Freedom and Slavery: Constructions of ideologies in illicit drugs treatment

Grazyna Zajdow
School of History, Heritage and Society, Deakin University
grazyna.zajdow@deakin.edu.au

Abstract

Freedom, autonomy, enslavement and coercion have a multitude of meanings which are determined by the writer’s discipline background and intent, even more so in the area of illicit drugs’ policy and treatment. This paper proposes to begin to untangle the multiplicity of meanings which are attached to two contrasting forms of illicit drugs treatment, harm minimisation and abstinence-based treatments. Both treatment regimes lay claim to the high moral ground in this regard—freedom and autonomy are explicit terms used in the rhetoric of both. How this can best be understood and what sociologists can contribute to the debates about illicit drug treatments is the terrain this paper traverses. It does this by laying out the different meanings of the terms in social theory and then by trying to understand the ‘truth’ claims of treatment proponents and using a Foucauldian perspective to critique these claims.

Introduction

Parkin (2000: 101) maintains there is a tension in the illicit drugs policy area between the liberal tradition ‘which emphasises the moral autonomy of individual persons and recognises their rights and liberties’ and the democratic tradition with its emphasis on public goods and the good of the community over the individual. These tensions are evident in the philosophical underpinnings of the various illicit drug policies. There has been little work to understand how these tensions are translated into the individual experience of the programs and treatments associated with them. This paper looks at the way the liberal tradition, described by Parkin is translated by treatment regimes.

Public Health, the law and medicine have dominated the debates about illicit drugs and their treatments. This has been generally accepted as the boundaries of the discussion, but this paper widens these boundaries. All forms of illicit drugs treatment and policy have implicit or explicit notions of freedom and autonomy embedded within them. Such concepts as freedom and autonomy have currency in contemporary
sociological theory, but they are rarely recognised in the academic research on illicit drugs treatments.

When individuals are addicted to drugs or abuse substances they are widely thought to be subject to a form of coercion, slavery or domination. That is, they are not considered free and autonomous human beings, they are deemed to have become enslaved or dominated by that drug or substance. On the other hand, to overcome addiction or substance abuse is held to be recovering one's freedom and autonomy, and to become more capable of individual choice.

This paper will delve into the rhetoric of ‘freedom/slavery’ in relation to illicit drugs treatment and explore concepts in sociology and social theory such as ‘liberty’, ‘freedom’, ‘autonomy’, ‘coercion’ and ‘surveillance’ to suggest the way forward for a larger work. It looks at the way that different types of illicit drugs treatment view these concepts of freedom/slavery, free will/coercion, autonomy and choice.

**Freedom, autonomy and drug use: the rhetorics of opposing treatments.**

Treatments for illicit drug use can be categorised as falling into two camps: those related to Harm Minimisation and those related to abstinence-based treatments. The main modality in Harm Minimisation is drug substitution treatment, of which, Methadone Maintenance Treatment (MMT) is the major type in Australia. Abstinence-based treatments, on the other hand, operate as their names suggest, to ensure abstinence from all drugs, including any prescribed substitution drugs such as Methadone or Buprenorphine and LAAM (newer substitution drugs). Abstinence-based treatments can be divided again into (1) professionally run and organised programs and (2) the non-professional mutual aid groups centred around the ‘Twelve Steps’ of Alcoholics Anonymous or Narcotics Anonymous. Each of these treatment types has differing assumptions about the nature of drug use and addiction. This is then reflected in their use of such words as freedom, choice, and autonomy, among other terms. The rhetorical pitch of each of these should then be compared to the experience of those undergoing these treatments.
From a philosophical and bioethics position, Spriggs (2003) presents autonomy as the ability to make rationally based decisions by a form of higher-order reflection. This ability is lost when under the influence of mind-altering substances, since the mind, by definition for the philosopher, needs to be clear to weigh up competing demands, such as how much of a drug to use, or how to use it. Addiction, by its very nature denies this clear mind as a matter of course. According to Spriggs (2003) the project of the drug treatment is to get the individual to a place where they can get that clear mind in order to make autonomous decisions. ‘Being substance free and not hampered by withdrawal symptoms gives the addict a period of respite and opportunity to reflect critically on the choice between continued drug use and treatment options’ (Spriggs 2003: 549-50).

The terms freedom and autonomy are closely related and can be understood with reference to two influential, normative concepts of liberty. The first concept is that of positive liberty in which freedom is understood as ‘self-mastery’. Positive liberty denotes an individual’s aspiration to have their life and decisions depend on themselves and their own decisions. Autonomy may also be achieved in another way through establishing the conditions of negative liberty, which means freedom from coercion or external constraint. In this meaning, to be autonomous is to lead a life that is independent, and not subject to interference from others. On this account, autonomy may be equated with both the principle of ‘self-mastery’ and that of ‘freedom from constraint’. These principles can also be used when analysing philosophies behind illicit drug treatments. Spriggs (2003) clearly uses the first in relation to ideas of self mastery, while the second is reflected below in sociological analyses of notions of addiction.

Sociology, the modern drug using subject and freedom.

The normative principles discussed above are evident in empirical sociological and cultural studies analysis of addiction, particularly within a Foucauldian framework, which places the notion of ‘freedom’ within two oppositional discourses. In modern society, consumption is the mark of ‘freedom’ as long as it is ‘rational’ and ‘moderate’. Indeed, consumption has implicitly embedded within it the concepts of
freedom and autonomy as expressed through individual choice along the lines of ‘self-mastery’. This discourse is placed against the opposite one of ‘enslavement’ and ‘pathological’ consumption, of which the addiction to drugs and alcohol is the paradigmatic example. So, within the same construction, namely consumption, lie two opposing outcomes, one expressing freedom and autonomy, and the other enslavement (Valverde 1998; O’Malley and Valverde 2004; Keane 2002).

As an example of the enslavement discourse Hodgson (1999) writes in her history of opium,

> Whatever means is used, to consume opium regularly, in any form, is to risk forging an almost unbreakable and deadly bond. Because opium is one of the most addictive and debilitating substances on earth, the opium addict—that is, the person dependent upon or habituated to opium—has been called slave, fiend and ghost (Hodgson 1999: 3-5).

She even suggests that modern souls envy the opium smoker’s total commitment (read, enslavement) to ‘inertia and pleasure’. When bound to the ritual of smoking opium, the habitual user was trapped by the drug, first by pleasure and then by the fear of the pain involved in leaving it behind. This can be also seen in many contemporary accounts of using heroin in the 20th century, first the dream-like and anxiety-breaking effect of the heroin, then the attachment to the ritual, and finally the inability to escape its clutches (see Marlowe 1999; Burroughs 1959).

This dichotomy of freedom/enslavement is also evident in the Twelve Step programs of Alcoholics Anonymous and Narcotics Anonymous (Valverde 1998; O’Malley and Valverde 2004; Keane 2002). By entrenching a notion of addiction (meaning enslavement), the Twelve Step group provides an ideological underpinning for individuals to free themselves of this type of coercion. This discourse embodies the principles of autonomy understood above as ‘negative liberty’. Logically, when the constraints of addiction are thrown off, an individual becomes capable of autonomy understood as ‘positive liberty’. Denzin (1987), for example, quotes a member of Alcoholics Anonymous who says in sobriety that, ‘It (sobriety) was like a giant weight was being lifted from my shoulders. The past slowly began to drift away. I felt free for the first time in years’ (Denzin 1987: 184).

_TASA 2005 Conference Proceedings_
The sociologist Nikolas Rose (1998) argues that the practices of psychology, psychiatry and the other 'psy' sciences, as he calls them, were important in producing the modern self, no longer just a subject with duties and obligations, but also with rights and freedoms that needed to be shaped and governed. Indeed, as he writes:

What is at stake...is nothing less than freedom itself: freedom as it has been articulated into norms and principles for organizing our experience of the world and of ourselves; freedom as it has been articulated into certain rationales for practicing in relation to ourselves...one central feature of the emergence of this contemporary regime of the free individual, and the political rationalities of liberalism to which freedom is so dear, has been the invention of a range of psy technologies for governing individuals *in terms of their freedom* (Rose 1998: 16, emphasis in original).

The Twelve Step group uses many of practices of the 'psy' sciences to help their members produce just this form of governance within themselves (Zajdow 2002). In the twenty-first century world, discipline and self-monitoring are the bases for individual action and freedom (Rose 1998).

Harm Minimisation with its emphasis on drug substitution can be criticized for not allowing its clients the ability for this same self-governance. For O'Malley and Valverde (2004), individual freedom in drug use is recognised only as moderation, and pleasure equates to 'rational' or 'responsible' use. For those whose drug use is considered problematic, the drug substitution treatments can be seen as the opposite of autonomous action in that they tie the user into a drug which is seen as not enjoyable, but legally available (Bourgois 2000). Bourgois describes an informant who went on MMT only to find that he endangered his job when the clinic closed down and he had to go to another, inconveniently placed one. He was then put on another longer acting substitution called LAAM, but when he asked to be gradually weaned off it, he found that this was not allowed unless he went back onto MMT. In other words, he was not allowed to be drug free. He had to stay on the LAAM because the methadone could only be dispensed from a place too far from his work, thus he would have lost his job. He was a man caught in a treatment contradiction.

A different sociological analysis suggests that the capacity for self-transformation via Twelve Step groups embeds freedom as a form of existential autonomy and liberation.
from the slavery of addiction and narcissism (Denzin 1987; Zajdow 2002). The Twelve Step group also operates as a form of governance of the self (Valverde 1998). It provides the individual with the strategies (technologies of the self) to undertake the ‘care of the self’ as Foucault (1983) describes the process. These techniques produce the means for people to work on themselves ‘in order to attain a certain state of happiness, purity, wisdom, perfection or immortality’ (Foucault 1983: 17).

The Twelve Step group also operates within a democratic framework where the group is autonomous and only answerable to it members, but where individual well-being is dependent on acceptance of the group as support and the program as providing the moral basis for recovery (Denzin 1987). Through abstinence the drug user can achieve personal transformation, and ascend to a higher moral plane. Addiction is thus understood more as a disease of the will or the soul than a medical condition (Valverde 1998). This perspective is evident in the emphasis on the ‘spiritual awakening’ that the Twelve Steps of Narcotics Anonymous can offer the addict (Narcotics Anonymous World Services, n. d. [c. 2005]) or the promise of ‘personal growth to replace dependency’ in the Odyssey journey (Odyssey House 2005).

Addiction, Autonomy and Harm Minimisation

Human rights and their political dimensions are at the core of the arguments by Nadelmann (1992) and Hathaway (2001) in regard to illicit drug policies. These arguments lead them to a critique of the notion of addiction (as per Valverde and others) and the next step is then a move away from the AA model. Indeed, the AA model is seen as the very essence of coercion, because of the assumption of the inevitability of addiction. (The AA literature does not actually make such claims but that does not stop their critics from attacking them). Instead, these writers argue that only policies based on Harm Minimisation, where people are only stopped from partaking in whatever drugs they want if they harm others are the logical and fair ones. This is a liberal, utilitarian view of the world of drugs and society. As Hathaway (n.d. [c. 2005]) notes

(t)he utilitarian critique of criminalising ‘victimless crimes’ … follows a time-honoured liberal doctrine that has come to be known as the harm

TASA 2005 Conference Proceedings
In compliance with this principle, the scope of criminal law is limited such that acts may be made criminal only if they inflict concrete harm on assignable persons. Moreover, it is never proper to criminalize an act solely on the grounds of preventing harm to the agent or because the mere thought of the act is offensive to others.

Similarly, Nadelmann (1992) suggests that it is in the area of drug policy that libertarian assumptions about markets and individual freedom have most purchase. It is these positions that leads Nadelmann to equate Harm Minimisation (as a policy) with human rights and individual freedom and autonomy, emphasising drug use entitlement. The problem with this argument is that the main treatment involved is MMT and other drug substitution, thus presenting a concrete limitation to the libertarian arguments. Freedom is not an existential issue for Nadelmann and Hathaway, but one of political theory. This is in sharp contrast to the Twelve Step and other abstinence-based programs.

Hathaway (2001) also argues that the roots of harm minimisation exist within a libertarian discourse. This discourse invests the drug user with an inalienable right to use illicit drugs. The moral basis of Harm Minimisation is the right of individuals to use drugs for pleasure, but with one proviso. The drug user is free to choose to use drugs, as long as they do not infringe on the rights of others. It seems that sociology has had an uncritical acceptance of this analysis. Individual autonomy seems to exist only in the negative sense outlined at the beginning of the paper. Here political philosophy is important as a silent partner and the analysis of Rose and Foucault does not seem to confront it.

Conclusion

Sociological analysis of ‘truth’ claims and the rhetorical statements by proponents of particular types of drug treatments uncovers the contradictions inherent in such terms as liberty, autonomy, and enslavement. All proponents of drug treatments couch their claims with this language but they do not tease out the different meanings inherent in them. From the existential liberty available to the recovering addict through Narcotics Anonymous to the liberal freedom touted by Harm Minimisation, the claims are rarely
compared by sociologists for their ideological meanings. This paper has proposed an
initial method for doing this.

FOOTNOTES

1 Harm Minimisation is a public health policy based on treatment for minimising the harms produced by using
drugs, rather than an emphasis on eliminating all use of the drug.

References


Foucault, M. (1983) Technologies of the Self: A Seminar with Michel Foucault,
Gutman, H. and Hutton, P. H. (eds), Amherst: University of Massachusetts
Press.

Assessment of the Clay Trial and Ruling, www.parl.gc.ca/37/1/parlbus/commbus/ senate/Com-e/ille-e/Presentation-
e/hathaway1-e.htm accessed 25/06/05.

invested drug reform strategy’, International Journal of Drug Policy, 12: 125-
137.


Press.


Daedalus, 121: 87-132.


pleasure in liberal governance of drug and alcohol consumption’, Sociology,
38, 1: 25-42.

“drug users”’, in Smandych, R. (ed) Governable Places: Readings in
governmentality and crime control, Aldershot: Dartmouth

Odyssey House (2005) Sydney, Odyssey House McGrath Foundation,

TASA 2005 Conference Proceedings


