens living under it "in light of their common human reason…" Therefore,

> liberalism rests on respect for individual autonomy, conceived as the "moral power" of judging both principles of justice and conceptions of value" (*ASL*, 340).

By this token, governments have a non-paternalistic, non-perfectionist reason to pre-suppose and promote autonomy[lxxviii] "Enlightened" political power depends upon the moral power of the subjects: their being autonomous. To maintain a free society, liberal governments require autonomous subjects effectively wield this power.[lxxix] If subjects are able to choose ways of life them render them heteronomous, and sub-ideal as subjects then governments lose their Enlightened status, and their legitimacy along with it. Drug users can be dominated in the name of their liberation, and there is really no theoretical or practical contradiction. Modern power requires an internally moulded subject who could endorse it externally. Domination sustains the society it needs.

Internal mental criterion, especially of self-endorsement, are therefore crucial not only to Christman's procedural theory of autonomy, but to all theories of autonomy, on a specifically social, pragmatic basis. Liberalism says: "the public requires the rational mind of the self." There is a modern regressive hypothesis to speak of because power required knowledge to produce a subject who could be autonomous. If the modern politics of regression are born of an ancient ethics, it is because this *leitmotif* is pulled into modernity by the emergence of biopolitics. Conceptually, the governmentality of Enlightenment allows us to sense of liberalism's privileged position in this transition. Liberalism is sustained by a moral power. So long as it reproduces the like moral power of its subjects, it reproduces the social, political, and epistemological basis for its policies. The regressive hypothesis is one forum in which liberal policymaking determines and adjusts its ideal and the sub-ideal subjects. It is the central forum for policymaking about drugs and people who use them, within which, medicine is allowed to dictate the epistemological limits of social, moral, and political *a priori* and *a posteriori* truths.

This leads us to a methodological issue. Foucault writes in *Security, Territory, and Population* that "we live in the era of governmentality discovered in the eighteenth century."[lxxx] Governmentality and the power of government is always only ever historically located. Strategies are always historically

specific. This specificity can be deduced from an "eventalization." We can mark out a historical schema by which governmentality changed and continues to change. Of course, there will be overlap. I want to get as clear as possible without undermining the genealogical task of situating the liberal present according to the biopolitical governmentality that develops into the start of the 18th century.

This is why I think we must see the biopolitical regressive hypothesis through the lens of a governmentality of Enlightenment, born in the late 18th century, itself internal to biopolitics.[lxxxi] It allows us to see that the historically continuous aspect of liberal drug policy is its aim to produce autonomous subjects. I want to debunk the moral status of this aim by historicizing its claims to liberation. At stake in a governmental analysis is never "raw" power; quite the opposite. In the events and strategies that I analyze, we can expect to find that power is normatively coded. That freedom winds up being moral is a forgone conclusion. That the power garnered by liberal governments bases itself on autonomy-production is not. An anti-drug morality thus arises for biopolitics only so far as this governmentality built by a moral theory of freedom – autonomy – and its politics: liberalism.

In the 14th, 15th, and 16th centuries, habitual drinking was an unquestionably common use of pleasure. Alcohol was inseparable from "regular" life; of the body, the town, and the whole realm. Political attempts to problematize this use of pleasure were uninvited and abnormal. The God-willed naturalism of the *politiques* was (perhaps unexpectedly) not a naturalism that could justify an intervention into this use of pleasure. In the 17th century, away from the reaches of the police, the seeds were sown by Puritans, for whom the regressive hypothesis was alive and well. Early 17th century sermons such as "The drunkards cup"[lxxxii] and "Woe to drunkards" focused on the drunkard's body as a spoiled part of God's Kingdom. Ward argued:

> The devil having moistened and steeped him in his liquor, shapes him like soft clay into what would mould he pleaseth; having shaken off his rudder and pilot, dashes his soul upon what rocks, sands, and syrtes he listeth, and that with as much ease as a man may push down his body with the least thrust of his hand or finger[lxxxiii]

While the congregationalists listened, the King did not. It was Ward himself who, in the same year that he gave this sermon, was later charged with nonconformity! At the time, Ward's point *might* have been well-taken because it was aimed at the body as a social unit to be corrected. The content of the demand, however, fell flat on political ears, who viewed Ward and others like him as pests. The regressive hypothesis persisted, but it was simply not politically salient. William Pyrne, another pastor who spoke against drinking, had his nose and ears cut off – though officially, indirectly for reasons not directly related to his particular sermon. Though the body was crucial to problematizing and then indicating a corrected person, the King was not interested in using the police to correct drinking, and justice was used against moral figures who bothered to problematize it.[lxxxiv]

By 1677, John Bury proclaimed in a sermon that "drunkenness is a disease so epidemical that all the Physicians know not how to stop it."[lxxxv] If this was the case, it was because monarchical power had not invested police with the authority to go and collect the knowledge that would be needed to do so. Over the course of the 18th century, as doctors gained the knowledge and the authority to do so, drunkenness would cease to be a petty concept for habitual drinking, and come to refer to a disease in parallel to the mental pathologies that would define 19th century medical debates.

The biopolitical "attempt, starting from the eighteenth century, to rationalize the problems posed to governmental practice by phenomena characteristic of a set of living beings forming a population: health, hygiene, birthrate, life expectancy, race..." must re-justify the police "examination." The old police states only began to deploy specific "types" of police – e.g., commercial police, medical police – when social critics such as Adam Smith suggested adjusting government practices around the new biological notion of population. Policy itself eventually becomes a way of using power; to examine subjects and discipline the population through morally universal biological ideals.[lxxxvi]

Drug liberalization is essentially the history of liberal governments appropriating and critiquing the powers that are created in this birth of biopolitics. There is an indelible line between the Scottish

police of moral culture, German medical police, and British commercial police, all of which primarily employed a disciplinary power. Biopolitics elevated this use of power to the distant unit of the population. Liberal public health policy grows up, then, *as* biopolitical. Together with an analysis of the Gin Craze and the governmentality of Enlightenment, I exhibit the genealogy of drug liberalization as an autonomy-based, regressive-hypothesis-driven process, coterminous with biopolitical modernity.

II.2: The Gin Craze Inaugurates the Liberal Biopolitical Order and Drug Liberalization

The Gin Craze is crucial to the transformation away from the disciplinary power of the body toward disciplinary power as a technique in administering problems of population because it is the event during which sobriety became a *political* signifier. As a political signifier, sobriety combined the focus on the body that dominated the 17th century police state of the *politiques* and the body-focused regressive hypothesis that so concerned Puritans on one hand, and the developing Enlightenment focus on the rational mind of the self. This event threads through the seeds for drug liberalization.

The Gin Craze, as we should expect of an early-18th century population-level crisis, begins with an economic critique. In the face of clamor over the monopoly on distilling owned by the London Distiller's Guild in 1690, William III destroyed the holding. This led to a massive devaluation of the selling price for gin, the Dutch spirit which William III popularized. As it became a favorite of the working-class, "the working-class drinker [came to be seen by Georgian society as driven] by a pathological pleasure deficit."[lxxxvii] William Hogarth's engraving (see fig. 1) depicted "Gin Lane" – a series of Gin shops and their patrons. The central figure of the engraving is the appalling mother. She is depicted letting her baby fall away from her breast to the ground, where the baby will inevitably be seriously injured, or worse. To her right, another gin-crazed mother forces her baby to consume gin. She will continue to be demonized in the 19th century for her drinking.

The Gin Craze was a "craze" in two senses. First, gin was so widely desired, and produced such infamously horrendous effects, the working class was said to be in a sort of frenzy. Second, the middle and upper classes were in a rage over the frenzy that gin had caused in the working class. It led to frequent interruptions in scheduled operation. This was a threat to nascent industrial capitalism.[lxxxviii] By 1751, five acts of parliament – the Gin Acts – were passed in an unprecedented attempt to effectively prohibit Gin for the working class. The Acts mobilized economic actors with capitalist interests. Many of those who supported destroying the monopoly in the name of constitutional liberty had now rallied together against Gin in the name of everything under the biopolitical sun – national prosperity, public sanitation, social disorder. The solution? Getting the working class back to work.

If the former was made possible by social commentary such as Hogarth's engraving of Gin Lane, there were two intertwined discursive sources for the latter. First, Hogarth's counterposed engraving of Beer Lane (see fig. 2). And second, the popularisation of coffee and the coffee shop among the middle and upper classes. Nicholls argues that "the coffee house *habitué* could identify himself with rational man in part because (relative) sobriety, particularly as contrasted with the wild (and lower-class) intoxication of gin, provided a ready signifier of rationality itself."[lxxxix] These middle- and upper-class Georgians could see themselves as rational, and see the working class as regressive (before any Victorian temperance movement). The degradation of the working-class by the others hinged on which habits a subject maintained. They still drank forms of gin, but they "spent their time" drinking coffee. The well-to-do hung out in well-kept spaces, united by a mind-sharpening elixir. But workers hung out in filthy, desolate streets, united by a mind-numbing poison. As a kind of discursive olive branch, in Hogarth's engraving Beer Lane – which was intended to be depicted next to Gin Lane – beer was perceived as a healthy habit, conducive to a life of labour, and as such, a morally sound use of pleasure. You could still catch a little buzz, so long as you went to work. It was rational to choose beer over gin, even habitually. The woman at the center of Beer Lane is holding "the keys to domestic

security," unlike the gin crazed woman, who is shown choosing snuff over her child.[xc] The biopolitical message? *Choose beer*.

Two insights should be deduced from this event. First, in the upper-class discourse sustained by coffee-drinkers about working-class gin drinkers, we find the dawn of the process by which, in this century of Enlightenment, the regressive hypothesis was politicized: drug liberalization. That is, used as a liberal political rationale to identify regressive subjects and make them not regressive. The price of gin went up, not just at the market, but on being a gin drinker. This is the biopolitical liberal attempt to make the working class rational such that they would independently see that they ought to show up to their wage-paying jobs, rather than waste away in Gin Lane. The standard of morality is about the correct use of pleasure given the economy of options in the face of a particular challenge to the wage-system: gin *habitués* do not produce value for civil society, but beer drinkers and coffee drinkers do, by rationally choosing a rational habit. Drugs had not yet entered the schema of possible uses of pleasure as drugs. The figure of the drug user was in utero. Only after Kant did autonomy petrify into a moral standard and the regressive hypothesis about drug was politicized in the liberal form that we find it in today. Simply put, if addiction is a liberal concept, and it is the concept of autonomy that makes addicts up into who they are – the reciprocal others to autonomous subjects – there was not in the lead up to the Gin Craze, as through drug liberalization, any concept of addiction for an autonomy-based political rationale to take hold around. And it would only do so through a medical ideology, as we will see.

Second, and following this, there was a rupture in the concept of drinking as a use of pleasure; a rupture which cleared the epistemological ground for the medical debates on addiction in the 19th century. Simply put, with the demonization of gin, some substances could be problematized for their measurable social effects. Beer being contrasted to gin made gin out to be vice, and beer to be a victual.[xci] At the time, gin was an umbrella term. It referred to any grain-based distilled liquor. Beer would remain outside the regressive hypothesis until the governmentality of Enlightenment and the

role of autonomy as the standard for public morality would come to pass. At which point, doctors could make the problem-space of consuming pleasures intelligible as such, and addiction could fuel a temperance movement. The conceptual rupture in the category of drinking sets the stage for a rupture in the category of habit, which led to the opposition of addiction to autonomy.

This being said, after the fall of temperance, gin and beer would eventually also be excluded from the regressive hypothesis. Today, marijuana is nearly excluded. But the underlying hypothesis about "immoral" pleasure remains. In every liberal country, there is clear regulation on all forms of pleasure. The domination it justifies is simply more acceptable. It appears benign. Age-limits, for example, are a form of domination. They are simply acceptable because the standard of autonomy is deeply internalized. Under a certain age, it becomes impossible to justify a person being allowed to have a beer. Why? Because under a certain age, the subject is said to be not *quite* autonomous. It therefore becomes immoral for a free society to treat those who are not quite autonomous with the status of those who are autonomous. To do so after Kant would be to insult human dignity. It is now morally necessary to guide the young toward achieving the highest degree of autonomy possible. If drinking beer at a young age hampers this process, then there ought to be some age limit laid down by public law – even if (only) slight differences obtain in the ethical sphere of the family, for instance.[xcii]

During the Gin Craze, reformers and theorists discovered that rationality *could* be coaxed out of subjects. Subjects could be stopped from pursuing an option that had once seemed untouchable. They could be disciplined to be sober. Political economy, in this regard, was their best friend. The actual economic intervention in the subjects decision not to frequent spaces that would continue to exist was by itself a massive innovation in biopolitical governance. But political economy itself had not developed a concept that could justify a wholesale politics around the mind of the self. The importance of the mind of the self, to the governor, would have to be conceptualized.

In his essay, "What is Enlightenment?", Foucault argues that modernity consists not only in a historical epoch, but in a critical way of thinking about ourselves. Modern philosophy is pressed with the same question that Kant tried to answer in the German periodical, *Berlinische Monatschrift*. Foucault proceeds to tell us that we must recover part of Kant's project – an ethos that drives us to a critical ontology of ourselves. Foucault is right on the money in the sense that Kant's political commentary on Enlightenment does motivate this sort of thinking. But in his characteristic style, Foucault does not connect this to his thoughts about genealogy or governmentality. Here, I focus on the sense in which 1) Kant makes Enlightenment into the modern political project, 2) the essence of which is constituting subjects to be autonomous. Kant's governmentality is mostly inspired by Frederick II's enlightened despotism. But it was liberalism, developing in the biopolitical cradle of nascent industrial Britain that would put it to work. This governmentality remains at the heart of liberal social policy. Kant's emphasis on liberation is aimed at the deviant, the pathological, the other. The standard for "normal" is autonomy. Over the course of the 19th century, as I will show in the next section, medical discourse on alcohol and drugs, so concerned with the relationship between madness and reason, quite naturally, makes addiction the conceptual reciprocal to moral standard set out by Kant's politics.

If Kant makes out "Enlightenment [to be] the age of critique",[xciii] its governmentality seeks to make critique as widespread as possible by making as many subjects as possible capable critics. The limits of critique, then, are set by the idea of "the public." The public must learn a new way of thinking about itself. Whatever is internal to the public is fair game for critique. Nothing new can be proposed unless it finds its origins in what exists already. This is pivotal for biopolitics. It was learning its art of government from the police state, whose specialization was disciplining urban life and individuals, and it modelled the realm on such techniques. For governments to learn how to police populations – i.e., make population-level policy – they had to teach populations to think about themselves as individuals

within a naturally secular, earth-dwelling population. This motivates a governmentality built on autonomy. To some, this might appear to be a contradiction. We can examine the possibility here:

> "*Enlightenment is man's emergence from his self-incurred immaturity. Immaturity* is the inability to use one's own understanding without the guidance of another. This immaturity is *self-incurred* if its cause is not lack of understanding, but lack of resolution and courage to use it without the guidance of another. The motto of enlightenment is therefore: *Sapere aude!* Have courage to use your *own* understanding."[xciv]

In this first paragraph, and indeed, throughout the short essay, it can seem that Kant is worried about an individual can do for themselves that a government *cannot*: lead their *own* lives; be their *own* guide. On this reading, Kant would be capitulating an individualist ideal. But Kant is not interested in self-direction *unless* that direction is in line with public morality. This is what the self must be interested in. His veneration of free speech is downstream of his desire for the public to become conscious of itself *as* a public whole with internal unity. All that is needed for "enlightenment is… the *freedom* to make *public use* of one's reason in all matters."[xcv] We must accept police intervention, for instance, when it calls on us to pay taxes or fulfill civil obligations. But, when religion tells us to obey because God has us covered, as the justifications of 17th and 18th century police states did, Kant tells us to exercise our use of public reason and address the "reading public" with our charges. Morality requires this. We must never revolt, but rather, always critique in the name of our freedom of conscience; the mental faculty which makes us naturally capable of moral reflection, so long as society does not obstruct it with false dogmas and badly designed instructions.

Here, governments become crucial and not at all antithetical to the process of Enlightenment. Foucault argues that in Kant's fundamental concern with the public use of reason, he sees Enlightenment not "as a general process affecting all humanity…[nor] as an obligation to individuals." Rather, Enlightenment is "a political problem."[xcvi] Kant took Frederick II's religious toleration as the north star of the governments encouragement of Enlightenment. It "liberated"[xcvii] the public from the option of holding religious doctrines that they might not hold but for their being imputed in a society

where religious morality was officially determined by the state. Morality *must* be public, but it must follow from our so-called "true" nature and not religion or a religious definition of that nature.

This is the morality that Kant articulates in the *Groundwork to the Metaphysics of Morals*: "a free will and a will under moral laws are one and the same."[xcviii] Kant "proves" this claim speculatively and metaphysically[xcix] – through the concept of autonomy – "so that it might clear the way for practical philosophy"[c] Kant responding to the question of Enlightenment with a governmentality is him putting his money where his mouth is. In addressing the reading public, Kant takes himself to be fulfilling a duty incumbent on the kinds of people that – in "*Was ist Aufklärung*?" – play an early role in Enlightening the public. The point in the *Groundwork* is that we are naturally capable of freedom and rationality; i.e., autonomy. Politics, then, must respect the limits posed by our natural autonomy. Governments must treat the political subject as a natural human: "in a manner appropriate to his dignity."[ci] If governments employ "a governmentality of Enlightenment," they act morally, in line with the categorical imperative, and create a public sphere in which all subjects can be autonomous.

If "the [political] question [of Enlightenment] is that of knowing how the use of reason can take the public form that it requires…while individuals are obeying as scrupulously as possible," then, Kant, "proposes to Frederick II, in scarcely veiled terms, a sort of contract – what might be called the contract of rational despotism with free reason: the public and free use of autonomous reason will be the best guarantee of obedience, on condition, however, that the political principle that must be obeyed itself be in conformity with universal reason:"[cii] autonomy. Kant took himself to be already autonomous, "influenc[ing] the principles of governments."[ciii] His hope was that such governments would find, in subjects like him, a standard by which "they can profit by treating" political subjects as dignified by their natural capacity for autonomy.[civ]

Kant saw the Enlightenment as the social process by which this capacity could be drawn out. And he saw Frederick II as a governor who could understand the political benefits of the natural

boundaries of human metaphysics to justify policy. These are the same boundaries that biopolitics had set itself as it was developing in England after the Gin Craze. What could be told about humans, empirically speaking? That is where government will take its cue. This spelled the marriage of science and politics. Liberal biopolitics, as a governmentality of Enlightenment, uses "policy" to constitute subjects so that they work upon themselves as autonomous beings. Policy would require unscientific knowledge to be made scientific. Treating subjects as dignified by their natural capacity for autonomy would benefit governments in a form they reap immediately: they produce experts in internal critique, adept at building and employing scientific knowledge. Keeping medicine and economics in the loop spelled a healthier and more productive population. The success of liberal biopolitics was explainable by the formal idea that they were doing what was natural. The content of this naturalism underwent a revolution during the Enlightenment that constitutes today's public morals. It is on this shifting ground that we find the entry point for autonomy, and therefore, addiction.

Two factors led to the development of the concept of addiction. Both consist in the regressive hypothesis passing through the governmentality of Enlightenment. With autonomy in hand, the proto-capitalist and religious knowledge about habit would rupture just as the concept of drinking already had. In the 18th century, health was politicized, and new knowledge and techniques for disciplining subjects were born through an untold proliferation of examination sites. This would allow those with authority over others the opportunity to study the mind at an unprecedent level of detail; "*perpetual observation.*"[cv] Power would require such detail if it was to deal with the population-level challenges it was encountering as such. Already with the Gin Craze, the *real* problem was about the population. Drug liberalization had already begun. It now needed to be carried out. As a result, 2) it would become impossible for any broad-based political movement to gain traction without explaining its action vis-à-vis science. If, moreover, the goals of that movement sought to identify normativity or the exclusion or correction of deviance as its goal or method for attaining a goal, then the naturalism

of rationality, autonomy, and freedom would take center stage. Temperance is crucial to 19th century politics because biopower would need to defend its ideological tools from any threat *whatsoever*.[cvi]

In the Gin Craze, it had learned that the drinking habits of their populations, which had never truly been intervened with, were not excluded from their grasp. Power could administer impediments to drinking through a shift in the social discourse on which substances produced drunkenness. At the turn of the 19th century, biopolitics were learning that the autonomy which would enable them to govern would need to be preserved. If criticism and reason would be central political values, the rising liberal public health regimes of biopolitics would need to mobilize around them. This is what I will turn to next in my focus on the medical debates on addiction. Two prior clarificatory points must be made. First, I do not mean that every biopolitical governor read Kant and said eureka. Kant was popular among his contemporaries, and some would have connected the *Critiques* to "Was ist *Aufklärung*?" But this is not the substantive claim. I am focused on the relation between biopolitical governmentality and Enlightenment philosophy, and highlighting the centrality of autonomy, and the policy runway Kant gave to 19th century liberalism. Lacking the space for a more detailed analysis, I draw the relation out by studying J.S. Mill's "Utilitarianism" and "On Liberty." These essays exemplify a (would-be) governor dealing with new tensions, with Kant's idea of autonomy in hand.

Of course, Mill and Kant famously disagree on the political formula to be drawn from the idea of autonomy. The categorical imperative is useless to Mill's concern for utility. But the governmentality of Enlightenment does not lay down any formula. It only lays down the principle, on which Mill and Kant agree: our moral faculty is a faculty of our reason, and it is to this faculty that society must tend if it is to promote a good life, that is, a free life. For each it follows that there must be a "science of morals" – a system which can instruct us on how to act through laws and derivative principles.[cvii] Politics, he argues in *On Liberty*, must be made to respect this fundamental aspect of the human subject; through the harm principle, which would thus be a principle *of* that science.

Mill's treatment of the applications of the principles of a science of morals reveal insight on the discursive status of drinking as a matter of the emerging biopolitical stakes of liberalism. For Mill, "the act of drinking fermented liquors" belonged to a class of "habits which are not social, but individual."[cviii] Such habits were already for many years the subject of the "zeal of many of the professed philanthropists" and anti-sale legislation in many US states. For Mill, "rendering [beer and spirit houses] more difficult [to] access, [to] diminish the occasions of temptation…is only suited to a state of society in which the laboring classes are avowedly treated as children or savages, and placed under an education of restraint, to fit them for future admission to the privileges of freedom."[cix] At first this seems like it could be an argument for the freedom to consume pleasure.

But its rejoinder justifies domination: such limitations do not follow from "the principle on which the labouring classes are…governed in any free country…unless after all efforts have been exhausted to educate them for freedom and govern them as freemen, and it has been definitively proved that they can only be governed as children."[cx] Governments cannot interfere with the ethical sphere where individuals destroy their lives through habitual drinking. Yet, discourse that constructs the drinker as regressive can also never be intervened with; it expresses the collective's opinions about individual habits.[cxi] Experiment with different forms of life, Mill says, but society has every right to disparage you. Liberalism thus carries out the motto Foucault ascribed it: "live dangerously,"[cxii] while putting to its citizens the Enlightenment motto: *sapere aude*. One must have courage in the face of a public discourse which is not in your control, but always regulated by autonomy: "take care of nothing but your own autonomy." If the drug addict is denigrated for the life they lead, that is just an instance of internal criticism that preserves the possibility of external freedom for all who live by this dictum. Discourse instructs policy in a manner consistent with the government of free people.

This is the implicit form that the justification for the domination of drug users takes in all post-Enlightenment liberal governments of drug use. She who deserves to be governed as unfree is

not just the worker, but the addict; her will is just as frail. The term "drug" is defined not by any particular substance, but rather, a hermeneutics of addiction. Alcohol is a "drug:" a consumable form of pleasure; distinct from food and drink; of which excess is an ethical threat. But we do not talk about alcohol addicts. We talk about "alcoholism," which referred originally to a distinct type of poisoning derived from the excess consumption of alcohol. A distinct phenomenon is at play here. The discourse about drug addicts in the liberal west is purposively derogatory and obfuscating. We allow ourselves to talk about *Alcoholics Anonymous*, but then, find *Narcotics Anonymous* to be the right cognate for drug use. To discuss the right correction for autonomy, we loan the category we loathe – drug addicts – acceptable clothes – i.e., the term, narcotics. Why? Because the addict has found pleasure in what was supposed correct pathology. By so doing, the NA-member's accident is too great for fear or experiment. She has erred on the foundation of our social order. She has lived too dangerously with too much courage. She must be reined in.

This is thus my second clarificatory point. In tracing the regressive hypothesis as it morphs into an autonomy-based political rationale, early biopolitics transforms into a public health apparatus. This apparatus, in turn, must carve out a social and institutional role for itself. And it does this precisely by assuming a liberal form, implementing autonomy. If I am arguing that drug liberalization cannot articulate a freedom to use drugs, it is because risk today only recapitulates the anathema that this very apparatus established between social life and drug use. In this way, however, an important aspect of the discourse this apparatus sustained emerges: the regressive hypothesis is itself a scientific *ideological* political rationale. That is, the epistemological capacity of liberalism and its public health apparatus is compromised. Each cannot think beyond the hermeneutical limits posed by the discursive and conceptual antimony between autonomy and addiction because they are ideological.

The figure of the addict is imbued with gendered, classist, and xenophobic symbolism – all of which orbit around the lack of autonomy in leading one's life. Addiction fuses Protestant concerns

about free will and early medical theories about the normal and the pathological. In so doing, it makes addiction the opposite of autonomy and places scientific-ideological boundaries on the addiction-concept. These limits render the regressive hypothesis indubitable. To differ with addiction science is not only to clash with liberalism but with truth. If, however, addiction is not properly a scientific concept at all, i.e., an ideological one, then this should further motivate us to criticize the forms of power and government that sustain it and defend it through the inviolability of autonomy, despite it being a plainly objectionable and fraught category for social organization.

II.3: Drug Liberalization, 18th Century Biopolitics to Contemporary Liberal Public Health

In the wake of the Gin Craze, there was a natural affinity between capitalists and religious leaders who saw individuals drinking habits as socially regressive. It posed a threat to the family, the economic structure, the wage system, and the mid-18th century moral universe in general. But the moral universe was already shifting through a burgeoning professionalizing discipline: medicine. Not only was the type of knowledge this discipline produced becoming more important for the task of government. Government, through this new mode of knowledge, was reorienting what it meant to be situated in this moral universe. The analysis of autonomy as a basic mode for social organization stresses the subjective interiorization of critical reflection, and therefore, the sense in which these new modes of knowledge and knowledge gathering work upon the self as a *medical* entity – to the degree that they even change what it means to be a self. Biopolitics is learning that to be knowable and knowing, endowed with reason, subjects must be externally shapable; one goal of which is "health." Simply put, biopolitics became public health, and the concept of addiction threads this through.

19th century medicine inherited habit and birthed addiction. Habit, as a conceptual question of the will, was one of the basic points of dispute in 18th century protestant theology. As Valverde and H.G. Levine argue, the discovery of the concept of addiction emerges from the fusion of theological

concerns and social concerns over drinking in American Founding Father Dr. Benjamin Rush's notion of the drinking habit as a "palsy of the will." In the years leading up to Rush, drinking was taken together as a bad habit and a moral vice. Through the governmentality of Enlightenment, the will could have a proper, healthy socio-political form: autonomy. Articulating habitual drinking as a palsy thus allowed religious leaders, capitalists, and doctors to clarify the stakes of the problem of consuming alcohol by both disputing and employing the conceptual rupture between alcohol and beer. It was not just that one was a regressive, vicious habit which injured the will and the other health and productive. Rather, alcohol infected habituated drinkers with a disease. Spirituous liquors are distinct in that they stimulate the "paroxysms" of this disease.[cxiii] Eventually, they cause a total lack of control over one's will and a pure desire for intoxication. This was Rush's hypothesis about how the addicted mind works:

> "Were a keg of rum in one corner of a room, and were a cannon constantly discharging balls between me and it, I could not refrain from passing before that cannon, in order to get at the rum."[cxiv]

This 1811 depiction of the addict already opposes the biopolitical liberal subject's autonomous will. The addict risks their life for their desired pleasure. The autonomous subject would never risk their life for pleasure. They know that morally and naturally, they are worth far more than the value extractable from any drink. If drinking carries this threat, beer can no longer be seen as healthy or productive; it is just a gateway. Rush thus offers addicts the following "medical" intervention: "abstain from [alcohol] suddenly and entirely."[cxv] For this anti-alcohol advocacy, which can be traced to 1772, Rush was claimed by the temperance movement as their founder.[cxvi]

Now, this attempt to construct the history of the production of autonomous subject would go awry if it were to shift to temperance. Temperance and addiction grew together. Rush saw his anti-alcohol view motivated by the concept of addiction, but appealed to ministers "of every denomination" to help execute it. In this way, Rush would only be the first in a long line of inquirers into addiction *as* addiction. These inquiries, I argue, sketch the ideological, conceptual, discursive, and

of course, actual empirical and practical boundaries within which liberal power dominates and liberates drug users. Temperance is just one mode of biopolitical liberal power, albeit a major one, which required the concept of addiction for its own political lifeblood, as Levine argued. I thus focus my narrative on addiction.

With Rush's "palsy" of the will, the concept of addiction is born, and from an Enlightenment perspective at that. Rush aptly titled his most famous pamphlet as an "Inquiry into the Effects of Ardent Spirits Upon the Human Body and Mind." Apt, because it fits with an emergent ethos of critique. Simply put, the discourse on the regressive status of habitual drinkers, politicized through the Gin Craze, was energized and made reproducible as political discourse through the governmentality of Enlightenment. That is, through the approach to government that thrived under liberalism where autonomy became an inviolable unit for being a self and a subject of power, which depended upon administering a kind of permanent internal critique. Problematizing alcohol would require scientific inquiring into the concept that Rush's "enlightened" mind opened up.

The remainder of my argument proceeds as follows. I establish how the concept of addiction shapes up over the 19th century in the medical discourse about consumption-based pleasures in a manner that is *not* scientific, but rather, ideological. This is an ideology about the autonomy and rationality of the individual self, vis-à-vis other subjects. After Rush, addiction becomes a spectre of consuming pleasure. It threatens to destroy a morally and socially valuable life that liberalism can save.

The use of the term ideology here is very specific. Already throughout the 19th century, there was a turn away from explicit moral reproof of pleasure consumption to medical animadversion. Medicine is, "normally," "about" correcting pathology, and "every conception of pathology must be based on prior knowledge of the corresponding normal state."[cxvii] That addiction is a medical ideological concept which strays from this norm corresponds to the fact that "addiction is regressive" is the main type of claim used to support absurd ideas throughout the modern political history of

drugs; such as: "heroin is addicting on the first try," "opium is a Chinese weapon," "alcohol corrupts maternal qualities," et cetera. Such claims stray from medical norms in the sense that they at bottom refer to a xenophobia about extending autonomy to those who must be "made" autonomous. They make a defective "state or behaviour"[cxviii] into a scientifically ontological description of a social category, making the latter perpetually defective. A femme, working-class, or Chinese person who uses drugs or is also *not* white, male, or financially "stable" (read: normal). The drug user is perpetually at risk of addiction, and the Chinese, female, or working-class drug user is therefore a population-level threat.

Such claims were not originally founded in thin air. They were socially acceptable on non-medical grounds – through racism, sexism,[1] and classism – before medicine "legitimized" them. While explicit versions of these claims are today repudiated, the idea that addiction is regressive is alive and well. Not only in liberal theory and theories of autonomy in general, but the most widely accepted theory of addiction requires this to be true. The brain-disease theory of addiction argues that drugs are a similar risk for just about any consumer. If a) our brains are uniform, b) rational conduct requires a normal brain, and c) addiction re-wires neural pathways, rendering the brain abnormal, then d) drugs by biomedical (and neuroscientific) definition threaten normal brain function and thus autonomy.

Like all ideologies, this theory, and the concept of addiction itself *is* true within the boundaries it sets. Autonomy really is its opposite. Once we have decided what a normal brain looks like, it is easy to spot deviations. From the radical, anti-war-on-drugs perspective that I am trying to develop in critique of drug liberalization, the problem with the disease brain theory of addiction is basically the same as the addiction concepts that developed in the 19th century. In a political world where being socially, ideologically, and practically identifiable – as autonomous is tantamount to living a valuable life and being free, each concept of addiction justifies dominating the addict as a figure of heteronomy.

[1] Valverde makes a very similar argument that focuses on the relationship between maternal drinking and heredity (*DW*, 51-59).

Today, (external) critics of the BDTA argue that all manner of stimuli, depending on the neuroimaging test used, register notable "fluctuations" in neural pathways. That the specific changes in addicted brains explicate precisely what makes them addicted, let alone, "repugnant," is totally up for debate.[cxix] The disease brain theory of addiction *seems* like it might acknowledge this. If it treats our brains as uniform, then it would appear to employ neutrality. But this neutrality is just as fraught as its liberal corelative. It holds brains up to a model, arguing that the deviant one requires some intervention.[cxx] Peeking into the philosophical debates reveals a great opacity about this model that quickly motivates ambivalence in how we see the "typical" brain over any neat determination.[cxxi]

For the BDTA to become the paradigm theory in drug liberalization, 19th century discourse had to clear the ground. In liberal politics, addiction is as conceptually permeable as the boundaries of autonomy are negotiable. Any practices we use to deal with addiction are set up in advance by the practices we use to deal with autonomous agents. Addiction discourse that deviates from autonomy as a conceptual reciprocal sounds like hogwash to liberalism because the medical ideological regressive hypothesis says that it is. The idea of a normal brain depends *a priori* on accepting autonomy and the corresponding "natural" rationality of the human organism as normal. With a concept of autonomy as the social standard for "normal," the principle (i.e., autonomy) of a nosology of uses of pleasure is invested with universal authority from the biopolitical liberal side. When "curing means restoring a function or an organism to the norm from which they have deviated"[cxxii] practices of domination is by ideological design always near. Social institutions need only identify empirical instances of the ontological description of the addict, and therapy is in session.

19th century debates about addiction construct the consumers of pleasures of the day as deviant and heteronomous. Since these debates, the question put to the biopolitical governor is: if we start out with the heteronomous material of the addict, which technique best respects, promotes, produces, or reproduces that material *as* autonomous? Whether it enacts prohibition, wages a war, or employs

clinical power, the political rationale is nothing more than scientific ideology. It is thus internally objectionable because the "scientific legitimacy" of liberal biopolitics is compromised. That the regressive hypothesis thereby dominates *as* it claims to liberate, I think, is the necessary external basis on which a radical politics of the freedom to use drugs stakes its anti-autonomy claim. Once we abandon autonomy, we stop trying to govern drugs in terms defined by liberal politics. We can thus clear the ground for investigating what liberation might look like and change the biopolitical question.

Alcohol dominated addiction discourse until the last quarter of the 19th century. Before the 18th century, drinking was an extremely common practice of pleasure that could not easily be othered. By contrast, the modern, biopolitical liberal genesis of alcohol use is defined by a whole craze over right and wrong uses of pleasure. Berridge – the most influential historian of addiction – argues that the consumable substances that constituted the category which would become known as drugs were not commonly understood as a use of pleasure in the West until the mid-18th century. That is, after the Gin Craze. "Drugs" start out as conceptually medical – not that they were *univocally* "in the hands of doctors." The effort to other drinking is therefore distinct from the effort to other drugs, but also inseparable. Both are propelled by medicalization. But the goal of othering drugs and drug users is to distinguish autonomous patients from heteronomous drug addicts, meaning that the very category of patient creating the category of the patient. The othering of alcohol and alcoholism worked to separate autonomous pleasure-users, Valverde's "enlightened hedonists," from alcoholics. The enlightened hedonist is normal. The patient is not. Medicalization sets the heteronomous apart from, outlining who needs liberation, and, thus, deserves to be dominated. The ideal drug user is a patient, and thus, needs to be medically liberated/dominated. Her pathology only exists because autonomy is a political ideal. The drug user is thus an essentially political patient upon whom medicine must do political work.

Early-19th century addiction discourse is far from a monolith. Following Valverde, we would do well not to buy in to the idea that science marched cleanly through the governmental apparatus, as

scholars of biopolitics sometimes assume.[cxxiii] Especially in England, France, and Germany, law and religion were divided against medicine on the issue of individual human responsibility. As a result, the idea of habit, which held individuals responsible for their regressive selves in the Gin Craze, was still at large. By contrast, many doctors and public health officials were trying to raise the awareness that individuals could not be held responsible for consuming the pleasures made available to them. This was particularly important to the mid-18th century biopolitical problematization of working-class opium-use. Though it was by no means a unified effort, it is helpful to see a medicalizing force at odds with an anti-medicalization force, each of which is trying to implement autonomy. These forces define the regressive hypothesis that drives drug liberalization after the Gin Craze. What we have is a battle of techniques, which themselves have changed radically, while the basic epistemological claim remains. The regressive hypothesis is secured ideologically both in light of and in spite of these radical changes.

In the early 19th century, English, German, and French doctors were exploring a "liminal zone" between madness and reason; a "partial insanity," used to discuss the responsibility for nymphomania and murder. In France, it was called *monomanie*: a hyper-fixation on one thing. It was this basic concept that allowed doctors to extend Rush's idea of habitual drinkers as affected by a "palsy." The English cognate is instructive. British doctors referred this partial insanity as "moral insanity." In both countries, the idea was based on the common asylum diagnosis: mania. By itself, it denoted "an alienation of the mind characterized by excitation, hyperactivity….visions and delusions."[cxxiv] They have a "lesion of the will." If only it could be healed, then autonomy could be imputed.

The question was *how*. And there was widespread disagreement even among doctors. Crucially, biopolitics disagreed about *who* was responsible. Conceived as a moral failing, doctors tended to side with temperance, and argue that "moral treatment" was necessary – at least, as an adjunct to clinical treatment. Following Rush, abstinence was one cure. Pastoral care was another. This consisted in the doctor "transferring" his free will to the patient.[cxxv] But even then, the question of technique was wide

open. This technique, as with all the others, was regulated only by "natural" solution to the problem: how do we make this partially/morally insane subject autonomous?

Drink monomania was only one, narrow way of describing the regress in question. Countless other terms arose. Another was dipsomania, popularized by German medical circles after 1819. It was a far more socially isolated project that sought to treat those whom it also called alcoholics – possessed of poisoned wills – just like any other lunatic. In French clinics, this led to terms such as "*alcoolpath*," "*absinthique*," "*ivrogne*."[cxxvi] Especially by the end of the century, with the rise of degeneration theory, these variations of dipsomania tended to describe the affliction "as a congenital weakness in the inhibitory qualities of the brain."[cxxvii] Asylums thus sought to manage dipsomaniacs as though they had no responsibility for being addicted, but could socially infect others. Alexander Peddie, a leading figure in the dipsomania movement, argued that while "the liberty of the subject is indeed a precious trust… the welfare of Society is still more sacred" and, as a result, the dipsomaniac ought to be deprived of their liberty.[cxxviii] Peddie wanted to isolate dipsomaniacs from the general population to protect the autonomy of others from their deranged qualities.

For at least 30 years between the 19th and 20th centuries, the dominant version of the regressive hypothesis was about backward human evolution; "atavism or biological regression.[cxxix]" Alcoholism was causing a regress in the process of Enlightenment, which was in many instances equated with biological evolution. In France, asylum psychiatrist Valentin Magnan and his students repurposed Rush's notion of "paroxysms" to describe indications of hereditary disorder. In England and America, addiction discourse was split on which gender would be responsible for degeneration. American Women's Christian Temperance Union leader Dr. Agnes Sparks argued that the biology of heredity would reflect patriarchal inheritance customs, and thus, women would be less likely to transmit "the alcoholic taint." By contrast, in Britain, women's drinking was the major biopolitical concern. Under the Habitual Drunkards/Inebriates Acts,[cxxx] the "vast majority of habitual drunkards put away [in

asylums] were women, and most…were mothers charged with child neglect through the surveillance of the National Society for the Prevention of Cruelty to Children."[cxxxi] One of the major goals of public health reformers, during this last quarter of the 19th century, was to locate the source of moral corruption in biological factors and intervene politically to repair it socially.

It is in this vein that the power of public health challenges the practice of "opium-eating" starting in the mid-19th century. In England, opium was common medicine since Thomas Sydenham's mid-17th century innovation of laudanum, but it did become associated with addiction as such until the late-19th century. In this middle period, opium eating was mostly seen as simply a form of self-medication. The problem posed to the burgeoning public health apparatus seemed to derive from a lack of "standards" for the use of opium among the population. In fact, until 1868, there was more domestic control of Gin in England than of opium.[cxxxii] To be sure, there was a well-documented medical knowledge about the use of opium as a use of pleasure in England, France, Germany, and the US.[cxxxiii] Thomas De Quincey's "Confessions of an Opium Eater," published in 1821, as well as Romanticist narratives, particularly surrounding the figure of Baudelaire, had already grown into urban legends among the bourgeoisie. How can we explain the stratification of such knowledge in practice?

Class. To doctors and their middle-class associates, opium was defined as a use of pleasure that was as regulated as their peers desired. For the working class, such discursive regulations did not exist because any links to "official" medicine were very limited, if not non-existent. It was 1858 before the Medical Act established a *British Pharmacopeia* and set clear standards for chemical preparations that transcended class-lines. By then, different customs for buying and selling opium among the working class for auto-therapeutic purposes were already entrenched. Their therapy was a clear challenge to the basis of social freedom. So, it was to *these* customs that public health directed its power.[cxxxiv]

Berridge argues that British middle-class reformers and public health authorities believed that the working-class use of opium lacked any understanding of the "proper use" of opium. This medical

ideological belief was based, among others, on the practice of "infant doping." Yet, as Berridge rightly points out, it depended upon capitalist realities. Parents did not just decide to give their children opium to quiet them down. It was marketed for that purpose and popularized because working-class mother's often had to leave infants alone to go to work.[cxxxv] This was seen as one among many failures of the working-class to control their conduct, the failure to medicate correctly. Liberal biopolitics sought to educate the working class on the manner in which autonomous patients – i.e., the upper and middling classes – use opium properly, as a medical entity. When workers failed to do so, biopolitics castigated the individual will of the worker, and not capitalism for providing a bad incentive. A *good* mother would overcome immoral incentives, anyway; not fall prey to them.[cxxxvi]

This is one of the ways that the regressive hypothesis, in its scientific ideological form, gains hermeneutic access to class. It finds in class a political category whom it can link in a basic way to addicts: both have wills that require moral correction;[cxxxvii] both forms of correction are justifiable by liberation into autonomy. Infant-doping is just one class-based practice problematized at the biopolitical liberal level. Another important one, which I cannot further examine, is the use of opium as an on-shift stimulant and an off-shift relaxant.[cxxxviii] The addict is shot through with gender, race, and class because there are tight discursive, conceptual, and practical links between the forms of domination levied against the gendered, racialized, classed and addicted subjects. The dominated must be examined, corrected, and educated for social life. They must be enlightened. These categories are far more likely to "require domination" because they are seen as apt to deviate from accepted moral standards, and opium eating is articulated as a population-level challenge for public health to address, its classist, gendered, and racist form neutralized by its seemingly benign epistemology.

To impute the proper use of opium to the working-class, liberal governors would need to concentrate on the way in which opium was made available across the population by concentrating on how the working-class accessed it.[cxxxix] The middle-class was accustomed to seeing the process by

which they acquired opium as a personal one, and also as an epistemically clear one. They knew the doctor, and thus, to a larger degree than working-class individuals, could be made to see *what* they were using. It was a matter of talking to their friends. To biopolitical liberalism, they understood, or *could* understand, the "true" stakes of opium-eating, in a way that working class opium eaters did not – at least, not yet. Indeed, doctors believed that their middle-class patients understood opium use *so* well that most American and British doctors barely questioned the will of the patient until the early 20th century – and only when they came under fire for not doing so.[cxl] When this happens, doctors are blamed for failing to control the objects and subjects placed under their careful purview – the category we call drugs and the people we call addicts. Though this blame and eventual social unrest causes a shift to penal techniques, it is only a temporary feature of the indelible line drawn by the regressive hypothesis in forging a political antinomy between drug use and autonomy in liberal societies.[cxli]

In closing this genealogy, I want to specify the sense in which the late-19th century medicalization of drug use introduces the legitimate use of medical power to examine and correct the subject who mis-uses opium as a particular social and medical figure, and thus, hides in plain sight as a crucial origin for harm reduction. While there was *not* explicit acceptance of opium as a use of pleasure, there *was* acceptance that opium was to be used. The question is just how. The 1868 Pharmacy Act in Britain, for instance, shares with harm reduction the basic idea that drugs ought to be used through medical control. The codes on who could sell products containing opium (thereafter called drugs), and what such products could look like, was little more than the attempt to reduce the harms that often resulted from a perceived epistemological opacity surrounding the working-class use of opium. It is this perception of, this governmentality toward, the population's use of drugs draws the line from 19th century addiction discourse to harm reduction as a post-Enlightenment project, and not a recent turn, i.e., drug liberalization. These codes establish that the reason medical power is being used at all is to deal with this category as a problem for the relations that arise between subjects who

comprise a whole population. These relations are as weak or as strong as the knowledge – moral knowledge through and through – that the regimes with say-so say so!

When the category of opium use, and the figure of the opium eater, is outfitted for heteronomy, the autonomy-production-project can begin. Those who lack the relevant knowledge require it to make a decision that will be seen as "freely" made. In 1868, this lack required the raising of a discipline of professional pharmacists who could subsume the grocers, chemists, druggists and other opium-sellers of pre-1868. Today's knowledge gap requires raising health professionals, volunteers, and researchers, dedicated to developing more techniques and theories about how to reduce harm. While the goal thus remains the same, the technique, even though it is "medical" or "epidemiological," in both cases, is very different. This is all that has changed. And we should not be tempted to see anything else here.

The boundaries within which drug liberalization, the war on drugs, and the Pharmacy Act "liberate," are designed so that liberal practices, discourses, and theories find addicts perpetually immoral. Seeing these boundaries any differently erases their intended purpose and obfuscates a social hermeneutics of drug use that may appear topographically different today but is ideologically the same as it has always been. The addict was born as heteronomous because the Enlightenment produced a form of power that ingrained the population *as* a population with the desire to be free. This is an ideology that is not only unable to grapple with the freedom to use drugs but licenses the domination of drug users. The war on drugs is not itself an ideology, but a technique of this ideology. Those who want to oppose the war on drugs in the name of the freedom to use drugs are simply aimed at the wrong thing. They are fixated on a technique, when they really need to be concerned about against a discourse and its underlying ideology – the scientific ideological regressive hypothesis.

The practices that constitute drug liberalization are the best evidence for this claim. The history of the justificatory circuit set up by the regressive hypothesis can never produce a meaningful anti-

war-on-drugs position. It must be said that it can perhaps be used to argue against the war on drugs in a very narrow way. A different genealogy might, for example, stress the ways in which medicalization was a humanist project. A humanist genealogy would deny war and criminal justice as suitable for promoting autonomy. But this humanism would undercut the basic intuition that sparks the term drug liberalization at all – the freedom to use drugs is part of the conversation about liberation. To follow it, drug users cannot be reproduced as political patients, for under the modern regressive hypothesis, this has always been the only form in which liberal biopolitics has conceived them. What is needed clearly is a new hermeneutics of drug use, a new ethics of drug use, and practices that are designed on the basis of these. These must by necessity come from outside the current conceptions of freedom, addiction, and social life. Otherwise, we are destined to reproduce the domination of the drug user.

Conclusion:

For those who care about either liberation in general, or the liberal of drug users in particular, the genealogy of drug liberalization is instructive, even if it is not complete. It shows us that autonomy is not only conceptually fraught, but that its historical genesis has justified classist, genderphobic, and racist, political calculi to dominate the deviant. This genealogy therefore provides direction to any radical vision of freedom and liberation. We must either break with autonomy as a standard, or else, satisfactorily justify embracing the Enlightenment project. Crucially, the standard for satisfaction would have to be genealogically weighted on the value of domination. If the history of how we came to be autonomous cashes out as a history of dominating not-yet autonomous subjects, then defenders of autonomy, be they liberals or radicals, must critique or justify this domination, even if they do not want to defend or apologize for it.

Studying drug liberalization gives this charge concrete expression: historically, embracing the Enlightenment has meant embracing biopolitics, autonomy, and liberalism. Only the bioethical

versions of relational theories of autonomy come close in their multifaceted and sophisticated critique of the liberal self as an individuated self. That is, they seek a politics that can acknowledge the social dimension of selfhood and subjectivity, and thus do something about the forms of oppression and domination that those who "deviate from western paradigms" experience.[cxlii] But by so doing, they admit what must be admitted: political freedom and liberation, constructed within a vision of the interior subject, is always going to therefore seek out threats to the interior as the deepest and most existential for political life. This is the very crucible in which liberalism gets its political start, and also, the ultimate axis for its success. But it is also at the same time precisely the way in which it fails to meet its promise to create sphere of ethical choice free of political domination.

The mind of the self, I admit, is essential to the liberal project and the Enlightenment project because it has proved indispensable to any social concept of humanity. But does that realization not lead us to clarity on the existential value of drug use to drug users and addicts? Is the life of the mind not essentially a matter of being human, because of the fact that who we are is always a function of something else? Is not the attempt to imagine ourselves otherwise therefore part and parcel to a life of the mind? Is drug use not precisely an attempt to manipulate one's own consciousness in pursuit of that imagination? A politics centered around the life of the mind must be open to such a pursuit.

Of course, this pursuit can clearly go wrong in ways that themselves are unimaginable. And then, the phenomenology of drug use and addiction themselves are never fixed. And so governing these experiences is an altogether torrid affair – regardless of the hermeneutics or ethics we have in our mind. At the bottom, however, if we are to overcome the problem of addiction, we must imagine ourselves as in the first place basically other than autonomous. If we are to approach anything like the freedom to use drugs, we must lay down new terms, and imagine ourselves otherwise.

We have already seen the devasting effects in San Francisco, California and Christiana, Denmark, for example, caused by implementing practices that work for the community. In each vastly

different case, community-based practices were launched with immediate positive effects, before ideological tensions fomented, and "budgetary cuts" revoked the progress made by practices enforced before their time. This is telling. Studying the politics of drug use, working toward a political theory of drug liberalization, and fighting for our liberation, implores us to interrogate the hermeneutics and the morals by which we call ourselves free.

Figures:

(Figure 1 – featured in O'Malley and Valverde, 30)

(Figure 2– featured in O'Malley and Valverde, 29)

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Endnotes:

Introduction: What is Drug Liberalization, Anyway?

[i] When they are pressed, they often admit that they support the new forms of repression. McGill University, *High Time: The Legalization and Regulation of Cannabis in Canada* (Montreal: McGill Institute for Health and Social Policy, McGill-Queen's University Press, 2019).
[ii] McGill University. Institute for Health and Social Policy. *High Time : The Legalization and Regulation of Cannabis in Canada*.
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[iv] Saar, Martin. *Genealogie als Kritik*, 252 quoted in von Redecker, Eva, and Lucy Duggan. *Praxis and Revolution : A Theory of Social Transformation*, 164. New Directions in Critical Theory. New York, NY: Columbia University Press, 2021.
[v] Bruno Frey, "Drugs, Economics, and Policy" (1997); Van Solinge and Tim Boekhout, "Dutch Drug Policy in a European Context" (1999); Daniel Kübler, "Understanding Policy Change with the Advocacy Coalition Framework: An Application to Swiss Drug Policy" (2001); Caroline Chatwin, *Drug Policy Harmonization and the European Union* (2003); Caroline Chatwin, "Drug Policy Developments" (2017); Virginia Berridge, "Thinking in Time" (2010); Taylor et. al., "Prohibition, Privilege and the Drug Apartheid" (2016).

I: Autonomy, Addiction, and the Liberal Subject

[vi] Michel Foucault, *Discipline and Punish* (New York: Vintage Books, 1995)*,* 222
[vii] Koopman, *Genealogy as Critique* (Indiana and Bloomington: Indiana University Press, 2013), 166.
[viii] Koopman, *Genealogy as Critique*, 167.
[ix] Koopman, *Genealogy as Critique*, 164.
[x] Koopman, *Genealogy as Critique*, 164.
[xi] Koopman, *Genealogy as Critique*, 171.

I.2: A Sketch for Addiction and The Value of Drug Use for the "Addicted Self"

[xii] Hannah Pickard, "Addiction and the Self," (*Noûs*, 2021) 739.
[xiii] Gene Heyman, *Addiction: A Disorder of Choice*, (Harvard University Press: Cambridge, Massachusetts, 2009), 98.
[xiv] Pickard, "Addiction and the Self," 739.
[xv] Steve E. Hyman, "Addiction: A Disease of Learning and Memory," 1419.
[xvi] Bennet Foddy and Julian Savulescu, "A Liberal Account of Addiction" (*Philosophy, Psychiatry, & Psychology*, 2010), 2.
[xvii] David Robb, "Moral Responsibility and the Principle of Alternative Possibilities," (Stanford Encyclopedia Philosophy, 2020).
[xviii] H.G. Frankfurt, *Freedom of the Will and the Concept of a Person* (*Importance of What We Care About: Philosophical Essays*, Cambridge: Cambridge University Press, 1988), 24.
[xix] Frankfurt, *FW*, 25.
[xx] Gerald Dworkin. "Moral Paternalism." (*Law and Philosophy*, 2005), 319.
[xxi] Robb's *SEP* entry on "Moral Responsibility and the Principle of Alternative Possibilities" pointed me in this direction.
[xxii] Foddy and Savulescu, "A Liberal Account of Addiction," 11-12.
[xxiii] Foddy and Savulescu, "A Liberal Account of Addiction," 22.

I.3: A Critique of the Radical Explanations of Drug Liberalization

[xxiv] Michel Foucault, *The Birth of Biopolitics*, *1978-1979 (*New York: Picador, 2008), 243.
[xxv] Michel Foucault, *The Birth of Biopolitics*, 247.
[xxvi] Smith, Christopher B.R. "Harm Reduction as Anarchist Practice: A User's Guide to Capitalism and Addiction in North America." (*Critical Public Health*, 2012), 214.
[xxvii] C.B.R. Smith, 210.
[xxviii] C.B.R. Smith, 209
[xxix] C.B.R. Smith, 211.
[xxx] C.B.R. Smith, 214.

[xxxi] C.B.R. Smith, 211.
[xxxii] Gordon Roe, "HRP: Is Better Than Bad Good Enough?" (*Critical Public Health, 2005),* 245.
[xxxiii] C.B.R. Smith, 210.
[xxxiv] C.B.R. Smith, 210.
[xxxv] Gemma Blok, *The Politics of Intoxication: Dutch Junkie Unions Fight against the Ideal of a Drug Free Society, 1975-1990*, 71.
[xxxvi] C.B.R. Smith, 211.
[xxxvii] Berridge, Virginia. "The Making of the Rolleston Report, 1908–1926." (*Journal of Drug Issues*, 1980), 21.
[xxxviii] Musto, *An American Disease: Origins of Narcotics Control* (3rd ed. New York: Oxford University Press, 1999), 151.
[xxxix] Bourgois, P. "Disciplining Addictions: The Bio-Politics of Methadone and Heroin in the United States." (*Culture, Medicine and Psychiatry*, 2000), 173 & 169.
[xl] Bourgois, 167.
[xli] Keane, Helen. "Foucault on Methadone: Beyond Biopower." (*International Journal of Drug Policy*, 2009), 450.
[xlii] Bourgois, 180.
[xliii] Bourgois, 170 and 167.
[xliv] (Valverde *DG*, 365).
[xlv] Roberts, *WRWL*, 44.
[xlvi] Seddon argues that "Just as Foucault revealed in *Histoire de la Folie* that madness has formed the perpetual other side of reason…addiction has done so for freedom" (129). While my critical genealogy does parallel Seddon's, he conflates liberal government with both biopolitical regimes that are *not* liberal, and also, with the whole politics of modern freedom. I must acknowledge his work, but I cannot connect mine to his.
[xlvii] Gerda Reith, "Consumption and its Discontents," (*Sociology*, 2004), 295.
[xlviii] Reith, 296.
[xlix] Roberts, *WRWL*, 53.
[l] Reith, 297.
[li] Keane, 451.
[lii] Taylor, *Foucault on Freedom and Truth* (Cambridge: Cambridge University Press, 1986), 161.

II: Towards A Genealogy of Drug Liberalization and a Radical Anti-War on Drugs Position

[liii] Michel Foucault, *The Foucault Reader* (New York: Picador, 2010), 37.

II.1: Power, Pleasure, and The Regressive Hypothesis

[liv] Michel Foucault *HoS-V.2* (New York: Random House, 1985), 52.
[lv] Foucault *HoS-V.2,* 63.
[lvi] Foucault *HoS-V.2,* 65.
[lvii] Foucault *HoS-V.3,* (New York: Random House, 1986), 88.
[lviii] Foucault *HoS-V.3,* 89).
[lix] Of course, Aristotle would decidedly add: and *be* ruled; and therefore, to be a subject. Two things, however, keep my argument in place. First, by the term subject, I mean a political entity *constituted* by policies. This was very different for the ancients. Moreover, the question of *who* this rulership is for, i.e., the extremely limited category of citizen, as opposed to the radically open and universal category of liberal subject, should suffice to put this aside.
[lx] Foucault *HoS-V.1*, (New York: Random House, 1984), 143).
[lxi] Foucault *HoS-V.2,* 81.
[lxii] Foucault *HoS-V.2,* 86.
[lxiii] Foucault, *HoS-V.2,* 83.
[lxiv] Social virility allowed, for instance, "the exercise of 'sexual virility'…[which was always about] the use of *male* pleasures" (Foucault *HoS-V.2,* 83).
[lxv] Lucius Annaues Seneca, *Letters on Ethics To Lucilius* (University of Chicago Press: Chicago and London), 281.
[lxvi] Seneca, 282.
[lxvii] Foucault, *HoS-V.2,* 91.
[lxviii] Seneca, 281-282.
[lxix] Seneca, 280.
[lxx] Foucault, *HoS-V.2,* 91.
[lxxi] Valverde, *DW*, 145-163; *DG*, 359-363.
[lxxii] Foucault, *HoS-V.1,* 49.

[lxxiii] Foucault *HoS-V.1,* 159.
[lxxiv] Foucault, *HoS-V.1,* 48.
[lxxv] Foucault, *HoS-V.1,* 12.
[lxxvi] Foucault, *HoS-V.1,* 41.
[lxxvii] Later, I will argue that this indicates the regressive hypothesis became and is not only a political rationale in modernity, but a scientific ideology.
[lxxviii] John Christman *ASL,* 350, 351; *LAST* 187, 195.
[lxxix] In an important way, this mirrors Foucault's reasoning in the *Birth of Biopolitics*: liberalism "consumes freedom, which means it must produce it. It must produce it; it must organize it" (63). It must "guarantee production of the freedom needed in order to govern" (65). In this section of the lecture, Foucault is emphasizing the way in which, following Kant, liberalism is a naturalism. It is a naturalism *because* its existence depends upon the standard of nature – i.e., natural autonomy – to maintain and legitimize its power.
[lxxx] Foucault, *Security, Territory, and Population* (New York: Picador, 2008), 109.
[lxxxi] Foucault famously intended to study biopolitics at length in *The Birth of Biopolitics*, but wound up stuck on liberalism, and then, neoliberalism, "the framework of political rationality within which [the problems of biopolitics] appeared" (317). The idea of a governmentality of Enlightenment allows us to distinguish between Enlightened despotism and liberalism precisely on their differences within the framework of political Enlightenment rationality. Both are biopolitical governmentalities of Enlightenment, but only liberalism can compromise its moral status by governing too much.
[lxxxii] Robert Harries, (1619).
[lxxxiii] Samuel Ward, (1622), 152.
[lxxxiv] There are intervening variables, of course. The whole dynamic of civil war era Britain is in play, and I cannot unpack the various elements here.
[lxxxv] Heyman, 98.

II.2: The Gin Craze Inaugurates the Biopolitical Order of Drug Liberalization

[lxxxvi] Foucault, *BBP*, 317.
[lxxxvii] Pat O'Malley and Mariana Valverde, "Pleasure, Freedom and Drugs: The Uses of 'Pleasure' in Liberal Governance of Drug and Alcohol Consumption" (*Sociology*, 2004), 39.
[lxxxviii] Classical political economist Bernard de Mandeville offers a glimpse into the 18th century discourse about gin in the *Fable of the Bees:* "Nothing is more destructive, either in regard to the health or the vigilance and industry of the poor, than the infamous liquor, the name of which, derived from Juniper in Dutch, is now, by frequent use, and the laconic spirit of the nation, from a word of meddling length, shrunk into a monosyllable, intoxicating gin, that charms the unactive, the desperate and crazy of either sex, and makes the starving sot behold his rags and nakedness with stupid indolence, or banter both in senseless laughter, and more insipid jests! It is a fiery lake that sets the brain inflame, burns up the entrails, and scorches every part within…It makes men quarrelsome, renders them brutes and savages, sets them on to fight for nothing, and has often been the cause of murder. It has broken and destroyed the strongest constitutions, thrown them into consumptions, and been the fatal and immediate occasion of apoplexies, phrenzies, and sudden death" (66-67, quoted in Pedeliento et. al.).
[lxxxix] James Quan Nicholls, "Liberties and Licences: Alcohol in Liberal Thought" (*International Journal of Cultural Studies*, 2006), 135
[xc] O'Malley and Valverde, 30.
[xci] O'Malley and Valverde, 28.
[xcii] We need not be against *ethically-minded* age limits – within the so-called "private" sphere – to see that a public morality which lays down legal restrictions on ethical matters *denies* ethics the right to make claims about what is regressive and what is not. Is it not this system, however, which claims to have solved this problem? If regression is not negotiable, is freedom? It is the very modern distinction between ethics and morality which brings this quandary about, rather than resolve it.
[xciii] Foucault, *The Foucault Reader,* 39.
[xciv] Kant, *Kant Political Writings,* (Cambridge University Press: Cambridge, 2002), 54.
[xcv] Kant, *Kant Political Writings*, 55.
[xcvi] Foucault, *The Foucault Reader*, 37.
[xcvii] Though Frederick II *was* an enlightened despot, his toleration is *quite* different from liberal toleration. There are further distinctions to draw between French and British liberalism. These are not truly captured by the concept of governmentality I am suggesting, nor do I think they need to be.
[xcviii] Kant, *Groundwork of the Metaphysics of Morals*, (Cambridge University Press: Cambridge, 2006), 53.

[xcix] "…With the idea of freedom the concept of *autonomy* is now inseparably combined, and with the concept of autonomy the universal principle of morality, which in idea is the ground of all actions of *rational beings*, just as the law of nature is the ground of all appearances" (Kant *GMM*, 57).
[c] Kant *GMM*, 61.
[ci] Kant, *Kant Political Writings*, 60.
[cii] Foucault, *The Foucault Reader,* 38.
[ciii] Kant, *KPW*, 59.
[civ] Kant, *KPW*, 61.
[cv] Foucault *The Politics of Health in the 18th Century*, (*Foucault Studies*, 2014), 118.
[cvi] Other parallel threats include slavery and socialism, of course.
[cvii] John Stuart Mill, *On Liberty, Utilitarianism* (Oxford University Press: Oxford), 116.
[cviii] Mill, *OL*, 87.
[cix] Mill, *OL*, 98.
[cx] Mill, *OL*, 99.
[cxi] Mill, *OL,* 72.
[cxii] Foucault, *The Birth of Biopolitics*, 66.

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[cxiii] Levine, "The Discovery of Addiction," 7.
[cxiv] Rush *IE*, 266 quoted in Levine, 8.
[cxv] Rush *IE*, 221 quoted in Levine, 8.
[cxvi] Levine, 3-8.
[cxvii] Georges Canguilhem, *The Normal and the Pathological* (New York: Zone Books, 1991), 19.
[cxviii] Canguilhem *NaP*, 69.
[cxix] Hanna Pickard *ABD*, 994.
[cxx] Pickard *ABD,* 1002-1003.
[cxxi] Pickard *ABD*, 1004.
[cxxii] Canguilhem *NaP*, 73.
[cxxiii] Valverde, *DW*, 44.
[cxxiv] Valverde *DW*, 45.
[cxxv] Valverde *DW*, 48.
[cxxvi] Prestwich, "Drinkers, Drunkards, and Degenerates: The Alcoholic Population of a Parisian Asylum, 1867-1914" (*Medical History* 2002), 331-333.
[cxxvii] Clouston, cited in Valverde *DW*, 49.
[cxxviii] Valverde *DW*, 48.
[cxxix] Valverde *DW*, 51.
[cxxx] These acts were designed to empower the "institutional basis for the liberal transformation of moral treatment and the practical implementation of projects to repair the will;" to examine and correct those who it deemed regressive (Valverde *DW*, 67).
[cxxxi] Valverde *DW*, 53.
[cxxxii] Virginia Berridge *Opium and the People*. (London: Free Association Books, 1999), 62.
[cxxxiii] Berridge *OtP*, 63.
[cxxxiv] Berridge *OtP*, 97.
[cxxxv] Berridge *OtP*, 98, 10.
[cxxxvi] Berridge *OtP*, 106.
[cxxxvii] Berridge *OtP* 161.
[cxxxviii] Especially in its latter form, opium is thoroughly connected with Chinese immigration, and the opium den as an *ethnically* sub-altern space. I cannot do justice to this discourse here, but, importantly, it is explainable by the argument I am putting forward. That is, the practice of opium use as a relaxant was connected ideologically to Chinese immigration as a threat to social freedom, by way of the concept of addiction.
[cxxxix] Berridge *OtP*, 113.
[cxl] The discrepancy between what middle-class opium users would come to see as normal and what biopolitical liberalism would require would greatly extend as this discourse became more and more inflamed by racist, sexist, and classist concerns.
[cxli] In England, the 1920 *Dangerous Drugs Act* stripped the doctor of the right to prescribe heroin and maintain heroin addicts, was marred by controversy, and fell apart after the 1929 Rolleston Report demonstrated the statistical failing of

the 1920 policy. In America, the racial dimension of the regressive hypothesis was significantly more dominant. The figures of the black cocaine user, the Chinese heroin addict, and the Mexican marijuana smoker dominated the public consciousness. While these are important facts, which *cannot* be overlooked or understated, they also sometimes obfuscate from the reality that medicalization was a dominant feature of biopolitical liberal approaches to drug use in America as well as Britain.

Conclusion:

[cxlii] Christman *LAST*, 205-206.