Needle Fixation and Moral Panic

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Needle Fixation and Moral Panic
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Introduction
Non-medical intravenous drug use is broadly considered a significant social, legal and psychological problem. Often the person who uses intravenous drugs is assigned or adopts an identity founded in rebellion, such as that demonstrated by William Burroughs’ *Junky*.¹ Recent claims have been made regarding ‘needle fixation’ as a cause of transgressive self-injection by using a medical needle.² Pates and McBride, and Fraser, Hopgood, Brenner and Treloar’s field work and discourse on the subject have initiated a debate regarding ‘fixation’ and ‘needle fixation’ which requires a contribution from psychoanalysis because contemporary psychoanalytic theories on drug use and abuse, and even work in other fields such as criminology and sociology, tend to emphasize addiction to the substance. In consequence, they ignore the recent debates on needle fixation.³ Whilst the problem of addiction has inspired a significant body of literature, needle fixation has generally not been clearly differentiated from the problem of addiction and considered in its own right.

The work by McBride and Pates and by Fraser et al. is the exception. These authors emphasize the ‘mechanism’ or method of administration at the injection site. Psychoanalysis has been unable to move away from the perception of addiction to substance to the possibility of addiction to mechanism because of its loyalty to the self-medication hypothesis. Yet, addiction to the needle is fertile ground for psychoanalytic exploration, particularly considering that ‘fixation’ in the term ‘needle fixation’ is an explicitly psychoanalytic reference. In the literature on needle fixation, there is a sole attempt to distinguish mere addiction to the needle from ‘fixation’ on the needle. This

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² A McBride and R Pates, ‘Needle Foucation: Deux ou Trois Choses que Je Sais de Pica Manie (with apologies to Jean Luc Godard)’, *Addiction Research and Theory* 13, no. 4, 2005, pp. 395-402.
³ S Fraser, M Hopgood, S Brenner and C Treloar, ‘Needle Fictions: Medical Constructions of Needle Fixation and The Injecting Drug User’, *Addiction Research and Theory* 12, no. 1, 2004, pp. 67-76.
occurs in Fraser et al.’s criticisms of Pates and McBride where Fraser claims fixation is ‘arrested development at an unconscious stage’.4

My claim is that needle fixation is a genuine and very specific phenomenon, that some intravenous users are fixated on the needle, and that this form of addiction is different from addiction to the drug. This fixation can be best understood if we use a combination of contemporary and traditional psychoanalytic theories. In particular, by referring to Freud’s concept of ‘fixation’ and Lacan’s concept of ‘jouissance’ we can, I believe, account for the fact that in many cases drug users become addicted to the needle, irrespective of the substance.

My position challenges the so-called ‘self-medication hypothesis’, which supposes that the substance is the primary point of attraction for intravenous users and has more in common with the views of Pates and McBride when they refer to a ‘compulsion to inject regardless of substance’.5 I also explore the issue of needle fixation from the perspective of the user. I discuss Burroughs’ writings on use of the needle in the context of crime, plus the emergence of the tragic myth of Alice from the published diary *Go Ask Alice*, in order to highlight the movement from a medical to a criminal context for intravenous injection.6 The social and legal responses to intravenous use are central to the observation of an emerging alienated ‘counter culture’ that represents an inverted micro-social structure. That is, a segment of the population is defined and structured according to their intravenous method of substance use and misuse of the medical ‘mechanism’ of injection using the intravenous needle. The narratives of both Burroughs and ‘Alice’, coupled with Fraser’s empirical data, reveal an emphasis on the needle and injection; indeed, it is from this context that the term ‘needle fixation’ has emerged.

My intention in this thesis is two pronged. Firstly, I intend to establish that for some addicts, transgressive non-medical self-injection is best understood as a needle fixation, which is a genuine fixation with an unconscious cause located at a specific unconscious

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4 Fraser et al., ‘Needle Fictions,’ p. 68.
moment. That unconscious moment is what Jacques Lacan has theorized as the mirror stage of development.

Secondly, I examine the notion of ‘moral panic’ with specific reference to intravenous use, recently identified in relation to addiction by Loose and Gatson, and I pay particular attention to the social reaction of the other to self-injection by the needle-using drug addict.\(^7\) Moral panic is referred to by Rik Loose in *Subject of Addiction* and Sarah Gatson chapter on ‘The Body and The Body Politic in *Real Drugs in a Virtual World*. Goode and Ben-Yehuda dedicated an entire book titled *Moral Panics*,\(^8\) to the subject. I examine these variations of moral panic, consider the term, what it refers to, and explain it in relation to intravenous use and self-injection. I define ‘moral panic’ in similar terms to Gatson, who refers to the ‘fear of extinction’ as a primary cause for the phenomenon of moral panic. This seems feasible in light of the extreme reaction to the practice of self-injection by addicts. The irrational component denotes the ‘panic’ while the demonization of the user, which is addressed by Goode and Ben-Yehuda, moralises or immortalises the compulsive behaviour of intravenous drug users. However, for the moment, moral panic might be more generally defined as a recurring, irrational and internal reaction of the neighbour to that which is enjoyed alone.\(^9\) While Gatson’s discussion of moral panic is inherently political and sociological, I claim that these phenomena, identified by Gatson and others such as Beisel can be elaborated and understood through the use of psychoanalysis.\(^10\)

I argue that the discussion of moral panic is important because it is the social and moral reaction to the addict’s use of the needle which guides contemporary approaches to addiction. Therefore, demonstrating the existence of historical, social and intimate familial manifestations of ‘moral panic’ is central to my claim. Central to the recently conceived concept of moral panic, is the question of body ownership, how the body is

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\(^9\) R Loose, *Subject Of Addiction*, xii.

conceived, whom it is conceived by and particularly, its relationship with the state. In discussing the addict's relationship with his or her body, Loose claims that the addict has a body that is 'not his own.'\textsuperscript{11} I will show how this insight is connected with Gatson's notion of moral panic, based as it is on a sense of 'body ownership', and therefore with the current debate on ‘needle fixation’.

I focus on the fixation of the needle-fixator and it is my contention that the cause of moral panic is a fear of extinction, identified by Lacan as a feature of the reaction to another’s jouissance. The fear of extinction is felt by the neighbour in reaction to those enjoyments experienced alone, such as masturbation. Loose argues that this fear of extinction exists in relation to addiction and characterizes the addict’s enjoyment as having a ‘damaging psychological effect…according to which there is no necessity to alter the external world to satisfy some great need.’\textsuperscript{12} This is one of the causes of the social phenomenon of moral panic in relation to intravenous drug use.

'Moral panic' is a very common response to addiction on the part of what I call ‘the neighbour’. The neighbour is represented by various socially constructed environments including the medical establishment and the family. I will argue that moral panic to the needle reveals a particular fear of extinction that is born from the needle-fixator’s preference for the needle to provide that which would otherwise be provided by the neighbour. This ‘extinction of desire’, Lacan’s term, is a reaction to the addict’s particular ‘jouissance’.\textsuperscript{13} Moral panic is, as Gatson observes, a social phenomenon with identifiable qualities in a social situation, such as confusion over ‘body ownership’. It operates historically, socially, politically and, most particularly, in the micro-social universe of the family.

The extinction of desire in question represents a kind of threat to the species and particularly to reproduction. If, as Loose claims, the addict’s drive ‘lies beyond the normal confines of pleasure and human reality’ and contains within it the ‘real possibility

\textsuperscript{12} Loose, \textit{Subject Of Addiction}, p. 69.
of going too far’, we can understand that there is a fear in contemporary approaches to addiction that exhibit an underlying ‘silent’ anxiety regarding the needle.14

In my view the fact that needle fixation and, according to Loose, drug addiction have an unconscious cause inspires ‘moral panic’. Burroughs’ *Junky*, Freud’s writings in his early papers, recently published as his *Cocaine Papers*, and the fact that a medical procedure has become a form of enjoyment (and then a problem for the law) all indicate that transgressive self-injection inspires profound moral panic.

In Chapter 1, I locate my ideas in the psychoanalytic and general literature on addiction. There is little psychoanalytic literature on either the subject of addiction or intravenous use, a ‘silence’ that Loose attributes to Freud’s abandonment of his experimentation on the therapeutic qualities of cocaine. The accepted idea in psychoanalysis is that addiction is a form of self-medication and a means of self-soothing. I challenge the self-medication hypothesis, claiming that some intravenous drug users’ fixation on the needle arises from a development arrested at Lacan’s mirror-stage, which is a crucial moment of self-recognition in the child’s unconscious development.

Some in the field of psychoanalysis have theorized on object relations and object replacement as an explanation for addiction. May, for instance, claims that addiction is a ‘fixation on the need for intimacy’.15 There has however, been no attempt to weigh into the debate regarding needle fixation. I will argue that the needle, and not the substance, constitutes some sort of replacement object and represents the unconscious object for the subject fixated at the mirror stage. I also argue that because the process of self-injection represents the threat of extinction, it elicits a powerful reaction from the neighbour, indicative of ‘moral panic’.

In Chapter 2, drawing on Loose’s work on addiction, I spell out my claim that needle fixation has unconscious origins and I lay the foundation for my overall theory regarding addiction and needle fixation. Using this contemporary theory of addiction, I explore the

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relationship between needle use and the mirror stage, a crucial component of Loose’s work.

Fundamental to Loose’s work, and also a component of my own, is the equation of addictive behaviour with the practice of masturbation. In Chapters 2 and 3, I expand this argument, drawing heavily on Loose. Some of the literature referred to in Chapter 1 explores the phenomenon in addictive circles of addicts gaining pleasure from injecting each other.\(^\text{16}\) This would seem to make a comparison with sex more appropriate than Loose’s theory connecting masturbation and addiction, sourced from Freud.\(^\text{17}\) However, my thesis claims that needle fixation is the enjoyment of self-injection, satisfying an unconscious urge caused by a trauma at the mirror stage. If there is a sexual pleasure in injecting the other, I would claim that it is projection of the enjoyment of self pleasure, which is the primary subject of my thesis.

Chapter 3 considers needle fixation qua fixation. This chapter engages with the current debate between McBride and Pates, and Fraser et al. McBride and Pates argue for the existence of needle fixation, Fraser and colleges argue against it. Fraser’s claim that there is too little empirical evidence and no unconscious cause is based on the meaning of the word ‘fixation’. To form the foundation of the theory of needle fixation I put forward Freud’s theory of fixation and Lacan’s concept of jouissance. I conclude that the addict with needle fixation is suffering from arrested development at what Lacan calls the ‘unconscious mirror stage’.

Chapter 4 examines the needle in the ‘ego era’, an era in what Brennan calls ‘Lacan’s fledgling theory of history’, as it develops alongside an implied division in the general population between addict and non-addict, us-other jurisdiction.\(^\text{18}\) This implied division gives birth to a body of literature that conceives addiction as a moral transgression, a political statement and, as I argue, an unconscious phenomenon. What little


\(^{17}\) Loose, *Subject Of Addiction*, p. 262.

psychoanalytic literature there is on the subject of addiction, including the broadly accepted self-medication hypothesis, seems concerned with object replacement. None of the literature, however, accounts for this object replacement in terms of the needle and its potential symbolic value.

Historically, whilst ‘moral panic’ seems to have existed throughout history in relation to witches, pogroms and almost anything that seems to deviate from the social norm, a specific type of moral panic seems to have evolved simultaneously with the development of the needle. This historical evolution of ‘moral panic’ is a phenomenon born from the indirect questioning of the medical establishment by the addict. This claim is based on the idea that the addict takes a medical procedure, injection, and absorbs a substance into the body. Transgressive non-medical self-injection has occurred during this ‘ego era.’ Whilst moral panic certainly exists in the response of non-users to all forms of deviant and illegal drug use, not exclusively transgressive intravenous drug use, I will explore the development of a specific and profound moral panic that seems historically to coincide with the ego's emergence.

Chapter 5, ‘Moral Panic and The Intimate Moral Panic’, examines contemporary understandings of the term ‘moral panic’. I address Goode’s claim that moral panic is connected to the moral crusade in relation to witch hunts. I also explain Gatson’s notion of ‘innocence’. Finally, I draw a connection between moral panic and Lacan’s notion of the extinction of the neighbour. I substantiate the claim that moral panic, as an intimate and profound reaction by the neighbour, is a primal fear of extinction by drawing on primary data from Go Ask Alice and by using R. D. Laing’s approach to the operation of schizophrenia in the social environment of the family as tools of analysis.¹⁹

Chapter 6 questions the reasoning behind three contemporary approaches to addiction in Western civilization. I argue that harm minimisation, pharmacotherapy and prohibition all revolve around the primary hypotheses of ‘needle fixation’ and a moral panic reaction of the neighbour in relation to intravenous drug use, particularly self-injection. Whilst these contemporary approaches seem to be a response to substance abuse, the existence

¹⁹ RD Laing, The Politics Of The Family.
of needle fixation and the moral panic response to it form the foundation for our thoughts about addiction and these contemporary approaches; that is, the addict’s unconscious fixation at the mirror stage and the fear of extinction it inspires in the other. It is this fear that is the genesis for these approaches to addiction. Needle fixation, whilst distinct from addiction, occurs in the social context of addiction. The needle-fixator exists in the population of addicts and his fixation is often read in terms of ‘substance’ rather than mechanism. This has seen the emergence of approaches, such as harm minimisation and pharmacotherapy, plus the creation of counter and criminal cultures according to an inverted social structure based on the authority of the body directly opposed to the conventional one based on the authority of the law.

By focusing on the fixation of the needle-fixator, I propose that the body of the needle-fixator can provide a foundation for an approach to the problem of transgressive drug use, rather than the moral panic of the other, which seems to be the foundation of these contemporary approaches. Hence, my thesis views contemporary approaches to an addiction as being guided by moral panic over transgressive self-injection, and directed toward appeasing this moral panic.

McBride, Pates and Arnold identify ‘body’, ‘substance’ and ‘mechanism’ as the three ‘elements’ present at the injection-site.20 Like McBride, Pates and Arnold, I claim that the ‘mechanism’ is of primary importance regarding addiction to the needle.

Needle fixation is a phenomenon that has emerged as a problem from social and historical discourse. It occurs in the unconscious of the needle-fixator, who is part of the population of addicts and therefore has a relationship with addiction. Moral panic, in relation to intravenous drug use, has given rise to contemporary approaches to the more general problem of addiction. By speculating an origin and cause for needle fixation, I believe that this will contribute to the possibility of more effective treatments.

My thesis responds and contributes to the recent debate concerning needle fixation and contemporary addiction discourse. The world of the addict is examined through the gaze

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of the needle fixation hypothesis, seriously challenging both the ‘zero tolerance’ and ‘harm minimisation’ approaches to addiction.
Chapter 1: Literature Review

This chapter locates my ideas in the general and psychoanalytic literature pertaining to addiction and particularly to contemporary transgressive intravenous drug use. The literature on addiction includes contributions from the areas of psychoanalysis, sociology, psychology, psychiatry and criminology. On the subject of intravenous use, and particularly what has recently been called ‘needle fixation’ there is, however, very little literature. Psychoanalysis itself has been curiously silent on this subject, despite the use of the psychoanalytic term ‘fixation’ in the description ‘needle fixation’. While there is a body of psychoanalytic work addressing addiction, most of it speaks in favour of the ‘self-medication hypothesis’ and fails to address addiction in the form of addiction to the needle.1

Pates and McBride define needle fixation as the compulsion to inject regardless of the substance.2 The debate regarding their views on ‘needle fixation’ has, however, elicited no response from psychoanalysis. This is in spite of a controversy over whether this term, originating in psychoanalysis where it carries a specific meaning, is being used appropriately in the context of debates on needle use.3 Thus, while psychoanalysis has contributed to the literature on addiction, it has been silent about needle fixation. This silence is to the detriment of an informed discussion of Pates and McBride’s claims that compulsive injection represents a fixation as well as of the counter claims of Fraser, Hopwood, Treloar and Brenner regarding the psychoanalytic origins of the term.4

Recent literature on addiction has re-initiated a discussion of moral panic. ‘Moral panic’ is a term frequently used in relation to addiction. For instance, in Real Drugs in a Virtual World, Gatson claims that moral panic is a reaction to addiction generally; it is a frequently encountered reaction of the non-user to the user.5 Goode et al., who also

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3 S Fraser, M Hopwood, C Treloar, L Brenner, ‘Needle fictions: medical constructions of needle fixation and the injecting drug user’, Addiction Research and Theory, 2004, 12, pp.67–76.
4 S. Fraser et al., ‘Needle fictions,’ p. 73.
5 S Gatson, ‘The Body or the Body Politic.’
speculate on moral panic, speak of moments in history that can be described as moments of moral panic. In this thesis I take the view that moral panic is the fear of extinction provoked in non-users by transgressive non-medical self-injection. It arises because the non-user, who senses the danger of the user’s self-injection, feels it to be a threat and conceives of it as wrong. Loose’s theory of the jouissance of addiction implies that moral panic is the expression of a fear of extinction felt by the neighbour in the presence of jouissance, or the satisfaction of an unconscious drive.

I will approach the literature on intravenous drug use and the literature on moral panic separately, even if sometimes they are both discussed in the same text simultaneously. For example, some of the historical observations made by McBride in the context of his discussion of intravenous use indicate evolving moral panic over the use of the needle, including one instance in which a medical doctor from the nineteenth century ‘personally discontinued’ the practice of injecting. The same is true of Latimer and Goldberg, and there is evidence of moral panic in some of the experiences implicitly but effectively documented by Burroughs in the novel *Junky*. The reaction to the original publication of Freud’s writings on cocaine recently republished by Byck in *Cocaine Papers* reflects a certain sense of moral panic. The medical establishment is said to have reacted with ‘resistance’. Nonetheless, the reaction was extreme and I think we can assume that this moral panic is a reaction to a text littered with reference to injection. In one of the articles in *Cocaine Papers*, Freud describes a ‘young doctor’, a friend who arrives at his door one night with bloody arms, wounded as a result of compulsive injecting. Before the invention of psychoanalysis, Freud is describing the phenomenon of needle-fixation well before the notion of ‘needle-fixation’ was introduced. This term, first used by addicts themselves, has become a subject of

10 R. Byck, *Cocaine papers: Sigmund Freud*, p. 188.
recent controversy among addiction theorists because the term has emerged
from addicts’ experience and not from theoretical claims. I show however, how a psychoanalytic understanding of needle fixation can contribute to this debate.

A recent study by Fraser et al. of a sample of methadone users who had injected the syrup compelled Pates and McBride to declare that these addicts were motivated by the phenomenon of needle fixation. In a subsequent publication, McBride, Pates and Arnold define needle fixation as ‘the compulsion to inject’, while in an article titled Needle Foucation, they describe a plethora of colourful characters, among them Burroughs, and their particular relationship with the needle. The notion of needle fixation has been contested by their colleagues who reject the fact that there is something compulsive about injecting. For instance, Fraser et al. claim instead that ‘needle fixation can be understood as a product of discourse, and as such, as both fact and fiction.’

Whilst I do not take seriously a grounded theory or ethnographic standpoint by which the subject’s own terminology must contribute to the definition of concepts and experiences, I do believe that these experiences themselves can be theorised and conceptualised used theory such as that derived from psychoanalytic discourse. Therefore, like Fraser, we may question the addict’s authority in terms of describing their compulsive injecting behaviour as a fixation, this thesis will explore the theoretical validity of such a self description. Hence the clinical expertise of the psychoanalyst and the associated definition of ‘fixation’ will be applied and tested using the addicts’ self-description. Unlike Rowe, who argues in ‘The Feel of The Steel’ that needle fixation and the obsession or ‘jouissance’ of injection can be explained by an anticipation of the affect of the substance, I argue that injection is a metaphor for the satisfaction of unconscious urges.

Fraser et al., in a subsequent response to Pates and McBride’s claims, caution that because needle fixation ‘encompasses very different behaviours, is in some ways

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12 Pates and McBride, ‘Needle Foucation’.
14 S. Fraser et al., ‘Needle fictions’.
limiting, and has negative connotations, careful consideration should be given before it is accepted as a useful and therapeutic tool. However, McBride, Pates and Arnold speculate that it is a useful concept because a ‘shared understanding’ exists between ‘addicts’ and ‘the agencies that treat them’. Fraser et al. claim that needle fixation is ‘the product of discourse’ encompassing ‘both fact and fiction’, advising we proceed with ‘caution’. I argue that because needle fixation is a product of discourse and can be understood as both fact and fiction, its power as an unconscious phenomenon, a genuine ‘fixation’ at a particular unconscious stage, is increased.

Careful consideration should be given before the concept of needle fixation is rejected as a useful therapeutic tool. The idea of needle fixation is present in Burroughs’ Junky, which presents itself as fiction but provides as much insight into the problem as many theoretical works through a first-hand examination of addict culture. The term ‘needle fixation’ however, is yet to be considered in a psychoanalytic context.

Addiction has long been associated with masturbation; Freud made the link and Latimer and Goldberg (1981), citing Bulkley, a doctor of divinity in 1840, write,

> Drug abuse was merely a certain consequence of self-abuse, the substituting of one sensual vice for another. Masturbation usually followed the same abominable behaviour pattern.

> It is usually continued until the unfolding reason and conscience open the victim’s eyes to the true nature of his habit.

Whilst this appears to be on par with the old idea that masturbation causes blindness and Bulkley’s claim seems to be directed more toward the habit of masturbation than addiction, the connection between masturbation and addiction is of particular importance. Loose claims that masturbation and addiction represent a single phenomenon, or two phenomena that share certain similar properties, and appeals to Freud on masturbation to

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16 Fraser, et al., ‘Needle Fictions’.
17 McBride, Pates and Arnold, Injecting Illicit Drugs.
18 Fraser et. al., ‘The Power of Naming.’
construct a psychoanalytic theory of addiction. As Loose points out, Freud saw masturbation as ‘the greatest of all addictions’.20 Loose constructs a psychoanalytic theory of addiction on the notion that addiction offers the complete satisfaction masturbation fails to provide. He explains that addicts suffer from a disturbance at the mirror stage creating a specific dissatisfaction from the universal practice of masturbation, causing them to seek out ‘something else’ in pursuit of complete satisfaction. For addicts, masturbation fails to provide complete satisfaction because the libidinal encounter with the parental other at the mirror stage offers the illusion of complete satisfaction. Drawing on Loose’s explanation of addiction, I will explain the disputed phenomenon of needle fixation. As I will show, injection represents too much of what Lacan calls ‘the real’ while needle fixation can be understood as a fixation on the libidinal encounter with the parental other at Lacan’s mirror stage of development.21

Whilst Loose proposes that addiction, his primary focus being addiction to substance, is an attempt by addicts to self-soothe a disturbance at the mirror stage, I propose that the contemporary addict’s non-medical self-injection constitutes a fixation at the mirror stage.

According to Lacan, the mirror stage occurs at a moment in the human subject’s life when his or her body is experienced as being ‘in bits and pieces’ as it strives toward self-recognition or identification with its own image in the mirror. Loose, who addresses addiction to substance and gaming and characterizes the human subject of the addict as suffering from an invasion by ‘the real’ due to a trauma at the mirror stage, refers to the ‘libidinal encounter’ with the parental other at this unconscious stage.22 Injection is symbolic of this libidinal encounter. The needle fixator is suffering from a repetition of this invasion of ‘the real’ in the form of a libidinal encounter with the parental other at the mirror stage. This invasion of the real, according to Loose in relation to addiction, manifests itself as insufficient orgasm in the universal practice of masturbation.23

The addict, according to Loose, experiences a disturbance at the mirror stage causing this insufficient orgasm. Needle fixation, addiction to the needle or injection, can be understood as a fixation or arrested development at this stage, particularly a fixation on the libidinal content, what Loose calls the ‘incestuous oneness’ with mother, or the parental other.\textsuperscript{24} The possible symbolic value of injection is represented in the infantile sexual drives of the incomplete human subject. Hence, what is the self injector doing when he self-injects? I propose he is satisfying infantile sexual drives.

There is a significant body of work based on the self-medication hypothesis.\textsuperscript{25} Due to the chemical foundations of this theory, that is, the emphasis on ‘substance’ to self-medicate, there is no space within it for speculation on a form of addiction to what McBride, Pates and Arnold call the ‘mechanism’ of the needle.\textsuperscript{26} Since needle fixation is not a form of self-medication, there is no place for it in psychoanalytic discourse. Khantzian’s article proposing the self-medication hypothesis, the dominant addiction theory in psychoanalysis, divides addicts according to their choice of substance. McBride, Pates and Arnold’s work, on the other hand, is concerned with addiction to the needle; the ‘mechanism’.

Around the AIDS crisis in the 1980s and 1990s, the question of needle use became important in fields of cultural studies and sociology, sometimes examining the meaning of the needle. In 'Metamorphoses: Clashing symbols in the social construction of drugs', Manderson observes that: ‘The fetishization of the objects of drug use makes the law and the drug addict far more alike than often thought.’\textsuperscript{27} Howard and Borges, Feldman and Biernacki, Paige and Smith seem, in some measure, to recognise the importance of the needle in drug using culture, without directly acknowledging or identifying the idea of

\textsuperscript{24} Loose, \textit{Subject of Addiction}, p. 72.


needle fixation. However, these are not psychoanalytic theorists and they do not seek to address the issue of ‘fixation’ with the needle, its meaning or content.

As I have already observed, the concept of needle fixation introduced by Pates and McBride has been contentious. For instance, the response by Fraser et al. is more akin to a rebuke. They emphasize that fixation is a psychoanalytic concept and that it is being used somewhat flippantly by Pates and McBride to fallaciously conclude from the empirical evidence collected by Fraser et al. that addicts have a tendency toward compulsive injection characterized rather than deduced as ‘needle fixation’. That is, they use the word fixation to refer to the behaviour of compulsive injection rather than claiming and proving that needle fixation is a fixation. ‘Fixation’ is a self-description used by addicts, picked up by McBride and Pates and used as a technical term with all psychoanalytic overtones. This is Fraser et al.’s objection and they wonder whether McBride and Pates use of the word fixation is appropriate. The critique by Fraser et al. is that it is an aberration to think that this is in any sense a psychoanalytic concept.

More recently, Pates has expanded on his research with McBride in ‘The Development of a Psychological Theory of Needle Fixation’ where he refers to the work of Levine, who he says, may have pioneered this contentious notion in his ‘Needle Freaks: Compulsive Self-injection by Drug Users’ in 1974. As Pates observes, the concept is contentious because the idea that one might become addicted to a ‘mechanism’, a physical object is foreign to a discourse based on chemical hypotheses such as that of ‘self-medication’. Levine’s publication occurs in the discourse around the same time E. M. Brechter claims

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that addicts use the needle for the orgasmic rush and that the slow acting methadone could counteract this compulsion. In my view, Pates’ attempts to claim that needle fixation is a genuine problem for the field of addiction have failed to convince his colleagues because of his emphasis on compulsive injection rather than unconscious fixation.

Fraser et al. recognize that the term ‘fixation’ is a psychoanalytic term. Curiously, they appeal to this fact to argue against the existence of the phenomenon of needle fixation. Below, I engage with both McBride, Pates and Arnold and with Fraser et al., using the psychoanalytic writings of Loose and Lacan, as well as Freud’s concept of fixation, to show how ‘needle fixation’ can be understood as a phenomenon with an unconscious cause.

There have been some recent contributions on the subject in psychoanalytic journals, and a number of contributions from psychoanalysts have appeared in addiction journals. Valentine and Fraser have contributed psychoanalytic insights to the debate with a detailed study of the connection between types of drug use and ritual pleasures. Their claims are based on empirical studies and descriptions of drug users with an emphasis on social status and poverty. This component of their claim, that is, the social status of drug users, very much resembles a reference to Freud by Lacan. However, Valentine and Fraser’s study is too empirical, too overtly social, to be connected with my claim, which emphasizes the unconscious fixation of the needle-fixator at Lacan’s mirror stage.

A stray comment by Freud has been used to explain the enjoyment of injection as displaced male sexual aggression. Hopper claims that the enjoyment of self-injection is

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33 This is comparable with Lacan’s comment on Freud where he claims that ‘those jouissances which are forbidden by conventional morality are nevertheless perfectly accessible and accepted by certain people.’ J Lacan, The Ethics of Psychoanalysis, p. 200.
due to the unconscious homosexual fantasies the injector is entertaining while injecting. This can be linked to the Freudian idea of displaced male sexual aggression in an inverted form. Hopper’s thesis is consistent with the connection Loose makes between masturbation and addiction. If homosexual fantasies are being entertained while injecting as Hopper claims, this may indicate a form of masturbation; the practice of injecting replacing masturbation.

However, while Hopper attributes unconscious motivations to self-injecting and Loose proposes an unconscious cause for addiction, neither Hopper nor Loose directly address the question of ‘needle fixation’. Hopper’s theory cannot be described as a theory of needle fixation in the same way that Freud sees ‘fixation’ because, whilst Hopper speculates on possible unconscious motivations for injection, he does not directly identify an unconscious stage at which the human subject is ‘detained’. The idea that the human subject is detained at an unconscious stage is crucial to Freud’s concept of fixation. Like McBride and Pates and perhaps Loose, Hopper does not address the idea of fixation. Rather, Hopper’s claim is a small component of a more general theory of addiction based on the idea of latent homosexuality.

Much has been said in recent years about the problem of intravenous use, however, most of the literature seeks sociological explanations for phenomena associated with the needle. For example, the *British Journal of Addiction* adheres to an epidemiological approach to illicit drug use. The problem of needle-sharing has brought with it an entire body of research including examinations of the ‘social circumstances’ of drug users and endless attempts to ‘sterilize’ the drug users’ environment through theoretical means. However, the idea of approaching drug addiction through epidemiology is rejected by Pates who claims ethnography is a more useful tool of analysis. It is, however, the case that epidemiologists frequently employ ethnographic methods. For example, a study of

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the transmission networks for HIV utilised a conversational method at a truck-stop with female sex workers. The new discipline of drug studies is also driven by the epidemiological approach. Much of the literature is concerned about the problem of needle sharing, such as Howard and Borges in ‘Needle sharing in the Haight’ exploring the psychological function or problem of needle-sharing (which perhaps explains the ‘epidemic’ idea because physical disease is spread through the use of the needle). However, there is very little literature that speculates on what might drive the addict to share needles, and no psychoanalytic material on an unconscious cause for this behaviour which might lead to the use of the term ‘needle fixation.’ As I have previously argued, the possibility that this problem of needle-sharing and its psychological motivations may include a sexual metaphor. I claim, however, that the enjoyment of injecting the other is merely a vicarious enjoyment of injecting oneself which I claim is the origin of needle fixation.

Julie Miller has speculated that the needle represents a ‘transitional object’, that is, a replacement for the first object of the mother. Miller examines an aetiology of heroin addiction from the perspective of object relations. Her focus is on the needle as a transitional object in patients who have experienced early childhood deprivation and separation trauma. She claims that the needle represents an object that replaces the closeness of the mother’s breast on the face concluding that, ‘for the heroin addict the transitional object is transformed into pathological process’.

Miller does not directly state that the ‘heroin addict’ has needle fixation. However, by claiming the needle acts as a ‘transitional object’ that is later ‘transformed into a pathological process’, she implies that the enjoyment of injection is based around a fixation on such a transitional object caused by arrested development at this infantile stage. Loose’s use of Lacan’s mirror stage to explain the general phenomenon of

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addiction furthers Miller’s claims by identifying a precise moment in an unconscious stage, the libidinal encounter at the mirror stage and that this allows for an understanding of needle fixation as a genuine unconscious problem requiring the attention of psychoanalysis.

Miller’s work, like much of the literature on addiction, places too much emphasis on the ‘substance’ rather than the needle. Whilst she presents a viable claim regarding an unconscious cause for injection, she makes this claim in the context of a theory on heroin addiction, thereby emphasizing substance. On the other hand, McBride, Pates and Arnold make claims regarding injection, and particularly ‘needle fixation’, without offering an unconscious cause for either. My research has a relationship with both Miller and McBride but with particular attention to the term ‘needle fixation’ in a psychoanalytic context.

Miller’s claim that the needle is a ‘transitional object’ is curious. The transitional object, according to Winnicott, is an object that replaces the closeness of the infant to the mother.41 This idea is not particularly prevalent in the process of injection described by McBride in Injecting Illicit Drugs.42 For the three elements of body, substance and mechanism at the injection site do not include any reference to an object that might be considered a transitional object. Freud’s description of Dr Taylor43 however, goes somewhere toward assigning the needle the quality of a ‘transitional object’.

His hypodermic syringe with which he gave himself the cocaine, had been taken away and no form of substitute was allowed. He was about as rational as a man who had been taking whisky or opium freely and about as nervous as one from whom these agents had been suddenly taken.44

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42 McBride, Pates and Arnold, Injecting Illicit Drugs.
Notice that in this description, it is not merely the injection that the subject craves but a particular closeness with the hypodermic syringe. In this way, the syringe that has given the self-injection in Freud’s description, acquires the quality of a transitional object. This however, is not Miller’s claim. Rather, she equates heroin with ‘mother’s milk’\textsuperscript{45} and in this sense reverts to the almost universal emphasis on ‘substance’ rather than the mechanism of injection or the fixation on the needle and its use.

A recent collection titled \textit{Understanding Abnormal Behaviour} by Sue, Sue and Sue identifies the phenomenon of the addicts’ ‘needle habit’, observing the ritual that accompanies self-injection.\textsuperscript{46} However, whilst this is briefly mentioned, the authors make little attempt to deal with the subject of ‘needle fixation’.\textsuperscript{47} Sue et al. explain, in detail, the ‘ritual’ of injection in the context of treating addicts. The conceptual leap from the idea of ‘needle habit’ prevalent in Sue et al.’s claims, to the concept of ‘needle fixation’ in the recent work of McBride, Pates and Arnold is profound and the focus of much of this thesis.

The conventional emphasis on ‘substance’ forms a considerable portion of McBride, Pates and Arnold’s claim as they attempt to refute this view of addiction and emphasize the importance of the needle and injection in the phenomenon of transgressive intravenous use. A recent study in psychoanalysis concurs with the view that the needle, not the substance, should form the foundations of our thinking about addiction. Like my thesis, Jen-chieh Tsai examines Burroughs and Loose quite extensively. Whilst the title of his article, \textit{From Need to Needle: the Cult of Addiction in William Burroughs}, reveals a significant relationship with my work, my emphasis is on formulating a theory of needle fixation, a concept to which Tsai does not refer. Additionally, whilst Tsai seems to speak against the self-medication hypothesis by emphasizing the addicts’ use of and relationship with the needle, he also seems compelled to incorporate it into his theory. And whilst he seems to deal with Loose and the jouissance of the needle his theory, while

\textsuperscript{45} J Miller, ‘Heroin Addiction: the Needle as Transitional Object’, p. 293.
claiming to bring addiction into the realm of the symbolic, lacks an extensive extrapolation of Lacan’s mirror-stage.

The euphoria experienced by Lee returns one to Loose’s definition of addiction: it pertains to the act of administration to execute a certain economy and distribution of pleasure and jouissance.⁴⁸

Here, as in the rest of the article, he grapples with the issue of administration only to return to the concept of self-medication before finally merely restating a component of Loose’s thesis.

Namely, through self-medication, an individual regains feelings of reciprocity, by which self and other engage in the triangular dialectic and the subject is somehow able to live on, with minimalism of pain.⁴⁹

This characterization of Loose makes him sound like a self-medication hypothesist. Whilst Loose ultimately reverts to the dominant self-medication hypothesis, I believe his discussion of Lacan’s mirror stage and its connection with addiction provides a far more compelling explanation for intravenous use and forms the foundations for a theory of needle fixation. Whilst this does not appear to be Tsai’s intention, he certainly sets out to argue against the dominant emphasis on substance encompassed in the discourse on addiction, and I share his view. However, he emphasizes the ‘toxicity’ in Loose and, whether this toxicity exists in the realm of the physical or the symbolic it gives the appearance of self-medication. That is, Tsai claims that the needle, because of its symbolic value, self-soothes in a way that the self-medication hypothesis says that heroin self-soothes. I also use Loose’s theory to explain needle use or ‘administration’, however my emphasis is on the mirror stage component of Loose’s theory and a fixation at this unconscious stage. Tsai seems more concerned with how ‘administration’ or injection self-soothes the trauma at the mirror-stage, though he does not mention the mirror stage.

⁴⁹ Tsai, ‘From Need to Needle’, p. 10.
This, despite it being fundamental to Loose’s addiction theory and Lacan’s concept of jouissance, both of which he discusses at length. I will use Loose’s theory in terms of the mirror stage, emphasizing Lacan’s discussion of the prop of the parental other, proposing a fixation at this stage as the cause for compulsive injection thus answering the concerns of Fraser et al. regarding Pates and McBride’s theory of needle fixation.

I will now turn my attention to moral panic and its significance in the discourse on addiction and intravenous use. Loose’s theory of the jouissance of addiction and the connection he draws between masturbation and addiction implies moral panic is the expression of a kind of fear of extinction felt by the non-user in the presence of the user’s jouissance. As I have already observed, moral panic can be described as the neighbour’s ‘fear of extinction’, a reaction to certain activities of the body. This fear is particularly prevalent in the reaction of the collective to the transgressive use of the intravenous needle and needle fixation. When Greg Franzwa uses Aristotle to connect the long associated notions of ‘sin and sickness’, he is effectively though perhaps unwittingly giving voice to a form of moral panic. 50 Moral panic and what I call the discourse of transgressive jouissance are here linked by the fact that both phenomena can be said to ‘blend the language of the sin and sickness models to recognize the cases of repeated behaviours that begin as voluntary and become less so over time’. 51

On this view, the addict’s body has become the subject of moral and scientific discourse, so that the ‘blending’ of the languages of sin and sickness occurs in relation to the addict’s body. Addiction, a symptom of ‘sickness’ in some contexts, has become a symbol of rebellion or ‘sin’ in other contexts. At the same time, contemporary treatments such as the use of medication and approaches such as the self-medication hypothesis emphasize the addict’s ‘sickness’. The debate is entirely focused on the addict’s body, thus fuelling claims regarding both ‘sin’ and ‘sickness’. It is ideas such as this that become the genesis for ‘moral panic’, a concept crucial to my thesis. Later in this thesis, I will illustrate the way in which moral panic operates and revolves around thoughts about

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50 Sue, Sue and Sue, *Understanding Abnormal Behaviour*, p. 20.
51 Sue, Sue and Sue, *Understanding Abnormal Behaviour*, p. 20.
the body of the other. This connection between sin and sickness seems intertwined with the notion of moral panic.

McBride, Pates and Arnold criticize David Moore and contemporary approaches to addiction that have emphasized ‘technologies of the body’ such as methadone treatment and treatments that generally focus on manipulating the addict’s physical addiction and fail to treat what they perceive as the real problem of needle-use. 52 Moore’s view, observed by McBride, Pates and Arnold in *Injecting Illicit Drugs*, seems to reflect Gatson’s conception of moral panic, which focuses on the notion of ‘body ownership’. For it is the body, how the body is conceived, precisely where the body is located and the idea of ‘body ownership’ that connects contemporary addiction treatments, such as those mentioned by Moore, and Gatson’s conception of ‘moral panic’. As I later show, methadone treatment, or any form of pharmacotherapy, can be understood as the state reclaiming chemical ownership of a body lost to jouissance.

Psychoanalysis seems primarily caught up in the chemical hypothesis with regard to the more general problem of addiction, as opposed to needle fixation. The assumption that the body is nothing but a chemical entity provides the foundation for imagining it might be in need of chemical medication, whether from the ‘self’, as in the self-medication hypothesis, or from a medical authority. However not all psychoanalysts take this approach. Mitchell May, for instance, attributes addiction to the addict’s ‘fear of intimacy’ and subsequent ‘transference to the substance’.53

It [addiction] signified the fear of intimacy based on deep-seated distrust, which the analyst must be able to tolerate with a sense of hope that it will lead from a non-human to a human relationship.54

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In the case of one of his addicted patients, May concludes that ‘cocaine use is a substitute for a human relationship, a transference.’

When McBride, Pates and Arnold identify the three elements present at the injection site as ‘body’, ‘substance’ and ‘mechanism’, they pave the way for a vital and unexplored area of interest for psychoanalysis: the needle. This represents a departure from the dominant self-medication hypothesis, the primary focus of which is the ‘substance’ and the chemical hypothesis of the body. This chemical hypothesis is adhered to by May, Khantzian and much of the psychoanalytic material approaching the subject, with perhaps the only exception being Rik Loose. For whilst May, for example, identifies the addict’s ‘non-human’ relationship with cocaine, this non-human relationship is assumed to be based on attraction to the ‘substance’ not the ‘mechanism’ of the needle. By locating the source of addiction at Lacan’s mirror-stage of development, which is a specific, unconscious moment, Loose departs from previous psychoanalytic thinking. Nevertheless, even Loose proposes a kind of self-medication hypothesis, albeit rather abstract, by suggesting that addiction ‘medicates’ the dissatisfaction from the ‘insufficient orgasm’ of masturbation.

Jouissance of the needle can be broadly understood as an enjoyment, a satisfaction of an urge that forfeits the need for social interaction and, perhaps most importantly, originates with a fixation on an unconscious cause. Bruce Fink questions the translation of ‘jouissance’ as ‘satisfaction’. Neither satisfaction nor enjoyment can correctly account for what I am calling ‘the jouissance of the needle’. Fink discusses Lacan’s use of the term ‘jouissance’ in an attempt to address this problem of translation. According to Fink, jouissance is not an enjoyment, but rather it ‘qualifies the kind of kick someone might get out of punishment, self-punishment, doing something that is so pleasurable it hurts’. This introduces the notion of self-punishment and the practice of self-harm, its jouissance and the possible relationship with compulsive injection regardless of substance. Whilst there has been extensive discourse on the subject of self-harm and its various

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58 Fink, A Clinical Introduction to Lacanian Psychoanalysis, p. 9.
motivations, including unconscious explanations from psychoanalysts such as Wurmser, who explains the phenomenon as a response to Oedipal shame and soul blindness, it is not my intention here to draw a link between the phenomenon of self harm and needle fixation.\footnote{L Wurmser, ‘Shame: The Veiled Companion of Narcissism’, The Many Faces of Shame, ed. D. Nathanasm, Guilford Press, 1987, p. 64.} Although there is a seemingly obvious physical relationship, my thesis is that the compulsive injection of the needle fixator, regardless of substance, is caused by a desire to satisfy an unconscious urge, specific to the act of injection.

Lacan classifies jouissance as a form of satisfaction akin to the satisfaction of a drive.\footnote{J Lacan, The Ethics Of Psychoanalysis 1959-1960 Book VII, Routledge, 1992, p. 209.} This understanding of the word extends beyond mere ‘satisfaction’. The satisfaction of a sexual drive, for example, is completely distinct from the satisfaction one feels from a good meal. The jouissance of the needle refers to the needle as a means ‘of getting off…however clean or dirty’.\footnote{Fink, Clinical Introduction to Lacanian Psychoanalysis, p. 9.} Pates and McBride’s research reflects this notion of jouissance. They quote one addict as saying of the needle, that ‘without it, life would be unsupportable’.\footnote{McBride, Pates and Arnold, Injecting Illicit Drugs, p. 48.} Moreover, in this thesis, I claim that the jouissance of the needle finds its origins at the unconscious mirror stage of development and that the ‘kick’ addicts get from the needle is caused by a fixation at this stage.

Theories of addiction generally form the context for a discussion of needle fixation and are therefore relevant to this examination. Some psychoanalytic discourse on addiction seems to revolve around the question whether addiction is a mental disease. Robert A. Savitt wrote that, according to Edward Glover, ‘addictions [are] malignant transitional states between the psychoneuroses and the psychoses’. Whereas Savitt thinks ‘they are perhaps better regarded as a symptom complex rather than a disease entity’.\footnote{RA Savitt, ‘Psychoanalytic Studies on Addiction; Ego Structure in Narcotic Addiction’, The Psychoanalytic Quarterly, 1963, Vol. 32, pp. 43-57.}

Loose does not agree and sets out to define addiction as a bona fide mental illness with an unconscious cause and the possibility of treatment. This is a courageous undertaking, considering:
the long standing interest that many people in the field of psychoanalysis have had in understanding and treating substance use disorders [despite] a belief that substance use disorders cannot be effectively understood with psychoanalytic theory, nor treated with psychoanalytic psychotherapies.\textsuperscript{64}

I believe that the idea addictive behaviours cannot be treated with psychotherapy is a fallacy constructed around the emphasis on substance and the relationship of the physical body to the substance. I will argue that the primary relationship sought by intravenous addict’s body is with the needle, and that the transgressive use of the needle is the result of a fixation at the mirror stage of development, the stage at which Rik Loose locates addiction, aggression and anxiety.

Recent discourse has observed the narrow focus of psychoanalysis. For example, Gottdiener claims contemporary psychoanalytic theories of addiction can be divided into two broad categories:

1. theories that hold that the overindulgence of psychoactive substances helps people tolerate intolerable feelings; and
2. theories that hold that the overindulgence of psychoactive substances provide ‘a constant sense of being accompanied’ by acting as a transitional object in people who cannot tolerate solitude.\textsuperscript{65}

Gottdiener notes that Edward Khantzian established the self-medication model in 1985. It is strange that it took some hundred years to reformulate Freud’s ‘game of chance’ theory to which Loose refers. Loose describes a Freudian patient, Stefan Zweig, who wanted to stop gambling but couldn’t.\textsuperscript{66} His mother was the unconscious object of his sexual desire. He was caught between this desire and the wish to find another sexual object. Loose


\textsuperscript{66} Loose, Subject of Addiction, p. 71.
refers to Freud’s description of Zweig’s inability to detach himself from his mother saying that, ‘the incestuous relationship had to be cut short with a game of chance, which he was unconsciously destined to lose’.67

Whilst this ‘game of chance’ theory refers to gambling and the self-medication hypothesis to drug addiction, both theories propose an explanation for compulsive behaviour and Loose explicitly refers to Zweig to make claims regarding substance addiction. This mingling of compulsive behaviours, gaming and substance abuse, opens the way for an analysis of the behaviour of compulsive, transgressive self-injection or what has recently been characterised by Pate and McBride as ‘needle fixation’. Loose’s use of ‘gaming addiction’ removes the emphasis on substance.

The game of chance theory is connected to the self-medication hypothesis in the identification of ‘people who cannot tolerate solitude’.68 The ‘inability to tolerate solitude’ is the impetus for gambling in the case of Zweig, and substance abuse in the case of the self-medication hypothesis. However, the two theories are distinct from one another in their conception of the body, what the body is, and therefore how it is self-medicated. The recent research by McBride, Pates and Arnold invites a response from psychoanalysis based on Loose’s reference to Zweig and the self-medication hypothesis that supports the claim that the need for a ‘constant sense of being accompanied’ be satisfied by the needle.

The compulsivity of sex addiction reveals a relationship with needle fixation, particularly considering McBride, Pates and Arnold’s emphasis on the ‘compulsion’ to inject. In his *A Psychoanalytic Overview of Excessive Sexual Behaviour and Addiction*, Guigliano explores the recent notion of sex addiction. Giugliano’s observations are important in the context of an evolving literature that links aspects of addiction to sexuality, just as Freud linked masturbation and addiction by treating masturbation as an addiction rather than addiction as a form of masturbation.69 Loose has recently rectified this nuance by using

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Freud’s comments on masturbation to create a theory of addiction that reformulates Freud’s aforementioned link.

An article on illicit drug use by Rezza, Dorrucci, Filbeck and Serafin, recently observed that, ‘it is important to recognize that behaviours that appear similar may have very
different meanings in different people’. This observation is crucial to understanding needle fixation. In 1972, Brechter speculated that addicts used the needle because of the orgasmic rush and proposed the use of methadone because it is most effective when taken orally. Central to Brechter’s project is the elimination of the needle as a means of self-administration. However, Fraser et al. conducted a study of a group of methadone users who had injected their methadone syrup in the past month and volunteered the term ‘needle fixation’ to describe their compulsion. The debate regarding the existence of needle fixation seems to be an argument over the meaning of particular behaviours. The behaviour of injection means one thing to the addict, another to the medical profession and yet another to, for example, law enforcement. In light of the term needle ‘fixation’, the behaviour of injection has yet another meaning for contemporary psychoanalytic theory.

Giugliano, like Loose, links addiction, albeit in specific relation to sexual behaviour, to ‘attachment theory’. His observation in relation to the meaning of behaviours is important to the discussion of needle fixation as the term ‘fixation’ and its implications give meaning to a particular behaviour, compulsive injection, and have attracted debate. This idea is the foundation for the conflicting claims of McBride and Pates and Fraser et al. For McBride and Pates, compulsive injection represents needle fixation. For Fraser et al., the term does not adequately describe the meaning of the behaviour of transgressive compulsive self-injection.

The chemical hypothesis, prevalent in contemporary treatments for the problem of addiction such as methadone treatment, is based on the idea that the physical body is real and addiction to substances can be explained using the principles of chemistry with an emphasis on substance. However, Giuliani’s research focusing on sex addiction and Loose’s work, focusing on masturbation as a metaphor for addiction, proposes a less physical conception of the body and therefore a less chemical explanation for the

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72 McBride, Pates and Arnold, *Injecting Illicit Drugs*; Fraser, Hopwood, Treloar, and Brenner, ‘Needle Fictions: Medical Constructions of Needle Fixation’.
problem of addiction. Chemical treatments do not treat the real problem and this is apparent in the very idea of sex addiction, a ‘substance-abuse problem’ with no substance. For example, Silverman states that an individual’s attachment accounts for an individual’s need for proximity, care and security with a separate other.  

Loose notes that ‘the addict’ seems to exhibit ‘no great need to alter the outside world to satisfy some great need.’ And Giugliano says:

some attachment theorists view sexual promiscuity as offering a temporary relief from anxiety, insecurity and depression comparable to chemical drug dependency.

The idea that ‘sexual exploits give a sense of revenge and the illusion of mastery over what was once beyond a person’s control’ is comparable to the addict’s relationship with the needle in the context of the problem of intravenous drug use.

If sex addiction represents the compromise between conflicting drives of libido and aggression, as Guigliano claims, and sex addiction has no ‘substance’ other than the bodily drives, then the possibility arises for addiction to the physical instrument of the needle. Such an addiction is based on the attraction of technology, offering ‘the illusion of mastery’. The attraction of technology is a prevalent idea in the work of McBride, Pates and Arnold and also Latimer and Goldberg. History informs us that experimental injection began in the medical profession and science, men of Letters revealing a morbid and base curiosity focused on the use of the hypodermic syringe, including Freud himself.

Loose introduces the idea of ‘jouissance’ to the discourse on addiction; the idea that the substance or object of addiction serves some function in the being of the addict and that this function is concerned with a particular enjoyment formed in the unconscious.

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74 Loose, *Subject of Addiction*, p. 69.
75 Giugliano, ‘Sexual Addiction and Compulsivity’.
76 Giugliano, ‘Sexual Addiction and Compulsivity’.
77 Giugliano, ‘Sexual Addiction and Compulsivity’.
development of the human subject. The ‘real’ of addiction, according to Loose, is located at Lacan’s ‘mirror stage’ and has an unconscious cause. This idea is echoed by Lisa Director in ‘The Value of Relational Psychoanalysis in The Treatment of Chronic Drug and Alcohol Use’. She identifies ‘unresolved relational dynamics that derive from the early organizing relationships in a person’s life’. 78

This is comparable to a fixation at the mirror stage of development, an idea implied by Loose but without particular attention to the notion of ‘fixation’. I propose that the needle-fixators fixation on the needle be explained using Loose and his theory of a traumatic encounter at the mirror stage as an unconscious cause for addiction. Lacan’s description of ‘the prop’, the mother holding the child up to the mirror during the process of self-recognition, at the mirror stage and the ‘libidinal encounter’ explains the contemporary self-injector’s dependence on the needle and the practice of contemporary transgressive compulsive self-injection.

This notion of fixation challenges the dominance of the self-medication hypothesis. The ‘Self-medication Hypothesis Connecting Affective Experience and Drug Choice’, to which I have referred extensively in this chapter, was first proposed by Khantzian as ‘a psychoanalysis informed theory of substance addiction that considers emotional and psychological dimensions’. 79

It argues that substance abuse was a compensatory means that unconsciously sought to ‘self-soothe’ and modulate the effects of ‘distressful psychological states’. 80

To manage emotional pain, dysphoria and anxiety, substance abusers use the drug action both physiological and psychological effects to achieve emotional stability. 81

80 Khantzian et al., ‘Self-Medication Hypothesis Connecting Affective Experience’.
81 Khantzian et al., ‘Self-Medication Hypothesis Connecting Affective Experience’.
The scholars formed three logistic regression models to predict alcohol, cocaine and heroin use. A complicated relationship between ‘being’ and ‘substance’ was conceived in Khantzian et al.’s scholarly writings regarding ‘addiction’, now referred to as ‘substance abuse disorder’. This has had consequences for the development of the discourse as we shall see later when we begin to approach the notion of ‘the discourse of transgressive jouissance’.

Khantzian’s paper on self-medication identifies ‘predicting variables’, creating a picture of ‘the addict’ whilst maintaining an adherence to the notion of ‘substance abuse disorder’. The identified predicting variables for the development of addiction to substance include repression, over-controlled hostility, psychomotor acceleration, depression, post-traumatic stress disorder and cynicism scales. These ‘predicting variables’ draw a connection between phenomena of the physical body and the unconscious, perhaps foreshadowing Loose’s use of Lacan’s body of jouissance and the hypothesis of the jouissance of the needle presented in this work.

The alcohol group rated high on repression and depression scales. The cocaine group revealed psychomotor acceleration. The heroin group displayed cynicism. The mention of Freud’s *Civilisation and Its Discontents* indicates a movement toward an internal character study of the addict.82 This, in spite of the tendency toward replacing addiction and the accompanying identity ‘addict’ with ‘substance abuse disorder’ sufferer. This is an idea that perhaps depersonalizes the experiential subject while the theory of self-medication seems to re-subjectify ‘the substance-abuser’ bringing back the accompanying identity of ‘addict’.

According to the self-medication hypothesis, substance addiction functions as a compensatory means to modulate distressful affects and self-soothe from unmanageable psychological states.83

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82 Khantzian et al., ‘Self-Medication Hypothesis Connecting Affective Experience’.
83 Khantzian et al., ‘Self-Medication Hypothesis Connecting Affective Experience’.
It is proposed by the Khantzian model that ‘substance users experience dysphonic emotions as intolerable and overwhelming and cannot manage these emotional states on their own’.

The idea that addicts ‘use drug actions…to regulate distressful emotions and achieve an emotional stability’ is central to Kantzian’s claim. In contrast to this self-medication hypothesis, I propose that the nature of that regulation is however, in some cases, based on the needle rather than the substance. Loose’s thesis that the addict experiences an unconscious desire for the object of the parental other is central to my conception of transgressive needle-use and needle fixation. Thus, my thesis departs from both the dominant self-medication hypothesis proposed by conventional psychoanalysis and Loose’s contemporary theory.

The addicts in Fraser et al.’s study volunteered the term ‘needle fixation’. This term is then used by McBride and Pates to further the idea of needle fixation and elicits a ‘response’ from Fraser et al., in which they argue that fixation is not the correct term to describe the phenomenon, that it is a psychoanalytic term and therefore they say, it has no currency in the current debate. My research will involve an exploration of the term ‘fixation’, addressing this question whether needle fixation is a genuine phenomenon with an unconscious cause. In order to do this, I will use the work of Rik Loose in Subject of Addiction and Freud’s use of the term ‘fixation’ as developed in his Three Essays on Sexuality. Central to Loose’s work is Lacan’s notion of ‘jouissance’. He draws a connection between jouissance and addiction. I will use this notion of jouissance to formulate a psychoanalytic theory of needle fixation, a theory that is absent from the current discourse, both in relation to addiction theory and psychoanalysis.

My thesis also addresses the somewhat contentious issue of moral panic. As I stated in the Introduction, the idea of moral panic, in particular relation to addiction has recently inspired a small body of philosophical and sociological literature. Gatson explores the notion in ‘The Body or The Body Politic’, claiming that an inherent confusion over ‘body

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84 Khantzian et al., ‘Self-Medication Hypothesis Connecting Affective Experience’.
85 Khantzian et al., ‘Self-Medication Hypothesis Connecting Affective Experience’.
86 Pates and McBride, ‘Needle Foucation’.
ownership’ is the impetus for ‘moral panic’. On the other hand, Goode et al. claim that moral panic originates in the moral crusades, has a relationship with witch-hunts and represents moments of historical anxiety. It seems that in the contemporary discourse, in order to articulate problems such as addiction or intravenous drug use, an exploration of moral panic is almost unavoidable. In this thesis, I conceive of a specific moral panic that operates around the issue of intravenous drug use and is particularly prevalent in the intimate world of the family. This particular and profound moral panic seems to reflect a fear of extinction connected to Lacan’s extinction of desire in relation to jouissance.

In the current discourse on addiction, two recent and contentious bodies of research have emerged. Loose’s *Subject of Addiction*, using Lacan’s ‘body of jouissance’ to speculate an unconscious cause for addiction and the current debate on ‘needle fixation’. I will engage with these separate bodies of research, seemingly alienated from each other, and bring them together. I use the theories espoused by Loose and Freud’s speculation on fixation to argue for an unconscious cause for the phenomenon of needle fixation and the accompanying moral panic. My intention is to contribute to the development of both the discourse on addiction and psychoanalytic discourse by understanding needle fixation as a phenomenon with an unconscious cause, located at the mirror stage of development. Like Loose’s *Subject of Addiction*, this represents a significant departure from both the self-medication hypothesis that has dominated psychoanalysis and the speculation on needle fixation that seems curiously to have ignored psychoanalysis.
Chapter 2: Loose, Addiction and Needle Fixation

One of the more interesting recent contributions to the discourse on addiction has come from psychoanalyst Rik Loose. He proposes that addicts suffer from an inability to experience ‘a pleasure missing no part’, as he puts it. Whilst this may seem a strange turn of phrase, Loose justifies this extreme description by identifying in the addict a disturbance at the mirror stage of development. He claims that the passage through the mirror stage, in which the infant achieves ‘self-completion’ is disrupted by the dependence on the prop of the parental other. This prop then becomes the genesis for addictive and compulsive behaviour in later life.

This idea of a pleasure missing no part, Loose claims, is caused by the universal compulsion to masturbate, based on the illusion of complete satisfaction. What is identified by Loose as the ‘insufficient orgasm’ through the practice of masturbation causes, in the addict, an unfulfilled desire which presumably can be traced back to the libidinal encounter with the parental other at the mirror stage. Whilst this is mentioned by Lacan, it seems to be only a small component of his more general theory on the mirror stage. Loose, however, forms the foundation for his theory on addictive and compulsive behaviours based almost entirely on this libidinal encounter. The dissatisfaction with masturbation, theorized by Loose as a feature of the addictive personality, is caused by an unconscious sexual drive toward the parental other.

Loose covers a variety of addictive and compulsive behaviours in his book Subject of Addiction. These include compulsive gambling, alcoholism and other forms of substance abuse, such as illicit drug use. He does not however, address the problem of compulsive self-injection or what Pates and McBride have called ‘needle fixation’. In this chapter, I will use some elements of Loose’s theory to contribute to the debate on needle fixation and ultimately construct a theory of needle fixation based on the libidinal encounter at the mirror stage.
Fraser’s objection to Pates and McBride’s theory of needle fixation is that there is no unconscious cause, or stage of development, at which the subject is ‘detained’ or ‘fixated’. Therefore, according to Fraser et al., we cannot call compulsive self-injection, or obsession with the needle, a fixation. Loose’s recent speculation on addiction provides the foundation for defining needle fixation as a genuine fixation. His speculation on addiction is fertile ground for explaining compulsive self-injection. In this Chapter, I lay the foundations for a theory of needle fixation based on Loose’s recent contribution to addiction using psychoanalytic theory.

I also claim that Loose’s speculation that masturbation is the primary addiction can be used to explain the phenomenon of transgressive intravenous drug use. This reference to Freud firmly entrenches needle fixation in psychoanalysis, thus refuting the claim by Fraser et al. that it is not a genuine fixation. Loose’s theory of masturbation and addiction can be used to substantiate needle fixation as a fixation with an unconscious cause.

It is Freud’s claim that masturbation is a habit, which translates in German as usualness, custom and familiarity. The word ‘habit’ is repeated by addicts from Burroughs to Alice in what I call the ‘discourse of transgressive jouissance’. Loose endeavours to explain the nature of the habit of masturbation and identifies five components to masturbation that contribute to his theory of addiction. These components, all consequences or components of masturbation, are ‘insufficient orgasm’, surplus energy released in laughter, crying and other pathologies of everyday life, the desire for a ‘pleasure missing no part’, a complete discharge of energy, and a fundamental impotence of the human subject in the realm of language and culture.

The desire for a pleasure missing no part and the fundamental impotence of the human subject in the realm of language and culture is apparent in the testimony of the needle-fixators collected by McBride and Pates, and is caused by a process of having to let go of

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1 Fraser et al., ‘Needle fictions’; Pates and McBride, ‘Needle Foulcaltion’.
4 Loose, R., *Subject of Addiction*, p. 72.
an ‘incestuous oneness’ with mother compensated by an orientation towards the law as a symbolic representation of the name of the father.\textsuperscript{5} This is where Loose identifies the cause of addiction. He claims that ‘the addict’ suffers from ‘a disease of culture’ and ‘an incapacity for total happiness’ because of an inability to let go of the incestuous oneness with mother.\textsuperscript{6} This causes the addict to seek out the ‘something else’ of addiction. For some addicts, this ‘something else’ is constituted by the needle.

Lacan describes jouissance as more than an enjoyment, pleasure or love. He describes it as the satisfaction of a drive, as fundamental as the death drive or sex drive.\textsuperscript{7} Loose connects addiction with this form of satisfaction, arguing that the addict, whether addicted to a substance, such as heroin, or an activity, such as gaming, is satisfying a fundamental unconscious drive. It is from this notion that Lacan’s concept of jouissance emerges in Loose’s account of addiction. The needle-using drug addict is satisfying an unconscious drive through the practice of compulsive self-injection.

Since Loose’s claim regarding addiction and its relationship with masturbation is founded in his discussion of Lacan’s unconscious mirror stage a brief discussion of the mirror stage is required. I will then argue for the claim that needle fixation is an unconscious fixation at this stage.

According to Loose addiction has an unconscious cause at the mirror stage of development. The mirror stage, discussed by Lacan, refers to the moment of self-recognition by the infant aged twelve to eighteen months. It is the birth of subjectivity and identification with the body. It is the moment at which I realize the hand in the mirror is my hand. However, significantly, we are not alone at this moment. Fundamental to Lacan’s ‘mirror stage’ and particularly his concept of ‘jouissance’ is his description of the body as fragmented, in ‘bits and pieces’ and necessitating unification by the image. In order to achieve this unification, the infant child requires the support or prop of the parental other.

\textsuperscript{5} McBride, Pates and Arnold, \textit{Injecting Illicit Drugs}.
\textsuperscript{6} Loose, \textit{Subject of Addiction}, p. 72.
\textsuperscript{7} Lacan, \textit{The Ethics of Psychoanalysis}, p. 186.
Loose argues that the support or prop of the parental other is the ‘something else of addiction’. Loose’s argument is in relation to substance. That is, the substance or compulsion of the addict replaces the prop of the parental other. Recent speculation by McBride, Pates and Arnold regarding needle fixation suggests that the needle represents this something else, that it acts as a support or prop in the mind of the needle-fixator. For, whilst Loose suggests or implies that the addict is fixated at the mirror stage, he does not directly address this idea of ‘fixation’. In Chapter 3 of this thesis, I develop the claim that the needle-fixator, the addicts to whom McBride, Pates and Arnold refer, is fixated at the mirror stage and achieves self-completion with the ‘prop’ of the needle. Therefore, the needle fixator’s compulsive injecting is due to him/her being fixated at the mirror stage and the needle represents the ‘something else’ of addiction to which Loose refers.

The prop of the needle replaces the parental other and the needle-fixator, like Loose’s addict, lives with ‘the threat of fragmentation after unification has taken place’. This reference to Lacan’s theory of the mirror stage provides a foundation for a theory of needle fixation that explains the dependence upon or addiction to the needle. Whilst passage through the mirror stage is a universal experience, Loose claims that a ‘traumatic experience’ at this stage is the cause of addiction. I take the view that a ‘fixation’ or arrested development at this stage constitutes an unconscious cause for needle fixation. Thus, whilst the passage through the mirror stage may be universal, arrested development at this stage is specific to the needle-fixator. Loose refers to the needle as neither a specific problem nor fixation, but recent work by McBride, Pates and Arnold seems to necessitate an approach by psychoanalysis to needle fixation.

Lacan claims that the parental other is a prop, a ‘third element’, besides ‘body’ and ‘image’ that can function as a reference point and Loose uses this reference to claim that this is an unconscious cause for addiction. The sparse data on needle fixation implies that the needle-fixator profoundly feels the fundamental inability to attain pleasure that Loose identifies as the consequence of a traumatic experience of the mirror stage. For example, McBride, Pates and Arnold cite a nurse who injected tap water when no substance was

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8 Loose, Subject of Addiction.
available. They describe her ‘pushing the needle in slowly…to maximize the pain and
repeating the process every five minutes’.9 Clearly, the absence of a substance in this example emphasizes the potential of the needle to represent the ‘something else’ of addiction to which Loose refers. Lacan’s article on the mirror stage and Freud’s notion of fixation reveals needle fixation as a fixation on the libidinal content at the mirror stage.

Loose claims the ‘symbolic matrix’ of the mirror stage creates a ‘defect’ in the human subject as it ‘precipitates the formation of the ‘I’ before this ‘I’ is able to identify with psychically processed sexual drives’. This seems to be a reference to Lacan’s description of the ‘libidinal encounter’ with the parental other and leads Loose onto his description of the distinction between phallic jouissance and the jouissance of the body. According to Loose, jouissance of the body is situated outside the reach of the signifier and cannot be pacified by language.

You have to make a distinction between phallic jouissance, which prevails in the speaking subject and the jouissance of the body, which is of a different order than phallic jouissance.10

He argues that the jouissance of the body is asexual because it is never phallicised and that this represents an absence of jouissance of the real. This absence means total satisfaction is an illusion. The fixation at this unconscious moment, where the subject is ‘detained’, is an explanation for the sexualization of the needle and the injection process. Sexual activity or masturbation is transferred from the erogenous regions to the arm or, as in Burroughs description, the leg, where the illusion of total satisfaction seems possible.11 For, it is Loose’s claim that addiction acts as an attempt to ‘regain what was given up or lost, as the result of castration’.12 The same can be said of the compulsive use of the needle, and it is a fixation at the mirror stage that is the cause of this phenomenon.

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12 Loose, *Subject of Addiction*, p. 72.
Loose speculates on the relationship between addiction and masturbation, building on Freud’s claim that masturbation is the primary addiction. Loose observes that some addictions function as a social ‘short-circuit’ symptom ‘and contain the desire to pursue a pleasure beyond the normal pleasure’. These addictions try to break away from the cut of castration and ‘regain what was given up, or was lost, as the result of castration’. The needle represents one such ‘short-circuit symptom’ and that self-injecting addicts such as the nurse cited by McBride, Pates and Arnold are engaging in this unconscious activity. That is, for some addicts, the needle provides what was lost at the cut of castration.

For example, whilst Loose sees masturbation as an addiction and addiction as an attempt to ‘self-soothe’, a feature of the ‘self-medication hypothesis’, he brings this self-soothing, short-circuit mechanism into the realm of the symbolic, describing masturbation as the attempt to reconcile the pleasure principle and the reality principle. What distinguishes Loose, as opposed to other psychoanalysts who adhere to the self-medication hypothesis, is what is self-soothed and how the body is medicated. Whilst Khantzian divides personality types and substances to explain addiction, Loose’s theory is concerned with ‘reconciliation’ of reality and pleasure principles. This departure from the emphasis on substance allows for an understanding of addiction to ‘mechanism’.

According to Loose’s claim and his reference to Freud regarding masturbation and addiction, it would be easy to consider addiction as merely analogous with masturbation. However, whilst this seems to be Freud’s claim when he characterizes masturbation as the greatest of all addictions, it is not Loose’s claim. Loose goes much further, arguing that the unconscious cause of addiction can be found in the unsatisfactory and universal compulsion to masturbate. The ‘insufficient orgasm’ achieved through masturbation leaves the subject in a state of entropy, of loss and this causes the addict to seek out the ‘something else’ of addiction.

14 Loose, Subject of Addiction, p. 69.
15 Khantzian et al., ‘Self-medication Hypothesis’.
There is a problem with Loose’s argument here. If masturbation and its ‘insufficient orgasm’ are universal, then why is the problem of addiction not universal? A similar question can be raised regarding the passage through the mirror stage. That is, the mirror stage is hypothesized by Lacan as a universal stage of development, one through which we must all pass. Why then is it that some of us pass through this stage unscathed while others become addicts? The answer lies in the ‘traumatic encounter’ with the parental other and this is sourced from Lacan’s brief reference to the ‘libidinal content’ at the mirror stage. This ‘libidinal content’ can explain the intravenous users’ seemingly irrational enjoyment of injection regardless of substance. The needle-fixator is fixated at this unconscious stage, a claim I substantiate in more detail in Chapter 3 with a definition of fixation and its relationship to needle fixation.

Loose connects addicts with neurotics ‘who in fantasy have not arrived at detachment from their first objects’ and refers to one of Freud’s patients, Stefan Zweig, to support his claim. According to Freud, Zweig’s inability to stop gambling is the result of his mother being the unconscious object of sexual desire. He is caught between this desire for his mother and the wish to find another sexual object. Unable to detach himself from his mother, the ‘too much of the incestuous relationship had to be cut short with a game of chance, which he was unconsciously destined to lose’. This reference to Zweig and the game of chance represents a movement in the discourse and our way of thinking about addiction. An addiction to gaming is an addiction without substance, a compulsion that opens the way for thinking about other such behaviours such as compulsive self-injection. Compare, for example, this description of Zweig with the aforementioned articulation of the self-medication hypothesis that divided addicts according to their drug of choice, in which the emphasis on substance is overt and unmistakable.

The fact that a gambling addiction is the basis for Loose’s claim that ‘addiction and masturbation can be ways of avoiding depression, pain and anxiety’ distinguishes him from the self-medication hypothesis, which maintains a loyalty to the chemical
hypothesis proposed by Brechter. It is the chemical effect of the drug that forms the foundation of the Khantzian school of thought. Loose’s idea that addiction, like masturbation, forms the compromise between ‘incestuous desire and the fear produced by the realization of this desire’ allows the discourse to enter into the realm of the symbolic. Loose allows for the anxiety that is self-soothed through the practice of addiction to be given actual unconscious content by linking addictive behaviours with masturbation and locating addiction at Lacan’s mirror stage.

Needle fixation is a fixation on the libidinal content at the mirror stage. Loose does not address the issue of fixation. He does however, locate the problem of addiction at the mirror stage. By incorporating Loose’s use of Freud on masturbation and the Freudian idea of fixation, the current issue regarding needle fixation, raised by Fraser et al. in relation to McBride and Pates’ aspersions, might be addressed. That is, the question as to whether needle fixation is a genuine, unconscious fixation is implied by Loose’s connection between addiction and the mirror stage and his theories on masturbation and addiction. The idea that the addict is satisfying an unconscious drive through the jouissance of addiction and that this unconscious drive is sourced from an encounter at the mirror-stage suggests a fixation at the mirror stage. In the coming chapter, I argue that needle fixation can be understood as an unconscious fixation, as described by Freud in his *Three Essays on the Theory of Sexuality*.

20 Loose, *Subject of Addiction*, p. 72.
Chapter 3: Fixation and Needle Fixation

Needle fixation has recently been described as the compulsion to inject regardless of substance.¹ This claim has been rejected on the basis that so called ‘needle fixation’ is not a fixation in the psychoanalytic sense. Fraser et al., for example, question the use of the term ‘fixation’, citing its psychoanalytic origins as ‘arrested development at an unconscious stage’ and claim the term has no value in describing compulsive injection.²

In this chapter, I will present a theory of needle fixation using Freud’s definition of fixation to argue that needle fixation is a fixation on the ‘libidinal content’ at the mirror stage of development. That is, needle fixation, the repeated puncturing of the skin and veins by injecting drug users is the imaginary consummation of the libidinal encounter with the parental other at the mirror stage.

In his *Three Essays on the Theory of Sexuality*, Freud discusses, or at least refers to, ‘fixation’ at length. In one of these discussions he states:

> Many persons are detained at each of the stations in the course of development through which the individual must pass; and accordingly, there are persons who never overcome the parental authority and never, or very imperfectly, withdraw their affection from their parents.³

Hence, fixation represents a failure in the human subject to move through a particular unconscious stage. The question remains whether addiction to the needle can be accounted for in terms of this definition of fixation or whether it is best explained by the traditional association with substance.⁴ This traditional argument supposes that the addict compulsively injects for the ‘orgasmic rush’ of an immediate and excessive

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¹ McBride, Pates and Arnold, *Injecting Illicit Drugs*.
⁴ Brechter, *Licit and Illicit Drugs*.
injection of the substance into the body using the hypodermic needle. Theorists such as Brechter claim that addiction to the needle is, in fact, addiction to the substance.

This may explain the desire to inject or the addicts’ choice to use the needle as a means of administration over other means. However, it does not explain the recently identified compulsion to inject regardless of substance. The compulsive nature of the behaviour, the desire to repeat the act of injection, is not accounted for by the association with ‘substance’, which is the genesis of psychoanalysis’ self-medication hypothesis and other theories of addiction that see needle use in terms of the administration of the drug. Thus, the compulsive, repetitive injection appears to provide the addict with a satisfaction that is independent of substance. Hence, the needle and its interaction with the body have been sexualized by some users and this has little, if anything, to do with the substance being injected.

This idea of needle and body taking precedence over substance removes one of the three elements identified at the injection site by McBride, Pates and Arnold. The ‘mechanism’ and the body are the sources of enjoyment for addicts studied by these authors. This seems to require a discussion of the body. What is happening in the body of the segment of the population of intravenous drug users I have labelled the ‘needle-fixators’? Freud discusses erogenous zones on the body. These zones are sources of pleasure that have been unconsciously eroticized and form the foundation for various compulsive activities such as thumb-sucking. In the case of thumb-sucking, the mouth has been eroticized.

In the perversions which claim sexual significance for the oral cavity and the anal opening the part played by the erogenous zone is quite obvious. It behaves in every way like a part of the sexual apparatus. In hysteria these parts of the body, as well as the tracts of mucous membrane proceeding from them, become the seat

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5 Brechter, *Licit and Illicit Drugs*.
6 Pates and McBride, ‘Needle Foucation’.
of new sensations and innervating changes in a manner similar to the real genitals when under the excitement of normal sexual processes.7

With this in mind, how might we understand needle fixation? Needle fixation is the eroticisization of the activity of self-injection, regardless of substance. The ‘disassociation of the sexual instinct’ provides the injecting drug user with a new location for pleasure, the injection site on the body, the needle itself behaving in every way ‘like a part of the sexual apparatus’.8 Further to this, various recently published health journals and users’ guides warn users not to inject repeatedly in the same vein.9 This implies that, without this warning, users otherwise would inject into the same vein. Indeed, many of the health problems associated with intravenous drug use, such as collapsed veins, are caused by this single tendency. Therefore, is the compulsion to inject an eroticization of the injection site on the body?10 Perhaps this represents an attempt by the intravenous drug user to create a new location for pleasure on the body, a new orifice by which the addict might satisfy an unconscious drive. It appears to be common among the particular group or segment of the population of addicts said to be suffering from needle fixation.

Needle fixation is not only the compulsion to inject but an eroticization of the injection site on the body, evidenced by the failure of the addict to ‘rotate the injection site’ and it has an unconscious cause: the traumatic unconscious experience with the parental other at Lacan’s mirror stage.11 Compulsive self-injection represents a consummation of this libidinal encounter. The compulsion to inject regardless of substance, experienced by a portion of the addict population, is a symbolic satisfaction of this infantile sexual drive.

9 A recent guide to safe injecting warns of ‘Not rotating your injecting site. By continually injecting at the same spot, you damage that spot faster than it can repair itself, increasing the rate of vein collapse. You also increase your chances of getting an abscess or other infection.’ http://www.bluebelly.org.au/reducingrisk/article.aspx?aid=178, accessed online July 7, 2010.
This assigns needle fixation to the realm of the unconscious and explains the desire to inject regardless of substance.

The libidinal encounter with the parental other at Lacan’s mirror stage is the unconscious fixation of ‘needle fixation’.\(^{12}\) This libidinal content explains the almost irrational connection with the needle, described by addicts in the research conducted by McBride Pates and Arnold.\(^{13}\) In the case of needle fixation, the libido has been transferred from the erogenous regions to new locations for pleasure, the injection site where addicts are identified as injecting into the ‘same spot’.\(^{14}\) It is this libidinal attachment to the arm and the needle, the fluid and the blood that has been missing from the current debate. The act of compulsive injection is merely symptomatic of a deeper, unconscious drive. This explains recent research that has identified a particular way of conducting relationships specific to addicts: ‘such relationships are characterized by parental models of self-control and emotion regulation’.\(^{15}\) By specifying a mode of relating, specific to the addict, these recent medical researchers are identifying what Loose has noted in the process of treating addicts with psychoanalysis, that the ‘relationship is not apriori’ as it is in ‘ordinary psychotherapy’.\(^{16}\) Combining this tendency, common to addicts including needle addicts, with Loose’s research and McBride and Pates’ data, I claim that the addict is satisfying an unconscious drive by the act of compulsive injection.

The compulsion of ‘compulsive injection’ resembles masturbation, which Freud described as ‘the greatest of all addictions’. It is the compulsive nature of masturbation that connects it with needle fixation or an addiction to injecting. The ‘insufficient orgasm’ achieved through the universal compulsion to masturbate leaves the human subject with ‘surplus energy…released in laughter, crying and other pathologies of everyday life’.\(^{17}\) Unlike Loose, who argues that addiction to substances and other compulsions are attempts to achieve the complete satisfaction that masturbation fails to


\(^{13}\) Addicts are quoted as say that life without the needle would be ‘unsupportable’.


\(^{16}\) Loose, *Subject of Addiction*, p. 18.

\(^{17}\) Loose, *Subject of Addiction*, p. 72.
provide, I propose that the act of injection for some needle using drug addicts constitutes a form of masturbation. It is an attempt to achieve complete satisfaction which cannot be provided by masturbation because of the disturbance at the mirror stage at which the needle fixator is fixated.

What is important about the notion of needle fixation is not the repeated puncturing of the skin, as McBride, Pates and Arnold claim, but the fact that for the intravenous drug user, ‘libido has attached itself [to the needle and] it produces a particular mode of satisfaction’. This libidinal content, identified by Laplanche and Pontalis as the definition of ‘fixation’ gives substance to the ethnographic descriptions of ‘compulsive self injectors’ offered by recent addiction theorists. It also offers insight into the ‘incestuous and masturbatory activities’ that are taking place at the site of injection.

The libidinal attachment to the needle can be traced back to the mirror stage where Lacan describes the ‘prop’, the parental other who holds the child to the mirror and becomes integrated into the child’s self-image and the needle, rather than the world becomes the source of self-completion. This is how Loose argues for an unconscious cause for addiction. This can explain the disputed notion of needle fixation. That is, Loose argues that all addictive behaviour is indicative of the impotence of humanity to achieve complete satisfaction and that this impotence can be traced back to the mirror stage. I argue that compulsive injection, particularly, can be traced back to a disturbance at this unconscious stage.

I contend that needle fixation, as opposed to addiction generally, is located at the unconscious moment of the mirror stage. The needle is the third party during the mirror stage of development, the parental other, who helps and encourages the child to recognize its image in the mirror, ‘a third element that can function as a reference point’. The existence of this reference point, coupled with the idea that the organism is in bits and

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19 McBride, Pates and Arnold, Injecting Illicit Drugs.
20 Loose, Subject of Addiction, p. 83.
pieces creates a ‘symbolic matrix’ that ‘precipitates the formation of the ‘I’ before this ‘I’ is able to identify with psychically processed sexual drives’.22 This is where the possibility of a relationship with the needle is established and the self-completion it provides in the addicts identity. Addicts quoted by McBride, Pates and Arnold say of the needle: ‘Without it, life would be unsupportable.’23 Fraser et al. claim that this fact alone does not warrant the use of the term ‘fixation’. What is required is an unconscious explanation and that is the concern of my thesis.

The experience of self-injection, for example, can be explained by appealing to Lacan’s jouissance. This is why it excites both enjoyment and repulsion in the user and the other. Examples of this enjoyment and repulsion can be found in McBride, Pates and Arnold. Self-injectors describe an enjoyment elicited from ‘self-inflicted pain…they talk as though self-punishment were a pleasure’.24 Some of Burroughs’ descriptions of injection barely disguise the metaphor with intercourse, ‘Ike’s gentle finger’ and ‘Ike was good.’ The simultaneous existence of enjoyment and repulsion assigns needle fixation to the realm of jouissance.

Non-medical self-injection represents a fixation, an activity in which:

   the subject seeks out a particular activity or else remains attached to certain properties of the object whose origin can be traced back to some specific occasion in the sexual life of his childhood’.25

This ‘specific occasion’ is the libidinal encounter at the mirror stage of development where addiction, as well as anxiety and aggression are located. The problem with the current debate is that it seems only to deal with the notion of injection, or compulsive injection, with regard to the construction of a theory of needle fixation.26 It addresses the problem of the needle and ignores the fixation of the user, who reveals a preference for

24 McBride, Pates and Arnold, Injecting Illicit Drugs, p. 51.
26 McBride, Pates and Arnold, Injecting Illicit Drugs.
injecting. This is primarily caused by a disproportionate emphasis on substance, the origins of the self-medication hypothesis and Brechter’s theory that addicts inject for the ‘orgasmic rush’ brought about from the rapid and efficient administration of substance. A compelling recent example that questions this view is the practice of femoral injecting, where the user repeatedly injects into the femoral area, the enjoyment seeming to be independent of substance and overtly concerned with the enjoyment of the activity of repeated injection.27

In conclusion, needle fixation is caused by a disturbance at the unconscious mirror stage of development. It is indicative of an overdependence on the parental other and the mirror stage, a fixation on the ‘libidinal encounter’. The needle, for the needle-fixator, is not merely a means of administering a drug, it provides the sense of self-completion usually assumed to be the function of substance to self-medicate, particularly in the field of psychoanalysis.28 This self-completion is achieved by a sexualization of the needle and the injection site on the body, the creation of a new orifice, and it has an unconscious cause. This unconscious cause is a disturbance at the mirror stage and compulsive self-injection is a form of masturbation, fantasising intercourse with the parental other.

28 Loose, Subject of Addiction, p. 113.
Chapter 4: The Needle In The Ego Era: A History

In this chapter, I consider non-medical self-injection as a practice that has emerged in the modern era. It was at the turn of the twentieth century that the regulation of the administration of drugs such as morphine and cocaine was passed from the medical establishment to the law.\(^1\) In what follows, I will consider the appropriation of the needle from the medical establishment by the transgressive ego of the self-injector as the historical context in which the concept and problem of ‘needle fixation’ has emerged. I claim that Brennan’s recent theory of history, based on Lacan’s notion of the ego, can adequately describe the development of transgressive non-medical self-injection as a social and criminal problem.\(^2\)

The history of non-medical self-injection and the fact that it occurs along the time line of Lacan’s ego era offer insight into what the phenomenon of non-medical self-injection represents. The reaction to Pates and McBride’s paper is not entirely unlike the reaction of the medical establishment to Freud’s recommendation of injection. This is not entirely unlike Samuel Pepys reaction to Christopher Wren’s experiment of killing a dog with morphine, while discovering the existence of the blood-stream using what he called a ‘syringe’, even though, as McBride, Pates and Arnold note, the syringe was yet to be invented. Wren injected and killed the dog with a ‘crude device consisting of a quill and a bladder’.\(^3\) Doctor Phillips in the 1800s ‘personally discontinued’ the recommendation of self-injection. This episode in the history of self-injection reveals the emergence of moral panic that continues to re-emerge in contemporary times as the ego moves from the wings onto centre-stage, fuelled by the ‘attraction of technology’. The recurring response of the non-addict to the addict’s behaviour is indicative of both the fixation of the addict on the needle and the moral panic reaction.\(^4\)

\(^1\) Latimer and Goldberg, *Flowers in the Blood*, p. 55.
\(^4\) Latimer and Goldberg, *Flowers in the Blood*, p. 56.
When Freud wrote his controversial papers on the use of cocaine, he did so under the guise and protection of medical authority.\textsuperscript{5} Contained in the documents are countless descriptions of self-injection and recommendations of injected cocaine as a cure for various ailments from localized areas of pain to mental anguish and, in the case of his friend Fleischl-Marxov, a suggested cure for a chronic morphine habit. Freud’s ‘cure’ of injected cocaine killed Marxov. Loose has recently suggested this event contributed significantly to the ‘silence’ of psychoanalysis on the subject of addiction. \textit{Cocaine Papers} contains specific reference to Freud’s recommendations for cocaine use. Freud lived and worked in a period of history I would classify as the birth of prohibition, which began around the turn of the twentieth century. The death of Marxov can be seen as a moment in history in which the ego moves from the wings to centre stage, when medical experimentation becomes the harmful self-administration of enjoyment.

The work of McBride, Pates and Arnold in \textit{Injecting Illicit Drugs}, as distinct from their work on ‘needle fixation’ and McBride’s historical account, reveal a phenomenon that began with the assumption that the body was the property of the medical establishment. Self-injection was recommended by medical practitioners with the underlying assumption that the vein would be consciously avoided.\textsuperscript{6} This assumption proved incorrect when heroin and cocaine addicts from Cairo discovered the vein. However, McBride, Pates and Arnold refer to Doctor George Jones who began ‘hitting veins by accident’ while in \textit{Flowers in the Blood}, Latimer and Goldberg somewhat controversially suggest that the practice of self-injection had potentially been going on for more than a century prior.

The history of non-medical, transgressive self-injection lends itself to Brennan’s use of Lacan to create a theory of history.\textsuperscript{2} Extending Brennan’s approach, the ego of the addict has emerged from the shadows to appropriate the medical instrument of the needle and absorbed it into a body of jouissance. The development of the problem of needle fixation and the enjoyment of self-injection indicates that the body of the user has reinvented this medical procedure as a form of enjoyment.

\textsuperscript{6} McBride, Pates and Arnold, \textit{Injecting Illicit Drugs}, p. 43.
As the ego era and prohibition of injectable drugs progressed, substances such as morphine and cocaine were criminalized, although heroin remained legal and available for some time. However, the nature of the discourse representing injection underwent a serious transformation. A more stark comparison can barely be imagined than that between some of the narratives in *Cocaine Papers*, written in the latter part of the nineteenth century, and Burroughs’ *Junky* from the 1950s, which pre-empted the rebellion of the sixties. By the time Burroughs self-injected heroin and morphine in the same way Freud had self-injected cocaine, the needle was a powerful symbol of transgression. Freud’s experiments were frowned upon by colleagues and, although cocaine was not illegal at the time, *Cocaine Papers* notes the ‘resistance’ of the medical establishment. In Burroughs’ account, the needle, or evidence of its use, becomes a method of policing. ‘The Drug Addicts’ Law’, in which law enforcers, whom Burroughs calls the cops, check addicts’ arms for needle-marks and arrest them for being a drug addict. Their only crime is evidence of self-injection, illuminating the real nature of such a ‘crime’. These addicts were not arrested for possession or use of a prohibited substance but for having used the needle as a form of self-enjoyment.

Whilst the articulation of the law and its development overtly claims to be founded on concern over ‘substance’ such as, for example, the treaty between Britain and China signed in 1905 and labelled the ‘accords on opium’, the enforcement of such laws, it seems, is based on ‘mechanism’ and moral panic. This represents the fear of extinction self-injection elicits in the collective. The reaction of the law to self-injection is to forbid it in an effort, according to Goode’s moral panic, to alleviate the ‘threat’. Whilst, for example, Latimer and Goldberg explain the nature of this threat as founded in the substance, I concur with McBride, Pates and Arnold who imply that the ‘threat’, articulated in these historical examples, is in the mechanism of injection and the misuse of the medical instrument of the needle for the purpose of enjoyment. Whilst prohibition of various substances (such as opium and marijuana) coincides with the

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historical hypothesis I propose, the evolution of self-injection occurs over the same historical period,

Before the nineteen twenties, this practice [intravenous/self-injection] was unknown despite the knowledge among medical practitioners...[and] may have been an accidental discovery that spread among heroin users.13

The example from Burroughs, involving policing the body of the addict for needle-marks, illustrates the way in which a medical procedure, injection, became a method of detecting and policing the crime of drug-use. The power of policing addiction was transferred from the authority of the medical profession to the authority of the law. The fact that the law began policing the process of self-injection (the ‘mechanism’) under the guise of policing the banned substance, reveals an underlying discomfort or a ‘moral panic’ reaction that is not so much focused on the substance as the enjoyment of administration. The law, it seems, was not enforcing protection of its citizens from a dangerous chemical substance - itself a ‘moral panic reaction’- but a practice of self-enjoyment, a kind of sublimated masturbation.

Latimer and Goldberg point out that the ‘narcotic laws’ in the United States began with subtle racial overtones. This is significant for locating both the needle-fixator and the moral panic in a social context involving an ‘us’ and ‘them’ dichotomy that exists in the background of contemporary treatment approaches. Led by Dr. Hamilton Wright, the authors observe that he ‘had nothing against snide racial slurs if they won converts to the anti-drug campaign he was waging in 1910’.14 There was an unquestioned idea that the oriental, Aboriginal and African American races the globe over were somehow more susceptible to ‘the evil of drink ... and opium’.15 Reverend Wilbur Crafts, a prominent missionary in the Orient, chimed into the debate ‘lobbying in Washington for endorsement of an international temperance measure to outlaw liquor and opium among

13 McBride, Pates and Arnold, Injecting Illicit Drugs, p. 6.
the child races’. 16 The mingling of the obscure jouissance of the black man and ‘the addict’ has contributed to shaping the social identity of ‘the junky’. 17 This, coupled with the injection of dogs and ‘malefactors’, contributes to the prevailing discourse of power relations that accompanies the history of addiction and the law.

Wright’s insistence upon stamping out the opium problem, which he attributed to the Chinese and Arabs, merely resulted in replacing addicts’ use of morphine and opium with heroin, which remained legal and easily accessible. However, the United States ‘Harrison Act’ raised awareness of the problem of addiction by moving toward prohibition and in turn transformed a bodily jouissance for which the appropriate authority had been medical practitioners, into a jouissance of transgression, or a criminal act, accounted for by law. The ‘Harrison Act’ was significant in terms of my discussion of needle fixation because its focus was particular to injectable drugs and began the global push to criminalize non-medical use of morphine and eventually cocaine and heroin. This did nothing to end the problem of self-injection but merely transferred the prevailing authority from the medical profession to the lawmakers and enforcers, and probably encouraged the user toward the intravenous route as availability of drugs became scarce. It is in the body’s journey from ownership by the medical profession to ownership by the law that the character of ‘the junky’ is born.

The recent legal concept of ‘status offending’ is relevant here. 18 Whilst ‘status offending’ is a term used to refer to laws specifically to youths, Junky reveals new prohibitionist laws were specifically directed at addicts. The above observation of ‘Wright’s insistence’ is an example of status offending according to race. Police checking the arms of citizens for needle-marks is evidence of how the status offending of drug use was detected amongst needle-using addicts. The status offending of the addict originates from their being, their identity and is comparable to the treatment of the juvenile by the law. By

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17 E Galioto, ‘Female (Mis)Identifications: From Uncle Tom’s Cabin’s Jealousy to Beloved’s Shame’, Psychoanalysis and La Femme, accessed online January 2010.
extension, the very act of writing *Junky* is a status offence committed by Burroughs as an addict in the context of the creation of discourse of transgression that openly defies the law.
The distinction between transgressive jouissance and the jouissance of transgression is significant in understanding ‘the discourse of transgressive jouissance’ in relation to *Junky*. Over the course of history, it seems that the discourse describing non-medical self-injection has shifted from scientific description to the realm of transgression. The transgressive jouissance of injecting cocaine documented by Freud in *Cocaine Papers* almost inexplicably becomes the jouissance of transgression in *Junky*. I say almost inexplicably because I believe it can be explained using Lacan’s ‘fledgling theory of history’ expounded by Brennan.\(^{19}\) The ego enters from the wings and takes centre stage in the period between the publication of *Cocaine Papers* and *Junky*.

Transgressive jouissance refers to an enjoyment that is transgressive only in relation to a law that prohibits such an enjoyment. For example Freud’s cocaine use is not a transgressive jouissance while Burroughs’ is, and our understanding of these activities and their impact on the body and what they mean is in direct relation to the law. Whereas the jouissance of transgression is the enjoyment of ‘trampling Sacred laws … under foot’, transgressive jouissance is dependant on the law for its quality of rebellion.\(^{20}\) Burroughs’ deliberate defiance of the law and his engagement with the ‘criminal’ element is indicative of transgression while Freud’s use of a medical procedure to administer self-enjoyment is transgressive. When I refer to *Junky* as ‘the discourse of transgressive jouissance’, I am noting the union of Lacan’s two distinct concepts of transgressive jouissance and the jouissance of transgression, a union that occurs in the social reception of the text. Thus, it is the discourse that is transgressive.

Loose connects *Cocaine Papers* and *Junky*, calling them ‘the phenomenology of addiction’ but, in a veiled reference to *Junky*, he says ‘the jouissance of transgression is part of the symptomaticity of the jouissance of addiction’.\(^{21}\) He is careful not to label Freud a drug addict and yet freely refers to Burroughs as such, under the pen name William Lee. The use of a pseudonym shows the cultural appropriation of the addict’s body and the failure on the part of all concerned, perhaps including Burroughs himself, to

\(^{19}\) Brennan, *History After Lacan*.


\(^{21}\) Loose, *Subject of Addiction*, p. 258.
distinguish between the body and the text. Thus the ‘discourse of transgressive jouissance’ is transgressive because it represents a body of jouissance in relation to a law that prohibits the jouissance of drug use. However the jouissance of transgression is well and truly present in Burroughs. The text begins with a reference to ‘a hard-working thief’, ‘a bad character’ and ‘an army discharge’, so his drug use through the needle is a further manifestation of his innate defiance of the law or criminality.22 Whilst this defiance is absent in Freud, both seemingly represent ‘the phenomenology of addiction’, according to Loose.

In contrast to Freud’s transgressive jouissance, Burroughs’ crime is the crime of a criminal, the jouissance of transgression. The existence of texts such as Junky, the ‘trampling’ of ‘sacred laws’ and the underground activity of transgressive non-medical self-injection, an activity associated with addiction which Loose identifies as having an unconscious cause, suggests a subtle historical movement to an era of the id. Brennan’s sense of Lacan’s history locates non-medical self-injection in the ego era. However, the history of the needle, the powerful unconscious lure that creates the crime of its jouissance in relation to a law that prohibits jouissance and mounting moral panic all appear to have strong associations with the notion of ‘fixation’. This suggests that, whilst the bulk of the population may be temporally located in the ego era of history as propounded by Brennan, the presence of the id in various social or ‘anti-social’ environments is evident in the realm of transgression. Self-injection represents one such transgression, where the id, not the ego, is the driving force behind this cultural behaviour.

What is important is the coming together of two principles: that of introducing a substance into the body and the mechanisms by which the syringe acts as a pump.23

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22 Burroughs, Junky, p. 1.
23 McBride, Pates and Arnold, Injecting illicit Drugs, p. 3.
Consider this description of the practice of injection and the interaction between the needle and the physical body. Questions of body ownership and the rights to one’s own
body become central to this thesis in a later discussion of ‘moral panic’. However, in
terms of the historical context, there is a decisive movement in the discourse from
locating the body as the property of medicine and science to a less definable, unconscious
location for the body in the self of the human subject. Indeed, Loose, using Lacan,
speculates that the body is ‘a constructed reality based on identification with something
outside the subject and this is the locus for identification’.24

When the body becomes the context for the location of injection, the ‘crime’ of
jouissance has already been committed by this emphasis on the body. Historically
speaking, it is the ego remaking the world in its own image and in Burroughs this direct
challenge to authority is more pronounced than in Freud’s practice of self-injecting
cocaine for medical experimentation. What both these examples illustrate is the alienation
of the self from the body and the appropriation of the body by the state. Historically
speaking, this appropriation of the body, first by the medical establishment and then by
the law, represents a key motivator for the user to reclaim the body and self-determine
through needle use and self-injection.

For a long period, needle-use was prevalent in medical contexts. However, entrance into
the vein was a practice consciously avoided, at least in medical circles. This is in spite of
the fact that Hunter’s invention of the needle in 1858 was said to have ‘improved’ on
Wood’s syringe by ‘adding a pointed needle with a lateral opening’.25 The needle then
was groomed for a union with the vein, although this practice was forbidden then by the
medical establishment. The movement of authority from the medical establishment to law
enforcement represents the establishment of the body of jouissance as a body of crime
and is the first insinuation of an institutional confusion between a transgressive
jouissance of the body and the jouissance of transgression. This confusion persists to the
present day. Over the course of time and in a multitude of contexts, the three elements

present at the injection site, ‘body’ ‘substance’ and ‘mechanism’, are joined by jouissance and crime.26

Freud’s description of the ‘young doctor’ with what contemporary discourse classes as a ‘needle fixation’ or ‘the compulsion to inject’ certainly suggests that union with the vein was common practice long before it was recognized as such. For injecting under the skin as opposed to puncturing the vein was the only recognized practice. 27 What is apparent in the descriptions of the historical development of non-medical self-injection is the imposition of limits on needle use from the medical establishment. The transgression of those limits by an evolving body of jouissance which in turn is subsequently linked to prohibition of the substance allows the law to react against the transgressive body. The phenomenon of ‘moral panic’ in relation to self-injection finds its earliest murmurings in the historical development of the needle, its appropriation by the evolving body of jouissance and the reaction of medicine and the law to this appropriation through the criminalization of desire.

Lacan makes this observation of Freud:

In one place he doesn’t disguise the fact that those jouissances that are forbidden by conventional morality are nevertheless perfectly accessible and acceptable by some people who live in certain conditions.28

The ‘conventional morality’ in relation to needle-use seems somehow to assume the body is the property of science and medicine. The advent of the historical ego era has seen a challenge to this ‘conventional morality’ and the authority that governs the body. That is, an authority Lacan observes Freud has the privilege to question. When the body becomes the context for the medical procedure of injection and jouissance becomes its end, the prevalence of the ego creates moral panic in the other. This is partly the product of

26 McBride, Pates and Arnold, Injecting Illicit Drugs, p. 3.
medicine losing its authority over the body and the practice of injection. McBride, Pates and Arnold note that the practice of self-injecting began with doctors giving needles and medicine to patients so they could self-administer. This sense of self-administration in the context of the law as the dominant ruling authority criminalizes ‘body’ and ‘mechanism’, the needle and its user, as well as substance. In response to this ‘criminalization’ of the ‘body’, the ‘mechanism’ becomes the visible sign to law enforcers of defiance of the law, while prohibition in the earlier medical context drove the desiring body and its activities underground.

I started this chapter speculating on the comparison between Freud’s writings on cocaine in *Cocaine Papers* and Burroughs’ *Junky*. In the Introduction, I stated that this chapter would concern itself with the history of non-medical self-injection, locating the development of the problem in the context of crime in Lacan’s ‘ego era’. I argue that Wren’s experiment of injecting morphine into the hind legs of a dog and Hunter’s ‘attractively technological’ invention of the needle was appropriated by the transgressive ego and absorbed into an evolving body of jouissance. 29 Over the course of ‘Lacan’s fledgling theory of history’, 30 the attraction of technology becomes fertile ground for the expression of unconscious drives, a ‘libidinal encounter’ with the parental other finding expression in the process of self-injection. The ‘knowledge in the real’ of which Rik Loose speaks is the reason why Dr Clifford in 1886 ‘personally discontinued’ the recommendation of self-injection. 31

The de-medicalization and criminalization of the body and its activities in relation to self-injection merely reveal the fact that the body has never been our ‘own’. The practice of self-injection, from a Foucauldian perspective, is an attempt to reclaim ownership of a body that is considered to be the property of medicine and the state. The medical profession and the state forbid the practice of illegal drug use, while the body in its interaction with the needle emerges as the primary act of rebellion against these

31 Loose, *Subject of Addiction*.
authorities. As a consequence of this new context of rebellion for injection, the regulated and moderated use of the needle monopolised by the medical profession is replaced with an unregulated criminal context for the body and the administration of enjoyment.

Gatrell, in an exploration of crime and the law titled *Theft and Violence in England 1834-1914*, speaks of the selection of crimes and criminals in the expression of ‘changing public, police and judicial attitudes’. 32

The latitude left to control agencies to select crime and thus ‘create’ criminals may indeed at this level be disconcertingly wide. 33

Gatrell speaks of a law that ‘may indeed be highly unstable, irregular and even whimsical’. 34 He describes ‘control reactions’ to new offences like the checking of needle-user’s arms for evidence of self-injected illegal drugs in Burroughs. This seems have a relationship with Lacan’s idea of a ‘path cleared’ and my general discussion of how non-medical self-injection became linked to crime. 35 The law plays a role in crime because the act of forbidding a particular activity, such as the self-injection of particular substances, becomes an act of rebellion, a transgression in relation to the law. I have noted Reverend Wilbur Crafts and the ‘racist slurs’ to illustrate the moral panic inherent in this control reaction to drug use. Sharpe observes that:

Considerable powers of social control, ultimately enforceable through the Law Courts, were invested in the parish clergy. 36

Thus the power of Crafts’ propaganda in the progressive transformation of the body of jouissance into a body of crime cannot be understated. The ‘unstable’, ‘irregular’,

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'whimsical’ ‘control reactions’ of the law to the newly moralized body fuel and react to the ‘moral panic’ response it produces. This contributes to the emergence of the body of jouissance as contextualized in Lacan’s ego era. When Lacan talks about Antigone and the notion of ‘transgressive jouissance’, he speaks of a ‘crime that goes beyond the natural order of things’. Gatrell notes the creation of criminals by the law. The development of drug use as a ‘crime’ and evidence of self-injection as a means of proving such a crime is pertinent to Gatrell’s observation.

The history of non-medical self-injection, as told by McBride and Latimer and Goldberg, is littered with an array of strange and interesting characters. As already mentioned, there is Christopher Wren and his controversial experiment of ‘killing a dog’ as it is described by Samuel Pepys. There is Charles Hunter and his ‘attractively technological’ invention of the needle. McBride, Pates and Arnold also refer to women in the nineteenth century using the needle to scent the body so that it becomes a tool for the administration of perfume. All the while, there are the cases of moral panic in the background, like Wilbur Crafts, his insulations of ‘evil’ in relation to opium, and legal interventions like the Narcotics Laws of 1906. There is Freud and his recommendation of cocaine injections followed by a denial of such a recommendation.

Finally, there is Burroughs and his reference to the ‘Drug Addict’s law’ by which addicts were identified and arrested according to needle-marks, which provided the evidence of transgressive self-injection. I will address these moments of moral panic separately as this work progresses, but my point here is that the needle has been slowly, and surely, delivered from the objectivity of science into the transgression of the human subject over the course of Lacan’s ego era.

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In response to this emergence of the ego, the reaction of the neighbour has been as if the neighbour’s body is ‘breaking into pieces’. The reaction of the neighbour to the process of self-injecting coincides with a steadily building moral panic, a reaction that suggests the addict’s body somehow represents a threat to the existence of the other. In Lacan’s words, self-injection is the ‘breaking into pieces of the neighbour’s body’. The transgressive use of the needle creates the possibility where the addict may ‘not need to alter the external world to satisfy some great need’.39 However, ‘moral panic’ over drug use has always existed and explains why the issue has emerged in recent discourse on the subject of addiction. The emergence of the ego has seen the addict or needle-fixator criminalized and easier to detect as demonstrated in Burroughs then pitied in the sickness of the figure of Alice.

Pates and McBride’s article on needle fixation is titled ‘Needle Foucation’. Fraser et al. respond that ‘needle fixation’ is a ‘product of discourse … of both fact and fiction’.40 The use of the term ‘Foucation’ occurs only in the title of Pates and McBride’s article and it is unclear what their intention is in using it. Perhaps it is a reference to the Foucault classic *The History of Sexuality* in which he documents a ‘discourse of modern sexual repression’.41 According to this possibility, the ‘Needle Foucation’ to which Pates and McBride refer is a direct reference to what I am calling the jouissance of the needle, a kind of love that breaks the ‘silence’ on sexuality and refers to a forbidden form of intercourse with the parental other represented by the process of injection.

Self-injection grew in popularity over the course of Lacan’s ego era and the development of a Foucauldian era of sexual repression. The term ‘Needle Foucation’ then might refer to the development of the needle into a metaphor for sexual enjoyment. This development is evident in Freud’s practice of self-injection which began as medical experimentation

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39 Loose, *Subject of Addiction*.
40 Fraser et al., ‘Needle Fictions: Medical Constructions of Needle Fixation and the Injecting Drug User’.
and quickly became a source of enjoyment. It is overt in the world of Burroughs, where he lives on ‘junk-time’, in ‘junk climate’ and ‘junk conditions’. Burroughs says this of sex:

Junk short-circuits sex. The drive to non-sociability comes from the same place as sex comes from so when I have an H or M shooting habit I am non-sociable.

Whilst Burroughs here refers overtly to the ‘substance’, note the subtle reference to mechanism with the term ‘shooting habit’. Whilst Burroughs could hardly be said to have exhibited ‘sexual repression’, the reaction to his activities and writings certainly seems to have. Alice too describes the desire to be tied down and shot up with anything.

The sexualisation of the needle has occurred over the course of Lacan’s ego era and Foucault’s era of sexual repression. This is significant in terms of the development of the notion of ‘needle fixation’ and the current debate surrounding the use of this term. In the era of the conflicting drives of the ego and sexual repression, the needle has emerged as a part-object of the human psyche, at least according to the testimony of addicts who have experienced and described the sensation of ‘needle fixation’. It is also a key detection tool that further stigmatizes the injecting drug user. Quite naturally, in the ego era and the era of sexual repression, the initial ‘concern’ among the medical establishment relating to non-medical self-injection had evolved into ‘intense concern’ by the end of the twentieth century. This concern has been channelled into control of substance use and distribution whilst the problem of the needle and the addict’s fixation on it, seemingly the source of a moral panic, has been overlooked.

My thesis regarding the notions of ‘fixation’ and ‘needle fixation’ is a response to the question raised by Fraser et al. as to whether ‘fixation’ is an appropriate term because of its origins in psychoanalysis. Fraser’s objections are based on a lack of research in the field of psychoanalysis that allows for the term ‘needle fixation’. I claim that it is an appropriate term based on Freud’s notion of ‘fixation’, and Loose’s research and his use

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43 Burroughs, *Junky*, p. 124
44 Anon, *Go Ask Alice.*
of Lacan’s concept of ‘jouissance’. This furthers the historical perspective that reveals a movement of the needle from being the property of the medical establishment in Lacan’s ‘pre-ego era’ to a means of criminal detection under the law in the ego era and its consequent appropriation by the unconscious of the human subject by injecting drug users. This is what Fraser et al. dispute when they say that the term ‘needle fixation’ is not an appropriate term to describe the attraction of technology. The role of the law in establishing crimes of the body in the context of ‘control reactions’ is one that has been thrust upon it by a medical establishment that failed to treat the transgressive body of the self-injecting intravenous user. The ‘crime’ of the needle-fixator is one of reclaiming the body considered the property of medical science and the law. The ability of a law to control the transgressive drives of such a body is limited by the nature of the crime of such a body, a crime of desire.

The expression of what a recent United Nations document called ‘intense concern’ over the issue of non-medical self-injection indicates a blurring of the boundaries between self and other, a key indicator of Gatson’s sense of ‘moral panic’. It is curious that both the blurring of bodily boundaries and the appropriation of the needle, from the medical establishment into the context of criminal behaviour, occurs over the time-line of what Brennan identifies as Lacan’s ‘ego era’. This has created a recently identified sensation of ‘moral panic’ in the non-user. In the chapter that follows, I explore the notion of moral panic, an idea that emerges from the history and discourses of non-medical self-injection.

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Chapter 5: Moral Panic and Intimate Moral Panic

Sarah Gatson, in *Real Drugs in a Virtual World*, gives quite a detailed analysis of the social construction of moral panic, central to which is a kind of contrived production and reproduction of ‘innocence’ at the core of collective social reactions to various ‘distasteful’ phenomena, most notably addiction to illegal drugs.\(^1\) Goode et al. also recently teamed up with a group of scholars and crafted a collection titled *Moral Panics*.\(^2\) According to both these views, a ‘moral panic’ refers to the event of a human subject’s or collective reaction to ‘distasteful’ phenomena including witchcraft, terrorism and addiction. Whilst a general understanding of the term might encourage a description of the sensation of personal moral disgust or distaste, recent theorists offer a considerably more technical understanding of this term that appears, almost inexplicably, in the discourse on addiction.

I will construct a theory of moral panic that manifests itself in specific relation to non-medical self-injection. For Gatson and Goode et al., the form of moral panic to which they refer seems to be applicable to a number of emotive social problems.\(^3\) My argument shifts the focus to examine moral panic as an intimate and profound reaction of the neighbour to his/her impending extinction, or what Loose calls ‘annihilation’.\(^4\) I will explain the social phenomenon of moral panic in relation to non-medical self-injection as beginning with an intimate encounter and then reaching out into the broader community as a re-conceptualization of this intimate encounter.

Rik Loose uses the term ‘moral panic’ in passing in his Introduction to *Subject of Addiction*, implying an understanding based on Lacan’s notion of the extinction of the

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3. Such as: terrorism, witches and illegal drug-use.
neighbour in his discussion of jouissance.\textsuperscript{5} Loose goes on to discuss the extinction of the neighbour as fundamental to the social problem of addiction. The ideas that the outside world loses importance to the addict, and that this is the cause of a particular anxiety in the other, are fundamental to what we call, in conventional terms, the problem of moral panic. Moral panics and the reactions to them are profound in the presence of the ‘intimate’ other, including the illegal drug user’s immediate family. This draws on Laing’s analysis of this social group in relation to schizophrenia. This departs from the current understanding of the term but perhaps stays rather close to Loose’s momentary use of ‘moral panic’.

The fear of extinction is central to Loose’s explanation of addiction, with the connection between masturbation and addiction a key component of his argument. Loose’s thesis is that both masturbation and addiction are pleasures enjoyed alone thus eliminating the need for the neighbour in order to gain pleasure. Whilst he uses the term ‘moral panic’ only sparsely, his hypothesis offers an insight into what Goode et al. call ‘the moral panics concept’ and the experience described by Gatson as ‘moral panic’. The extinction of the neighbour is implicit in both masturbation and addiction because they are pleasures enjoyed alone, as Loose and Lacan both imply. Loose does this in his observation that addiction involves the ‘very real possibility of extinction’, and Lacan reveals this in his discussion of jouissance, which entails, almost as a seeming consequence, the breaking into pieces of the neighbour.\textsuperscript{6} The reaction of the neighbour to that extinction provides an explanation for what has been described as ‘moral panic’.

Gatson is concerned with the questions, ‘How does panic come to be moral panic?’ and ‘How does morality come to be moral panic?’ She explains moral panic as caused by the dissipation of boundaries between the self and other or the self and the ‘outside world’, where ‘we are dealing with large changes in our perception of the boundaries between our bodies and the outside world’.\textsuperscript{7} This has considerable consequences for the addict,


\textsuperscript{6} Loose, \textit{Subject of Addiction}, p. 260.

\textsuperscript{7} Loose, \textit{Subject of Addiction}, p. 260.
for whom Loose says the ‘outside world loses importance’. The foundations for ‘moral panic’ and the idea of a radical questioning of ‘body ownership’ according to Gatson, mean that the relationship between what you do with your body and what you do to mine has somehow become indistinguishable and this has given rise to the seemingly paradoxical idea of moral panic. The same notion seems to exist in Lacan’s discussion of ‘Sade’s utopia’, in which the distinction between self and other is complicated by an obligation to the other with regards enjoyment: ‘You lend me your body and I’ll lend you mine’.

Therefore, in answer to the question ‘How does panic come to be moral panic?’ Gatson’s explanation involves a question of body ownership. Central to her idea of moral panic is the dissipation of boundaries between the self and the outside world. The loss of this distinction results in a concern for the other’s body, what Gatson describes as what the other is doing with his or her body and how we perceive it, or indeed, what it means for us. Because this boundary has been dissipated, there is no longer the fundamental distinction between what you do with your body and what you do with or to my body. This addresses both the question of how panic comes to be moral panic and how morality comes to be moral panic. What you do with your body has become indistinguishable from how you ought to treat me. The boundaries between the self and the outside world have been dissipated and the quite distinct experiences of panic and moral indignation have been fused. This is born from the questioning of bodily ownership, central the very notion of moral panic according to Gatson. The experiences of moral indignation and the idea of ‘panic’ seem to be quite distinct. Yet they are united by this fairly recent speculation on the idea of ‘moral panic’ and it seems that this prompts Gatson to raise the questions regarding the dissipation of boundaries between self and other.

According to Gatson, morality has become moral panic through a contemporary phenomenon of what Gatson calls ‘replacing good/bad’ with ‘risk/safety’. A sense of danger replaces the ethical dichotomy of right/wrong and moral judgment or moral

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8 Loose, *Subject of Addiction*, p. 69.
indignation becomes moral panic. This, coupled with the dissipation of boundaries between self and other, creates a situation in which we have become increasingly concerned with the body of the other, what the other is doing with their body and what consequences these actions might have for us. If the other is ‘risking’ his or her body, what does this mean for me? Here is Lacan’s concept of Sade’s utopia in action, in which the body is solely for the purpose of the other’s pleasure or the other’s body is solely for the purposes of my pleasure.

The idea of replacing good/bad with risk/safety implies a vested interest in the body of the other. If it is wrong to risk your body then why is it wrong? Is it because your body means something more to me than our physical existence implies? Thus, whilst the distinction between your body and my body is imperative, the questions of who owns that body and for whom the body exists are somewhat complicated. Hence, the risk/safety dichotomy, the idea of an impending personal danger, also becomes the risk of deprivation of the body for the neighbour’s enjoyment. This is a feature of Loose’s explanation for addiction using Lacan.

Moral panic is intimately tied up with the ‘body politic’, which Gatson describes as a kind of subjective confusion over the issue of ‘body ownership’. Just as the ‘body politic’ represents the physical person of the sovereign, the very notion of the sovereign implies an ownership of the physical person of the citizen. The origin of moral panic, then, is in the idea that there is no distinction between your body and my body and, further, that the state has a vested interest in the body of its citizens. Thus, what you do with your body invariably and profoundly affects my body because ultimately both my body and your body belong to the state. However, Gatson not only says that there exists a blurring of boundaries between self and other but also the blurring of boundaries is also between self and the ‘outside world’.

According to Gatson, the ‘outside world’ seeks to claim, or perhaps reclaim, ownership of a body it considers as the property of the world. The question of just how compelling her argument, that I have a body that is ‘not my own’, as Loose puts it, can be understood
in terms of the social forces at work in and around the addict’s body. Gatson’s thesis raises the question of body *ownership*, which relates to the perceived colonization of the body, echoing her reference to the ‘body politic’.

Thus, it is not a question of whose body I am in but rather a question of ownership about who is permitted to make decisions regarding this body and to whom does it seem to belong? Clearly, it is me in my body but who can claim ownership of this body? The moral panic concept, as Gatson sees it, formulates the idea that whilst I am in this body, really it belongs to someone else. The very idea of ‘moral panic’ over issues such as addiction, seems to contend that, in spite of empirical appearances, I am not alone in my body. There are a number of ‘outside’ forces at work, including the state, the law and the medical profession.

The addict’s body is required by the ‘outside world’ for social purposes, particularly reproduction, and the addict’s body is engaged in jouissance, which has no apparent social purpose, offering an explanation for the ‘panic’ of ‘moral panic’. The ‘panic’ is caused by the loss of the addict’s body represented by injection and needle fixation, while the sense of morality is caused by the blurring of boundaries between the self and the ‘outside world’. *What you do to yourself is wrong because you do it to me.*

Gatson also says that moral panic is concerned with the ‘production and reproduction of innocence’. In the imagination of the human subject called by some the moral panic, there is a great and flourishing innocence, suddenly and abruptly interrupted or interfered with by the ‘body of guilt’. A witch, terrorist or a drug addict causes a particular anxiety. The genesis of this anxiety is imagined to be located in the body of guilt, the very existence of which causes the anguished cry of the moral panic, ‘What about the children?’ Gatson conceives of moral panic in terms of its social construction. In order to exist the moral panic requires a dreamed up innocence, conjured in the imagination of the moral panic, represented by the human subject. The very real body of guilt becomes represented by the witch, the terrorist and the drug addict. Thus, whilst on the one hand the concern is with a physical sense or confusion regarding body ownership, this idea of
‘production and reproduction’ appears to exhibit the qualities of a creative force, the imagination, so that the idea of morality is mingled with the quite separate idea of the body with an ‘ownership’ that has already been called into question. She describes the ‘moral panic’ as a human subject who proclaims, amid the emergence of some evil or perceived evil, ‘what about the children?’

This notion of the ‘production and reproduction of innocence’\textsuperscript{10} underpins the limitless imagination of the subject guided by moral panic and is in direct contrast with the intimate relationship between the needle-fixator and his or her own body. The moral panic seems to have this notion of some ideal innocence, conjuring up children with whom the addict has a kind of social relationship, or indeed a responsibility to act in accordance with the ‘body politic’ of the citizen.

She goes on to explain that socio-cultural phenomena such as addiction or, more aptly, the existence of the addict in society, elicit reactions that exhibit a ‘moral panic approach to social problems’, at the bottom of which is a fundamental anxiety about the body of the citizen.\textsuperscript{11} Moral panic is concerned with what the body of the other is doing, whose body it is, and who controls it. The possibility that the body of the other might be lost to some jouissance and might no longer be available for the enjoyment of the neighbour translates ‘risk/safety’ into ‘good/bad’.

Thus, for Gatson, moral panic is a phenomenon or idea that seems to be conceived in the being of the neighbour. Although she talks about it in relation to drug use, there is a sense in which it might be applied to a plethora of social phenomena. This sense is elaborated by Goode et al. in \textit{Moral Panics}. These authors approach ‘moral panics’ by locating them in a historical context as a series of episodes occurring over the course of human evolution. Gatson, however, sees moral panic as a singular but recurring moment with a unique structure and particular properties such as the production and reproduction of innocence and the questioning of body ownership. I will raise the question that if

\textsuperscript{10} Gatson, ‘The Body or the Body Politic’, \textit{Real Drugs in a Virtual World}.

\textsuperscript{11} Gatson, ‘The Body or the Body Politic’, \textit{Real Drugs in a Virtual World}. 
moral panics are genuine social reactions to various phenomena including addiction and non-medical self-injection, then is it not reasonable to assume that it might manifest itself in the intimate social environment of the family?

In 2007, Goode et al. produced an edited book titled *Moral Panics*. These philosophical scholars examine a series of moments in human history that elicit our fundamental and collective ‘fears’, ‘concerns’ and ‘human frailty’. In contrast to Gatson, they do not define ‘moral panic’ as a sensation in the human subject but rather as a series of ‘episodes of collective action’ in human history in which ‘people have become concerned about a particular issue of perceived threat’.

The human subject or subjects of moral panic come to believe that ‘evil doings are afoot, that certain enemies are trying to harm some or all of the rest of us’. The idea of ‘harm’ is essential here. The real or imagined, actual or potential ‘harm’ is central to both contemporary social and legal approaches to non-medical self-injection and the moral panics concept. Harm in relation to moral panic can be actual or potential. The harm caused by the witch or the non-medical self-injector needn’t be actual to cause a moral panic, it only needs be potential harm. Hence the activities that cause moral panic are judged according to their potential to do harm. The moral panic reaction is based on how the ‘enemies’ might harm us rather than the harm that has been done.

What is interesting about the discussion of ‘moral panic’ is that it seems to act independently of any referent. That is, moral panic over a particular issue seems to be generated and to have the potential to be generated quite independently of that issue. For example witches or non-medical self-injection, seem to become an object in the imagination of the moral panic or a ‘perceived threat’. Other possible threats subject to moral panics include terrorism, refugees, sexual psychopaths, drug addicts and those who engage in non-medical self-injection.

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12 Goode et al., *Moral Panics*, p. 4.
13 Goode et al., *Moral Panics*, p. 11.
The components of ‘moral panic’, according to Goode et al., are:

1. Fear or concern.
2. The belief that evil doings are afoot.
3. The belief that one/someone/many people are at risk of being harmed.

A ‘perceived threat’ contributing to ‘fear’ and ‘concern’, refers to ‘panic’ and also implies the aforementioned ‘evil doings’ are somehow contrived or conjured up in the throes of ‘moral panic’. The ‘moral panic’, it seems, sets about proving the existence of a perceived threat as a real threat with the potential to do harm. The morality component of moral panic is conceived in the prevention of harm, the nullification of the ‘evil doings’ and therefore the elimination of the fear or concern. This is an external reaction to any particular threat.

Crucial to ‘moral panics’ is the idea that the fear is irrational or the evil doings are contrived. Gatson speaks of the production and reproduction of innocence. Consequently, the rationalizations for an individual or collective reaction to a perceived problem, such as witch-hunts or zero-tolerance drug laws, are all post-hoc. Therefore, any real understanding of the thing that is supposed to generate ‘moral panic’ is clouded by an overwhelming sense of ‘moral panic’ to generate an appropriate response that appeases the anxieties of the other who ‘might’ be affected by the prospect, however remote, of actual or perceived harm.

I will approach moral panic as beginning with ‘fear’ or ‘concern’. Whilst this does not depart significantly from either Gatson or Goode, their emphasis seems to be on the generation of that fear or concern. Gatson talks about the ‘production and reproduction of innocence’, as if innocence did not exist in the first instance but is rather somehow an invention of the subject of moral panic. Goode, in a similar vein, approaches moral panic as a historical phenomenon, a reaction to a particular event in human history, such as Hunter’s invention of the needle, resulting in a culture of transgression associated with non-medical self-injection. This is clearly demonstrated by Burroughs in the ensuing
moral panic response of the law and the enforcement method of checking suspected non-medical self-injectors’ arms for needle-marks. For Goode et al., the sensation of moral panic seems merely to be a carefully constructed social phenomenon with little or no real foundation in actual human experience,

They say that the ‘moral entrepreneur’ ‘creates the crusade’, observing that ‘by definition, the latter is a direct product of the former’ and that ‘the consciously created quality of the moral panic is an empirical not a definitional question’. Hence moral panic is a term that describes a reaction to a sensation rather than an intellectual construction. The moral panic rationalises this reaction to appease an uncomfortable sensation caused by the actions of the other. What is ‘consciously created’ refers to this appeasement. Hence, moral panic refers to an experience rather than an idea.

Goode et al. claim that ‘in each case some form of immoral wrong-doing or deviant behaviour’ was the impetus for the moral crusade aligned with individual or collective moral panic. However, it is implied by Goode et al. and Gatson that the behaviour does not always warrant such a reaction. Hence, the moral panic reaction has an irrational quality. This seemingly irrational over-reaction to intravenous drug use is based on the needle-fixator’s practice of jouissance and the fear of extinction it elicits in the neighbour.

Goode goes on to distinguish between moral panic and the moral crusade. Whilst a moral crusade seems to indicate a certain power of agency for the crusader, a moral panic seems to imply just the opposite, although the two do share some similarities: The moral crusader, according to Goode et al., is said to be motivated by ‘moral and not rational and protectionist interest’. However:

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14 Goode et al., Moral Panics, p. 16.
15 Goode et al., Moral Panics, p. 16.
the moral panics concept implies a certain disassociation between protectionism and concern, that is, that concern and fear are not strictly a product of the magnitude of the threat.16

This idea of the response to the threat being out of proportion to the actual or perceived threat is crucial to the idea of ‘panic’ in ‘moral panic’.

‘Concern’ over self-injection goes back to Albutt and his discontinuation of recommending the needle to his patients.17 McBride describes Albutt’s discomfort with his patients’ enjoyment of the practice self-injecting morphine. This example, from the nineteenth century, shows the longevity of moral panic over intravenous drug use. Freud too is said to have experienced a ‘self-reproach’ at having ever recommended ‘the harmful needle’.18 More recently, a UN document expressed ‘intense concern’ over the transgressive use of the needle. Rik Loose, in his introduction to Subject of Addiction claims that we are in a ‘moral panic’ over addiction, where once we were in a ‘moral panic’ over masturbation.19 I argue that what might be called ‘moral panic’ over non-medical self-injection, the impetus for a contemporary ‘panic’ has a particular and profound unconscious cause that can be found in Lacan’s discussion of jouissance, which Loose consequently uses to explain addiction. The phenomenon of moral panic in relation to intravenous drug use is an expression of a fear of extinction caused by the breaking into pieces of the neighbour’s body. This explains the ‘fear’ component of moral panic, the evil doings concocted by the fear and the possible response to any actual or perceived harm becoming disproportionate because it is an instinctive reaction on the part of the neighbour.

This form of moral panic is not a ‘consciously created’ phenomenon but rather an impulsive reaction on the part of the neighbour to a fear of extinction.20 It is a fear that arises out of the needle-fixator’s relationship with the needle that has the potential to

16 Goode et al., Moral Panics, p. 20.
17 McBride, Pates and Arnold, Injecting Illicit Drugs, p. 4.
18 Author Freud, in R Byck, (ed.) Cocaine Papers, p. 348.
20 Goode et al., Moral Panics, p. 20.
replace intercourse, like masturbation, and represents a threat to reproduction. This immediate reaction of the neighbour to his/her impending extinction is most profound in the socially constructed universe of the family.

This significantly departs from the picture of moral panic painted by both Gatson and Goode et al., who refer to a ‘consciously created’ phenomenon that employs imaginary data to construct ‘fear’ over a particular issue. I will engage RD Laing’s *The Politics of the Family* in order to examine the real situation for the ‘neighbour’ who experiences ‘moral panic’. I will take the fundamental components of moral panic from these definitions of the term to illustrate that the ‘intimate’ moral panic is, in fact moral panic in the conventional way it is understood.

Moral panic, according to both Goode et al. and Gatson, is generated by ‘collective action’. Whilst Gatson’s description of the moral panic could refer to an individual or an experience, Goode et al. use the term interchangeably to refer to a historical event, the reaction of a human subject or the collective reactions of a group of human subjects. I claim this phenomenon of moral panic is a profound, internal experience belonging to the neighbour of the addict or needle-fixator. When Burroughs talks about the ‘Drug Addicts Law’, in which addicts were identified and arrested for having ‘needle-marks’ on their arms, this is a manifestation of what I have termed an ‘intimate’ moral panic. Since Goode et al.’s stated genesis of the concept moral panic has evolved considerably.21 Consider, for example, Gatson’s idea that the phenomenon is a response to a threat to an imagined innocence or Goode et al.’s idea that it emerges in a series of historical moments of social anxiety over some threat. Moral panic can also manifest itself as a specific and very personal experience of this anxiety.

The nuclear family in the ego era represents a significant social institution. Because ‘transgression’ is symptomatic of addiction, the social institution of the family experiences a significant dysfunction when addiction is a problem for one or all of its members. This has been a recent social concern in Australian political and social

discourse. The former Australian Federal Minister for Justice, Amanda Vanstone, recently married the concepts of moral panic relating to intravenous drug addiction and with the sanctity of the cohesive family. Consider this extract from a recent paper by Vanstone.

The committee considers that the ultimate goal of a national illicit drugs strategy should be harm prevention — that is, to prevent people becoming drug users and to enable individuals who break the law and use illicit drugs to become and remain drug free for the benefit of themselves, their families and the nation.²²

Vanstonse’s policy indicates a significant insight into the operation of moral panic. The authority of the law transgressed by the addict exists, both in the broader community and in the microcosm of the family. Both are responding to the breaking of the social bond by the addict’s and, in my hypothesis, the needle-fixator’s preference for the needle over other more socially desirable activities that lead to reproduction, such as intercourse between stable adult family partners. What doesn’t exist in the broader community is the communication process described by Laing in relation to schizophrenia as ‘internalization’ and ‘externalization’. Whilst Vanstone’s comment unites the family and the law, the unconscious origins of the phenomenon of addiction, and particularly needle fixation, divide the family and the law. This division means that moral panic, although maintaining its fundamental elements as defined above, has two distinct manifestations.

In the context of the family, the fear or concern is immediate and primal. The fear of extinction and ‘evil doings’ are empirically real involving the presence of drugs and drug addicts in the ‘home’. The harm that is threatened is harm to oneself and one’s immediate intimates. The ‘internalized, space-time system’ of the family is radically altered when one family member becomes an intravenous drug user and comes to be living on what

Burroughs calls ‘junk time’.\textsuperscript{23} Gatson’s portrayal of the distant cry ‘what about the children?’, which is indicative of moral panic becomes a primal scream in the intimate environment of the family. The distinction between the moral panic experienced by the broader community and the intimate moral panic is evident in the contrast between Vanstone’s view of the transgression of addiction, represented by ‘individuals who break the law and use illicit drugs’ and the innocence of the families affected. This intimate moral panic is experienced profoundly in the emotional infrastructure of the family. Vanstone’s observations inspire a contrived social reaction from the outsider but tell a tale of deep and profound pain for insiders. Beatrice Sparks’ writings in \textit{Go Ask Alice} seem to illicit a similar reaction of empathy-based moral panic, distinct from the moral panic referred to by Goode et al. and Gatson.

In conclusion, the real moral panic, which emerges from this empathy-based reaction, is the fear of extinction: the somewhat, though not completely, irrational fear that the behaviour of the other in relation to their own body has the potential to obliterate us all. The ‘evil doings’ that are afoot are those alternatives to sexual reproduction such as injection and needle fixation. These are powerful equivalents to masturbation and the ‘harm’ is the very real possibility of extinction. Whilst moral panic can exist in relation to many things such as witches and sexual psychopaths, and is apparent in approaches to addiction generally, it seems to be particularly profound in relation to non-medical self-injection such as the Drug Addicts Law in Burroughs.\textsuperscript{24} The existence of the family seems to be imperative to the contemporary ‘moral panic’ and yet this existence is radically altered by the perceived threat of non-medical self-injection, the very thing over which there is a ‘moral panic’.

\textsuperscript{23} Laing, \textit{The Politics of The Family}, p. 4; Burroughs, \textit{Junky}, p. 97.
\textsuperscript{24} Burroughs, \textit{Junky}, p. 143.
Chapter 6: Moral Panic and Contemporary Approaches to Addiction

My claim regarding needle fixation is founded on the Freud’s idea of ‘fixation’, which is defined as arrested development at an unconscious stage.¹ I have identified the unconscious stage at which the needle-fixator is ‘fixated’, or the ‘station’ at which the needle-fixator is ‘detained’ as the mirror stage, and argue throughout this thesis that transgressive self-injection is connected to Lacan’s concept of jouissance and therefore the extinction of the neighbour. It is this connection with jouissance and the extinction of the neighbour that deems certain forms of self-injection as transgressive, because the practice of self-injection threatens the neighbour with extinction. It represents a form of enjoyment that is not limited to or curtailed by the social bond and gives rise to moral panic, which I have argued is the fear of extinction. Furthermore, I claim that moral panic is at the foundation of contemporary approaches to addiction. In countries like Australia, addiction theory seems to be dominated by the harm-minimisation approach, the pharmacotherapy treatment and the legal prohibition of certain substances. In this chapter, I argue that all these responses are fundamentally guided by ‘moral panic’.

Harm-minimisation, as the name suggests, seeks to minimise the harm caused by the practice of illegal drug taking and the addiction that ensues. There have been numerous attempts to define harm minimisation as an approach to the general problem of drug addiction. Theorists invariably reach an impasse on the problem of differentiating between harm minimisation and harm reduction. This problem is identified in a paper produced by the Victorian Government, which clearly distinguishes the notions of ‘reduction’ and ‘minimisation:’

Reducing harm simply means decreasing it, even if only by a tiny bit …
Minimisation makes for a stronger primary goal because it asks for harms to be reduced as much as possible.²

This paper, produced by the Drugs and Crime Committee of Victoria in 1999, is concerned with drugs and crime prevention. In treatment circles, harm reduction is viewed as a method of treatment for addicts at the ‘pre-contemplative stage of change’. Another paper by The Centre for Addiction and Mental Health in Toronto (2009) specifically identifies the problem of defining harm reduction, commenting that ‘the meaning, practice and implications of harm reduction are matters of some dispute’.

Pharmacotherapy, often viewed as a harm minimisation approach, attempts to treat the addicts’ body with legal substances to replace the illegal ones symptomatic of the addicts’ deviant behaviour. Prohibition, a long-standing approach to addiction that emerged at the turn of the twentieth century, bans particular substances. In this chapter, I will demonstrate that harm minimisation, pharmacotherapy and prohibition are all founded in moral panic and the fear of extinction felt by the neighbour as a result of fixation on the needle, which is a fixation on a disturbance at the mirror stage.

Harm minimisation is a general policy towards drug use that includes ‘safe’ injecting rooms, the legalization or decriminalization of ‘soft’ drugs and the provision of clean needles for the purpose of transgressive injecting. I claim that it is an attempt to isolate the addict’s body from its social context in order to protect what Gatson might call the imaginary innocent. Gatson’s claim of the ‘production and reproduction of innocence’ suggests that innocence is produced, conjured or manufactured in the throes of moral panic, as it is a ‘product’ of the moral panic. I argue that the ‘guilt’ implied in the ‘crime’ of needle fixation is also imagined. Fundamental to the philosophy of harm minimisation is the illusion of crime prevention and crime reduction, based on an abstracted future series of risks to the user. The concern appears to be with isolating the addict’s body that has become a body of transgression through its encounter with the law.

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6 Gatson, *Real Drugs In A Virtual World*. 
Ritter and Cameron describe ‘harm reduction’ as the ‘new paradigm’\(^7\) in drug treatment. They identify the moment of conception for harm minimisation as when ‘the threat of HIV to the community was greater than the threat of injecting drug use’.\(^8\) This moment might also be described as the moment when ‘the breaking into pieces’\(^9\) of the neighbour’s body ceased to be metaphorical and became literal. The threat of HIV-spread represents the physical manifestation of the ‘blurring of boundaries between self and other’, thus aligning itself directly with Gatson’s conception of ‘moral panic’.\(^10\) It is Gatson’s thesis that the boundaries between self and other have become blurred, laying the foundations for moral panic, a human situation in which we are overly concerned about the actions of the other, so much so that the distinction between self and other is less pronounced. Ritter and Cameron argue that ‘harm reduction provides a concentrated focus on the harms of injecting, not on injecting per se’, and the harm that is being reduced by harm reduction can be said to be the harm not only to the addict’s body but the body of the neighbour.\(^11\)

This ‘concentrated focus’ allows the real of what Freud called ‘the harmful needle’ to flourish unfettered and conceals its unconscious origins.\(^12\) However, in the unconscious of the needle-fixator, the needle is not harmful at all. It is, rather, a way of modulating unconscious drives in the addict at the mirror stage of development, a ‘station’ in the life of the unconscious at which the needle-fixator is detained. This sense of ‘self-modulation’ is a feature of the self-medication hypothesis, which is popular among contemporary psychoanalysts. However, there is an emphasis on ‘harm’ to the user or to the neighbour, and the ‘blurring of [bodily] boundaries’ implicit in the notion of harm minimisation. This suggests that this form of treatment is concerned with the collective good rather than the ailment that is supposedly being treated.\(^13\) Therefore, harm minimisation, it seems, is not a treatment for addiction but rather a way of treating the moral panic of the collective other.

\(^{10}\) Gatson, *Real Drugs in a Virtual World*.
\(^{13}\) Gatson, *Real Drugs in a Virtual World*. 

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In the previous chapter, I argued ‘moral panic’ is the neighbour’s fear of extinction. This fear of extinction is particularized by the sexual relationship of the needle-fixator with the needle, a relationship I identified in Chapter 3 as founded in a fixation on the unconscious mirror stage of development. The term ‘harm minimisation’ barely disguises this fear. The idea of the ‘threat’ is articulated in the definition of harm minimisation. I claim that the fact harm minimisation finds its origins in a specific approach to injecting drug use defines it as a moral panic approach. It is concerned with alleviating the fear of extinction in the neighbour over the transgressive use of the needle.

Loose’s theory on the origins of addiction links masturbation and addiction, with the claim that the addict seeks out a pleasure beyond normal pleasure because of the insufficient orgasm of masturbation. Man’s primary impotence for total satisfaction causes the need for ‘something else’ in order to achieve total satisfaction. This need for ‘something else’ finds its origins at the mirror stage. I claim that the something else of addiction to injectable drugs is the needle, which offers the total satisfaction sought out by the addict, lost in the symbolic matrix of the mirror stage or the unconscious source of fixation on the needle.

This has consequences for the contemporary approaches to addiction. It undermines the very notion of harm minimisation, which is solely focused on the risk of addiction to the drug. Indeed, one of the practices of harm minimisation is the distribution of clean needles and the setting up of safe injecting rooms. The problem of needle fixation is evident in these measures but there has been little attempt to treat it as a distinct phenomenon. That is, there is an underlying assumption drug addicts use the needle as a means of administering the drug and authorities respond by removing the risk of this behaviour. Meanwhile, this focus contributes directly to the ‘risk’ of a fixation on the needle.
When Lacan talks about Antigone and the pursuit of a good that is not the common good, he implies what Loose explicitly states regarding the addict.

The jouissance pursued by addicts is decidedly not in the service of the common good.14

Harm minimisation is the clinical embodiment of this idea. The addict’s body is socially isolated as if that body itself contains some harmful quality. Loose says that ‘transgressive behaviour’ is symptomatic of addiction.15 The 7th International Conference on the Reduction of Drug Related Harm includes speculation from Caulkins on three ‘key philosophical questions regarding harm’.16 This involves a progression starting at the problem of measuring harm, then aggregating and comparing harm and finally prioritizing harm.17

In contrast to Ritter and Cameron, Caulkins seems to define harm reduction in terms of the law, based on the idea that ‘drug policy makers should seek to minimize the total harm associated with the production, distribution and consumption and control of drugs’.18

The questions raised by Caulkins are of considerable importance in light of the origins of harm minimisation as a response to the rapid spread of HIV. The needle is seen by the general community as both a means of administration and a vector of disease spread.19 Harm, in terms of the addict or the needle user, at least those who are fixated at the mirror stage, is reconstituted by his or her body of jouissance and the law in relation towards which this ‘body of jouissance’ is transgressive.

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18 Caulkins, ‘The 7th International Conference on the Reduction of Drug Related Harm’, p. 3.
On the question of which harms count, the law seems to have reverted to Gatson’s sense of moral panic. It is my claim that in this discourse driven by moral panic, the harms that count are those that affect ‘the innocent’. The innocent, in this case, consists of the non-using population affected by the needle becoming a vector of disease spread. The protection of the innocent is fundamental to both social responses by the law and the moral panic over illicit drug use.

The idea of ‘harm minimisation’ treats the transgression of addiction but fails to recognize the associated ‘transgressive behaviour’. In *Junky*, the narrator is not only bound to a ‘shot schedule’ and a bodily jouissance satisfied by a union with the ‘part object’ of the needle, but this phenomenon also isolates him from society, from the ‘pursuit of the common good’, seemingly to protect the very possibility of such a pursuit. The principle of harm minimisation perpetuates this isolation through its attempts to protect the ‘innocent’.

What follows from harm minimisation and what is expressed in *Junky* is kind of a sub-culture representing ‘Sade’s utopia’ in which the exchange implicit in the idea that ‘you lend me a part of your body and I’ll lend you a part of mine’ is sublimated into the use and exchange of the ‘part object’ of the needle and various substances. It is a subculture based on unconscious drives. This sub-cultural Sadian Utopia has a social structure and economy, indeed a ‘common good’, shared by and exclusive amongst addicts in their pursuit of jouissance.

The narrator in *Junky*, shunned by the general community and somewhere near the very bottom of an implied social structure, is at the very top of a micro-social structure in Sade’s utopia. He is revered, sought out by his peers, has an ample supply of resources that are in great demand and has the respect, even love, of his friends and associates. This all occurs outside of the social structure that is based on the pursuit of the general

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20 Loose, *Subject of Addiction*, p. 69.
common good. Sade’s utopia in *Junky* is based on a different kind of good, the good of jouissance, or what Lacan identifies as ‘Antigone’s good’.  

The problem with harm minimisation is that the addict’s body is not truly isolated, except in the objective of the treatment, and yet it *is* truly isolated in an unconscious state of fixation on the mirror stage. The Sade’s utopia of the addict’s social world allows an interaction with others that would seem impossible for one detained at a particular unconscious station and who seems necessarily to live in isolation. It also alienates those who do not service the ‘common good’ of Sade’s utopia, including ‘cops’, health professionals, chemists, doctors and all other members of the community who come into contact with the addict and are separated from them by this state of fixation.

The crime is said to be that which doesn’t respect the natural order.

I claim that the addict and the needle-fixator is fixated at the mirror stage of development. The notion of authority and the social order has been reconstituted by this ‘fixation’. What the harm minimisation strategy does in practice is play a role in perpetuating a micro-inverted social structure. This is described by Burroughs as a sub-culture in which the ‘junky’ or intravenous user sits at the top, while the ‘teaheads’, pill-poppers and other addicts sit below the ‘junky’. This is a world in which the social order is governed by the edict, ‘you lend me a part of your body and I’ll lend you a part of mine’. Because Sade’s utopia operates outside the law, it is an invisible symptom for those who treat addiction, and operates inside the law, seeming only to be aware of the conventional social structure in which the intravenous user remains at the bottom.

Chris Trotter partly recognizes this difficulty in *The Involuntary Patient* when he contemplates the impossible situation for those treating patients such as addicts:

Such workers are asked….to testify against clients in court and then to work with them in a helping relationship.

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Trotter’s ‘client’ has a dual identity. He is both criminal and patient. In the case of the ‘junky’, this is coupled with a status in counter culture mythologized by Burroughs. Both this status and its mythology forms an identity with which the needle addict acts in social reality. He is a transgressive criminal, a sick patient and, in the case of Burroughs’ character who supplied morphine at a profit, a successful businessman.

Loose makes a related observation when he says that the relationship between the psychoanalyst and the addicted patient is ‘not apriori’ and that ‘transgressive behaviour is part of the symptomaticity of addiction’. This not only offers an insight into the paradox for those who treat addiction, but also indicates the duality of the needle-fixator’s world. He is both ‘criminal’ and ‘patient’. Trotter is speaking generally about the problems of treating the involuntary patient. I claim the world of the ‘involuntary patient’ is comparable to the needle-fixator, not only in a clinical context but in social reality.

That social reality is expressed by Lacan in his discussion of jouissance and his reference to ‘Sade’s utopia’. Our attempts to understand the world of the addict ordinarily involve a process of humanization and dehumanization. The needle-fixator and his or her social reality can be understood through the animal kingdom and this affects the operation of harm minimisation.

In colloquial language, we call someone an ‘animal’ if they exhibit a particular cruelty that indicates the inhumane or a certain non-humanness. Perhaps a child killer or a wife basher might be seen to exhibit such non-humanness and is consequently referred to as an ‘animal’ or a monster.

Contemporary monsters we examine include the pedophilic homosexual priest (Ingebretsen’s essay), the hypermasculinized rogue cop (Houck’s and Greek’s essays), the masculinized mother (Benson’s essay), the stalker, rapist and abusive husband (Dunn’s essay), the drug addict (McKahan’s essay), the satanic worshipper (Opel’s essay), the white collar criminal (Gill’s essay), the serial killer

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26 Loose, Subject of Addiction, p. 260.
and the terrorist (Picart and Greek’s essay) as well as corporate entities such as the specters of a demonic system of criminal justice running amuck, fueled by fevered media hype.\textsuperscript{27}

Perhaps a drug addict who simply fails to abide by the boundaries set by society, who breaks the social bond, or the needle-fixator who has values that seem to depart significantly from his fellows, also fit this characterisation. Burroughs describes these people who are addicted as ‘…huddled like so many vultures in their dark suits’.\textsuperscript{28} This imagery offers an insight into the structure of ‘Sade’s utopia’, the drug users’ counterculture and the social surroundings of the needle-fixator. I propose that the structure of this counter-culture, in which the authority of the body has replaced the authority of the law, is analogous with a pack of dogs.

Animal societies, for the most part are organized according to a strict hierarchy where rank relates directly to the physical strength of each member.\textsuperscript{29}

In \textit{Junky}, Burroughs describes a hierarchical structure based on the use of and access to various substances with the needle user at the top of this imagined, invisible social structure. ‘Physical strength’ is replaced with an access to resources created by a body of jouissance. The needle-fixator, weakened by an unconscious drive, has a kind of strength in his or her social environment created by the need to satisfy this unconscious drive. Because of the unconscious relationship with the needle established at the mirror stage of development, the needle-fixator has access to resources that give him a certain economic power in Sade’s utopia as outlined by Lacan.\textsuperscript{30} The very notion of ‘physical strength’ is reconstituted by the body of jouissance. Consider this appraisal of the social construction of ‘self respect’ among the addict population.

They all identify themselves as ‘dope fiends’ and occasionally insult one another for being ‘wanna-be dope fiends’. In other words they construct their self respect

\textsuperscript{27} http://www.criminology.fsu.edu/faculty/greek/wip/intoductiontogothiccriminology.doc accessed 16 December, 2010.
\textsuperscript{28} Burroughs, \textit{Junky}, p. 29.
\textsuperscript{29} M Houellebecq, \textit{Atomised}, Vintage, 2001, p. 51.
around illegal heroin addiction despite having physical or psychological addictions to all those substances simultaneously.  

In a recent discussion of discourse theory, Bessant emphasizes the potential of metaphor ‘to help us construct knowledge, beliefs and frame problems to understand the world’. She pays particular attention to ‘…the role of metaphor in policy-making processes’. She claims:

the representation of certain problems like illicit drug use in Australia in the late 1990s depended on metaphors that represented drug use, and heroin use in particular, as a problem that was so serious that only a declaration of a ‘war on drugs’ would do.

Power relations are central to Bessant’s claims. There seems to be an accepted idea that metaphors, such as the war metaphor in the ‘war on drugs’, are created by a centralized power or authority. Indeed, Bessant makes this observation on the treatment of the ‘underclass’. For example, take this discussion of the use of metaphor in analyses of the ‘broken family’.

Metaphors also operate when policy-makers talk of ‘causal links’ between, for example, delinquency and the ‘broken family’. Here we see the metaphor (‘broken’) turn something literal, namely people comprising a marriage or a family, into something figurative (namely a ‘mechanism’ that is ‘broken’). These metaphors may also imply there are expert ‘technicians’ with specialist skills and knowledge needed to fix ‘broken families’.

In what follows, I will use the metaphor of a pack of dogs as a way of referring to the addict community. In contrast to Bessant’s observation on the use of metaphors, the purpose of this metaphor is to represent the social situation for the addict community, with a particular emphasis on my claim regarding the existence of a real and unconscious cause of needle fixation. Bessant emphasizes the political use of metaphor in relation to a ‘threat’, particularly by conservative political elements. This, Bessant speculates, is the genesis for the ‘war’ on drugs. In contrast to this use of metaphor, I will construct an apolitical context for the use of metaphor in relation to drug use with a phenomenological objective. That is, I will use metaphor to speculate on the social situation for the contemporary user of illicit drugs, without the motivation of inciting moral panic. This is in stark contrast to Bessant’s observation on the policy uses of metaphor.

Imagine a pack of dogs. The pack consists of two pit bull terriers, two labradors and a beagle. The nature of the pit bulls is to fight. They are a naturally aggressive dog. Their instinct, the essence of their being, is as a fighting and attack dog. The instinct of the Labrador is distinct from the pit bull, but they both possess the ‘pack mentality’ common to all dogs. Thus, in order to gain superiority in the pack, the labradors begin to behave as pit bulls, although that may not be their nature. They are ‘wanna-be’ pitbulls. In the context of this discussion, the power of the ‘dope-fiends’ implied by Bourgois in his description of the addict community, can be replaced by the unconscious power of the needle-fixators. The jouissance of the needle, which in some cases has an unconscious cause at the mirror stage, incites the moral panic of the collective other due to the unavailability of the addict’s body and the impending extinction such an unavailable body represents. The beagle is employed by the pack to sniff out drugs, to hunt down substances on which the pack feed in a kind of frenzied ritual of injection:

The job of the peddler was a kind of public service that rotated from one member of the group to the other, the average term of office being about three months.34

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34 Burroughs, *Junky*, p. 29.
Burroughs begins as a beagle, sniffing out substances like morphine\textsuperscript{35} and finishes up as a needle-fixator bound to a ‘shot schedule’\textsuperscript{36}. The needle-fixator represents the pack leader because, although he may not be addicted to the substance per se, his addiction to the needle requires him to acquire and consume large amounts of a given substance. Note for example that when Burroughs has no opiates, heroin or morphine, he uses cocaine to satisfy the need to inject.\textsuperscript{37} He notes that: ‘one shot creates the urgent desire for another shot’.\textsuperscript{38} He accounts for this behaviour by emphasizing ‘substance’ and the distinction between opiates and cocaine. I claim that it is in fact a result of the desire to compulsively inject regardless of substance, caused by an unconscious fixation on the needle.

Within the context of the addict’s ‘good’, which like ‘Antigone’s good’ is not the ‘common good’, the social structure I have described using the ‘pack of dogs’ metaphor is inverted compared with the conventional social structure.\textsuperscript{39} Because it represents only a small portion of the broad population, that is, the population of addicts, I refer to it as a ‘micro-inverted social structure’. In the micro-inverted social structure, the authority of the law is replaced by the authority of the body. There is a common good but it is a common good that is different to the broader common good. In a society where the law is often viewed as assuming control over the body,\textsuperscript{40} in this micro-social structure the body has become the law.

Suppose the ‘needle-fixators’ represent the pit bull terriers. Empirically, the ‘needle-fixators’ are indistinguishable from those seeking more pleasure, such as the labradors, for what Brechter describes as the ‘orgasmic rush’.\textsuperscript{41} That the behaviour of these two distinct beings is empirically indistinguishable allows the real jouissance sought by the needle-fixator to go unrecognized. The labradors and the pit bull terriers are indistinguishable, though their natures are distinct. This use of metaphor responds to

\textsuperscript{35} Burroughs, \textit{Junky}, p. 2. \\
\textsuperscript{36} Burroughs, \textit{Junky}, p. 124. \\
\textsuperscript{37} Burroughs, \textit{Junky}, p. 124. \\
\textsuperscript{38} Burroughs, \textit{Junky}, p. 124. \\
\textsuperscript{39} Loose, \textit{Subject of Addiction}, p. 69; Lacan, \textit{The Ethics}, p. 270. \\
\textsuperscript{41} Brechter, \textit{Licit and Illicit Drugs}. 

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Bessant’s critique of metaphor making, which seems to have a relationship with the idea of moral panic.

We have seen the lowest prestige members of the core-network re-use the still-warm, blood-contaminated syringes of their companions without rinsing them with water.\textsuperscript{42}

This social or indeed anti- or counter-social phenomenon, illustrates the context for the contemporary harm-minimisation approach to addiction. The established chain of command in the micro social structure of the addict leads directly to the authority of the body, with an unconscious motivation for the needle-fixator. The workers who treat addicts and those with needle fixation represent the ‘other’ in this strange and perverted universe. This is a point McBride makes when he describes needle fixation as recognized by addicts and those that treat them, yet unrecognized by the general community. The law and law enforcers exist at the very bottom of this inverted social structure. This is well documented by Burroughs and many others who have articulated the counter-culture’s micro-inverted social structure.

Whilst the introduction of an analysis of animal societies, particularly a pack of dogs, might seem like a strange idea, this does have some grounding in philosophical theory. In \textit{The Art of Loving}, Eric Fromm comments on man’s ‘separateness’ from nature and ‘orgiastic ritual.’\textsuperscript{43}

\begin{quote}
When man is born, the human race as well as the individual, he is thrown out of a situation which was definite, as definite as the instincts, into a situation which is indefinite, uncertain and open.\textsuperscript{44}
\end{quote}

He goes on to speculate a recurrence of the alienation of man from nature, from mother and from each other.

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\textsuperscript{42} Bourgois, Lettiere and Quesada, ‘Social Misery and the Sanctions of Substance Abuse’, p. 158. \\
\textsuperscript{43} E Fromm, \textit{The Art of Loving}, Unwin Books, 1957, p. 13. \\
\textsuperscript{44} Fromm, \textit{The Art of Loving}, p. 13.
\end{flushright}
The awareness of his aloneness and separateness, of his helplessness before the forces of nature and of society, all this makes his separate, disunited existence an unbearable prison.45

He too locates a form of human anxiety and alienation in the infant’s separation from the mother, offering something of Lacan’s mirror stage and Loose’s theory of addiction:

Its sense of aloneness is cured by the physical presence of the mother, her breasts, her skin. Only to the degree that the child develops his own sense of separateness and individuality is the physical presence of the mother not sufficient anymore, and does the need to overcome separateness in other ways arise.46

According to Lacan, the primary sense of aloneness is also cured by the presence of the mother at the mirror stage, with parental assistance in self-recognition. For Fromm, the primary sense of aloneness is born from both the human subject’s separation from the mother and the human subject’s separation from the animal kingdom, or man’s separation from Nature. Thus, fixation at the mirror stage of development brings with it a primal way of interacting with others:

the more the human race emerges from these primary bonds, the more it separates itself from the natural world, the more intense becomes the need to find new ways of escaping separateness.47

This echoes Lacan’s discussion of the mirror stage, that the ‘body is a coating of the real of the organism and its organs with the material of an image’.48 Just as the threat of fragmentation lingers in the body of the needle-fixator, ‘the human race in its infancy still feels one with nature’ and similarly lingers under the threat of fragmentation.49 In the ego era of history, this oneness with nature no longer manifests itself ritualistically

through the wearing of masks, as Fromm identifies, but in a particular animalistic bonding. Unconscious phenomena, such as needle fixation, become ritualized into social environments in what Lacan called Sade’s utopia and what Fromm calls ‘orgiastic culture’.\textsuperscript{50}

Harm minimisation, then, enters into the animal kingdom where the body has an authority usually reserved for the law. Orgiastic culture and Sade’s utopia are as much barriers to treatment as indicative of addiction to the ‘substance’ or ‘mechanism’ of illicit drug consumption.\textsuperscript{51} Just as the needle exists both as an empirical object and a part object in the unconscious life of the human subject, so too the idea of harm minimisation, a response to the neurotic behaviour of the addict, exists both in the body of the addict and in social reality. I claim that the policy enters into the transgressive environment of a micro-inverted social structure, using the metaphor of a pack of dogs to illuminate the situation.

Ritter and Cameron comment:

following the somewhat Australian Convention of using harm minimisation to refer to the philosophical approach or general principles and harm reduction to specific interventions.\textsuperscript{52}

Ritter and Cameron comment on the absence of a clear definition of harm minimisation. It is curious that the threat to the neighbour, needle fixation, and the response of the neighbour to that threat via ‘harm minimisation’, all exist without definition.

The harm is both in the body of the human subject and in the body of the other. Harm minimisation is referred to by addiction theorists and practitioners as both a political approach to the social problem of addiction and a form of treatment for the ‘illness’ of

\textsuperscript{50} Fromm, \textit{The Art of Loving}, p. 15.
\textsuperscript{51} McBride, Pates and Arnold, \textit{Injecting Illicit Drugs}.
\textsuperscript{52} Ritter and Cameron, ‘A Systematic Review of Harm Reduction’.
addiction. Indeed, it is difficult to know precisely what harm minimisation is, even in the context of drug treatment, since it is used by some addiction therapists as a stage of change. Some law enforcement agencies may even see ‘zero tolerance’ as a form of harm minimisation, considering its emphasis on supply reduction. Pharmacotherapy is often coupled with the concept of harm minimisation and for some addiction therapists is seen as a legitimate form of treatment. That it is also referred to as a political approach to a social problem further complicates coming to a precise definition of this problematic term.

Similarly, the terms used to describe harm-minimisation differ. Some theorists use ‘harm minimisation’ and ‘harm reduction’ interchangeably. The two terms suggest different objectives and different locations for the origin of ‘harm’. If we are minimizing harm, this implies that the harm has a sense of inevitable autonomous growth and our only action in relation to it is to ‘minimize’ its ever-reaching movement forward. If we are reducing harm, this suggests more power of agency. The idea of harm reduction suggests that harm can be reduced and somehow eliminated. The idea of minimisation suggests that harm is inevitable and somehow eternal and all we can hope to do is to minimize it.

This dualism is coupled with a dual location for harm. When we, as a society, engage in harm minimisation, the objective appears to be to reduce the total harm of a particular behaviour. In this case, that particular behaviour is injection as a result of needle fixation, or what I have hitherto called the jouissance of the needle. By providing clean needles, encouraging safe behaviour, decriminalizing ‘soft’ drugs and momentarily disempowering the law to allow transgression, we are ironically answering the call of the ‘moral panic’, which, according to Gatson is concerned with the ‘production and reproduction of innocence’. The moral panic that asks ‘What about the children?’ is

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56 Gatson, Real Drugs in a Virtual World.
appeased by fixing a location for the transgressive jouissance in the addict’s body and tolerating use to appease that need.

Harm minimisation represents a moment in which the law is replaced with the authority of the addict’s body, a body of jouissance concerned with a union of the body and the part object of the needle. The growing moral panic over the body of the addict and its activities has seen authority shift from the medical profession to the law and now finds itself located somewhere between the two, in the form of contemporary drug ‘treatment’. The addict’s body is the only constant link between these three formal responses.

The Loose hypothesis is that addiction is a mental illness, established at the mirror stage of development, and formulated at this unconscious moment in the development of the human subject. When considered in terms of the ‘needle-fixators’, the relationship with the needle, so often assumed to be a moment in the personal history of the human subject, is in fact established at an unconscious mirror stage of development and in light of the problematic presence of the parental other. In relation to Loose, I contend that the ‘something else’ of addiction that replaces the parental other in the process of self-recognition is the needle and self-injection.

This contributes significantly to the self-medication hypothesis and has consequences for approaches to addiction and the way in which we conceive and treat it as a problem. It is my claim that there exists a socially constructed hierarchy or a chain of command in which the needle fixator is socially situated. This hierarchy or chain of command, existing within the confines of Lacan’s conception of Sade’s utopia, allows the unconscious drive of the addict toward the needle to be given social substance and even economic value, as Burroughs’ ‘phenomenology of addiction’ suggests. Note, however, that such a chain of command is absent in what Loose refers to as Freud’s ‘phenomenology of addiction’ in Cocaine Papers. This is because Freud’s

58 Loose, Subject of Addiction, p. 258.
experimentation with the injection of cocaine took place under the guise of medical authority. It seems one of the prominent distinguishing feature between these two texts, *Cocaine Papers* and *Junky*, and their reception is the response and intervention of the law.

However, the response and intervention of the law is significant in the formation and perpetuation of Sade’s utopia. This cannot be measured using a ‘per dose’ measurement of harm. This measurement is quoted by Ritter and Cameron and involves an equation devised by McCoun and colleagues. The equation seeks to calculate ‘total harm’ using a per dose model. I am challenging this model by arguing that the intravenous user’s fixation on the needle is a form of jouissance, the satisfaction of an unconscious drive established in a disturbance at the mirror stage. Moral panic or the fear of extinction in the neighbour, has inspired a plethora of approaches, including harm minimisation which represent attempts by the ‘extinguished’ neighbour to come back into being and impose him or herself on the needle-fixator, for whom the neighbour has been extinguished.

The discourse of transgressive jouissance is the body of literature that has emerged from the bowels of transgression in the ego era. This is a post-World War II phenomenon and it categorizes the emergence of literature that embodies ‘rebellion’, both in practice and by reputation. Freud’s *Cocaine Papers* are not included in this category and *Junky* is, although they both go to lengths to describe the self-injection of drugs. By the time of Burroughs writing, the nature of the substance is illicit and the symbolism of the mechanism of injection rebellious. This is not merely because of the illegality of the ‘substance’ but because of the cultural context in which that illegality, and Burroughs subversion of it, are produced.

I have referred to Lacan’s concept of ‘Sade’s utopia’. In the same seminar, Lacan refers to Antigone’s Law. He argues that Antigone’s burial of her father, which was illegal according to the City laws, operates according to some higher law. Antigone’s conflict is in her dual roles as loyal citizen and loyal daughter. It could be argued that Burroughs’ conflict is in his dual loyalty to the state and the body. His writings, the very stroke of his

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pen, are considered an act of transgression. This is because he is acting on the law of the body, which is transgressive in relation to the law of the state.

It is from inside the contemporary Sade’s utopia that the ‘discourse of transgressive jouissance’ is born. I have conceived this notion of the ‘discourse of transgressive jouissance’ to try, in a theoretical manner, to enter into the ‘network’ of drug users, of which the needle-fixator is a part. Loose calls the discourse of transgressive jouissance the ‘phenomenology of addiction’.60 Whilst I concur with Loose that texts such as *Junky* and *Cocaine Papers* represent the phenomenology of addiction that pertain to the experience of addiction, I believe that the phenomenology of the discourse of addiction requires an additional term, which can be drawn from critically analysing the concept of pharmacotherapy.

Pharmacotherapy is the practice of treating body of the addict chemically and providing the addict with legal substances that replace the illegal ones. Methadone or opiate replacement is a common example. Recent literature has questioned the effectiveness of methadone replacement. Bourgois’ ethnographic study of the ‘biopolitics’ of methadone treatment is an appropriate illustration.

Thus far, I have argued that needle fixation is a ‘fixation’ in the Freudian sense at Lacan’s ‘mirror stage’. Rik Loose says that the problem of addiction stems from the assistance of the parental other whom Lacan calls a ‘prop’ provided to the infant as he or she recognizes the image in the mirror as a reflection of him or herself. Loose states that a traumatic encounter at the mirror stage leaves a ‘coating of the real’ in the physical body of the addict so that the addict has a ‘body that is not his own’.

Sean Homer, writing on the mirror stage, notes that the ‘mirror does not mean a literal mirror but rather any reflective surface, for example the mother’s face’.62 Lynch raises the ‘Hegelian objection’, arguing that:

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60 Loose, *Subject of Addiction*, p. 258.
61 Loose, *Subject of Addiction*, p. 258.
social interaction and recognition of others by infants are necessary prerequisites for infants’ capacity to recognize themselves in a mirror image.63

There appears to be a question here as to whether the mother’s face acts as a reflective surface, as Homer argues, or a primitive form of social interaction in the pre-symbolic social image of the infant’s development. In a sense, this is immaterial for my purposes. I claim that pharmacotherapy is an attempt by the law to become the ‘mother’s face’, whether this represents a pre-symbolic social interaction or a reflective surface.

It seems an unlikely proposition that the face could act as a reflective surface, as Homer suggests. The eyes of the mother, however, offer the illusion of a mirror plus the necessary disturbance caused by the presence of another subject disrupting the infant’s unconscious development. Inside the eyes of the mother is the reflection of the infant at the mirror stage and the perceiving sense belonging to the mother through her gaze. Within her gaze, she holds all her anxiety, her aggression and even deviancy in some cases, which the child simultaneously perceives with his or her reflection. Judith Feher-Gurewich is particularly concerned with the mother’s gaze and the potential it has to disrupt the unconscious development of the human subject.

Through this lens the mirror stage can be viewed as a structural moment in the psychic development of the child when she or he encounters in the mother's gaze the image that will shape the child's ego ideal. In other words, the mirror stage inaugurates for the child the moment of experiencing that she or he is already the object of her or his mother's desire (and love).64

This seems to concur with Loose’s thoughts on the subject:

there is already the presence of something else (besides body and image for the child)….a third element that can function as a reference point. 65

The ‘symbolic matrix’ into which the subject is thrown as referred to by Loose and Lacan, leaves the subject susceptible to objectification by a part-object that replaces the ‘something else’ of the mirror stage. I claim that this part-object or the parental other for the intravenous drug user, is the needle. While Loose and to some degree the self-medication hypothesists look to the substance as the symbol, it is the needle that provides the powerful metaphor of a ‘libidinal encounter’ with the parental other at the mirror stage. 66 I claim that the contemporary medical intervention of methadone maintenance is a moral panic attempt by the law to become the ‘mother’s face’ or the mother’s eyes. 67

Firstly, consider Freud’s provision of cocaine to his friend Fleischl, who consequently died. I argue that this represents an early form of rudimentary pharmacotherapy. Pharmacotherapy is based on the idea that one substance can replace another even if the science is miscalculated. In the contemporary context, it is generally used to refer to the practice of methadone maintenance, one of the primary objectives of which is the elimination of the ‘harmful needle’. 68 Freud’s recommendation of cocaine as a cure for morphine addiction has been generally considered evidence of Freud’s almost delusional love of that particular substance. However, what in fact links Freud’s habit with Fleischl is the practice of injection.

The practice of methadone treatment involves the parental assistance in self-recognition at the mirror stage of development. This departs from the popular endorsement of the chemical hypothesis, which supposes methadone is an effective treatment for heroin addiction because of a similarity in the chemical composition of the two drugs. Anecdotal evidence from Freud to Burroughs questions the chemical hypothesis and suggests an

65 Loose, Subject of Addiction, p. 180.
66 Lacan, Ecrits, p. 76.
68 S Freud, also see EM Brechter.
unconscious relationship with the needle, founded in a disturbance at the unconscious mirror stage.

Phillippe Bourgois’ compelling ethnographic study of the ‘bio-politics of methadone’ reveals the ‘distinctions between heroin and methadone’ have been ‘created’ by state and medical authorities. These distinctions, according to Bourgois:

revolve primarily around moral categories concerned with controlling pleasure and productivity; legal versus illegal, medicine versus drug.

This effort to control, this moralization of the addict’s body, echoes Gatson’s sense of ‘body ownership’, relegating methadone treatment to a ‘moral panic’ reaction. It is a moral panic reaction that occurs in the throes of impending extinction. The addict’s body is lost to the needle and is unavailable to the other for ‘pleasure and productivity’. Hence the legal opiate replacement of methadone, taken orally, removes the ‘threat’ constituted by the needle-fixator and eases the ‘moral panic’ anxiety felt by the other, who has been extinguished by the needle user’s jouissance.

Methadone treatment occurs in the context of ‘needle foucaltion’, historically and socially, and is a reaction to the loss of the addicts’ body as it is felt by society. It represents the neighbour’s fear of extinction in the presence of the needle. Methadone treatment is a failed attempt by the law to become the ‘mother’s face’. The idea of the mother’s eyes provides an even more profound metaphor because there is both the sense that the law, by providing methadone, becomes the reflective surface as well as the constant viewer of the addict. Both harm reduction and pharmacotherapy can be conceived as forms of surveillance attempting to control or replace the idea of self-medication:

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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.73

The law intervenes in the relationship between the needle-fixator and his beloved needle. Brechter explicitly states that one of his motivations for proposing the use of methadone as a form of treatment is to end the long and unhappy relationship between the addict and the needle. However, Bourgois’ observation on the ‘discipline’ of the ‘uses of pleasure’ paints a very different picture. It is indicative of a moral panic or an attempt by the ‘external world’74 to reassert its importance in a human subject, which Loose describes as:

the damaging psychological pattern...according to which there is no necessity to alter the external world to satisfy some great need.75

Loose draws the comparison between masturbation and addiction. Methadone treatment represents a reaction to the injection of illicit drugs, which I classify as a form of masturbation. The reaction of ‘the external world’, moral panic, according to Loose, links masturbation and addiction. I claim that it is motivated by the neighbour’s fear of extinction in the presence of jouissance. Bourgois, using Foucault, illustrates the operation of the power structures that house the addict’s body. These power structures attempt to reappropriate the body of the addict by encouraging addicts to move from the street drug, heroin, to the legally provided medicine of methadone. Like Gatson’s description of moral panic, the idea of ‘body ownership’ is central to Bourgois’ ethnography. This problem of body ownership can be attributed to needle fixation, an unconscious phenomenon that finds its origins in a fixation on the mirror stage and the neighbour’s fear of extinction.

Significantly with regard to moral panic, the fear of extinction is coupled and often interchangeably used with the term ‘threat of extinction’. Certainly, Loose’s description

74 Gatson, ‘The Body or the Body Politic’, Real Drugs in a Virtual World.
75 Loose, Subject of Addiction, p. 69.
of the ‘damaging psychological effect’ of both addiction and masturbation suggests a
type of ‘threat’ to the ‘outside world’.\textsuperscript{76} Like Lacan’s discussion of jouissance,
contemporary moral panic approaches to addiction seem to make no distinction between
the fear of extinction and the threat that seems to inspire such a fear. Bourgois’
ethnography, which examines structures and discourses of power in the treatment of
addiction, separates what seems to be two distinct moments of moral panic.

Logically, the threat precedes the fear and the fear ensues from the threat. That is, there is
some sort of impending danger that represents a threat and, as a result, I feel fear. In the
imagination of the moral panic, however, the threat proceeds from the fear. I feel fear
therefore I must seek out a source of this fear. This is because moral panic is a
phenomenon associated with underground activities, such as witchcraft or transgressive
intravenous drug use. However, intravenous drug use and needle fixation seem to
provoke a particular type of moral panic that originates from the fear of extinction.

I claim that the fear of extinction recreates the fixation on the needle in the mind of the
neighbour as a threat of extinction. This is what motivates the treatment and mistreatment
of the addict’s body as documented by Bourgois, including treating cocaine addicts with
opiates, increasing the ‘habit’ of a heroin addict with methadone and creating rather than
eliminating social deviance through the inflexible operation of the program. The
questionable and problematic science of pharmacotherapy is born from the fear of
extinction. The threat is identified as existing in the addict’s body of jouissance and is
transgressive in relation to a law that prohibits jouissance. The treatment of the physical
body of the addict is really an attempt to treat the moral panic of the neighbour to
overcome the fear of extinction:

Ironically, methadone’s effectiveness at blocking the opiate-driven euphoria is
predicated upon methadone being more highly physically addictive than heroin or
morphine.\textsuperscript{77}

\textsuperscript{76} Loose, \textit{Subject of Addiction}, p. 69.

This ‘irony’ represents the real motivation for pharmacotherapy which is the desire to re-appropriate the body of the addict lost to the needle. What methadone does, according to this account, is attempt to replace the beloved of the parental other by creating a need that is greater than the need to engage in the symbolic intercourse with the parental other, that is, the jouissance of the needle. The very idea of methadone, it seems, is to impose itself upon the addicted subject as a love beyond all other loves, or which Brechter almost explicitly states, is a jouissance to replace the jouissance of the needle.

The attempt by the neighbour to become the ‘mother’s eyes’ can explain the recent phenomenon of pharmacotherapy in contemporary drug treatment approaches. It is my claim that it is used to treat needle fixation and, considering Fraser et al.’s finding that addicts had injected their methadone, is done rather shabbily. What McBride and Pates reveal is the transgressive body of the addict seeks out a union with the part-object of the needle against the will of the intervening law via methadone treatment. However, the practice of replacing one drug with another is hardly new and ground-breaking, as Freud’s treatment of Fleischl indicates. The attempt by the law to re-appropriate the lost body of the addict is nevertheless a recent phenomenon and has only emerged since the distinction, identified by Bourgois, between ‘medicine’ and ‘drug’.

In this approach to pharmacotherapy, I have maintained the unconscious hypothesis of ‘needle fixation’ common to the rest of this thesis. To some extent, this might grate with Bourgois, who takes a position based on social power plays and the ideas of Foucault. The notion of ‘moral panic’ and the fear of extinction as the impetus for identifying and treating the threat of the addict’s body provides a motivating force for these social power plays. The social world that surrounds the addict, and the response to the threat of the needle in the form of methadone, is a result of the moral panic inspired by the threat of extinction the needle represents.

Pharmacotherapy represents an attempt by the law to maintain a position of power in a body that has reconstituted the power structures that surround it according to a bodily jouissance. The external world has been radically altered by the relationship with the needle and the addict has become lost to that world, and captured by the incestuous drives
generated by the mirror image in the mother’s eyes. Pharmacotherapy is the law responding to this threat to its existence by attempting to become the mother’s eyes, the reflective surface at the unconscious mirror stage where the intravenous user is fixated.

Prohibition is yet another contemporary approach to addiction. Considered on light of the co-existing treatment discourse outlined above, it plays a central role in legitimizing, indeed enforcing the merits of methadone over heroin. It is significant that methadone, the legal opiate, is best taken orally. This suggests an enforcement of pharmacotherapy’s attempt to become the mother’s face and a covert attempt by the law to criminalize the needle by using the addicts’ body. An examination of the history of intravenous drug use reveals a decentralization of the law in favour of a micro-social system in which the body of the user is given an authority usually reserved for the law. This unravelling of the law has resulted in revolutionary tactics apparent in prohibitionist approaches to illicit drugs, whereby the disempowered law seeks to grab power back from the body of the intravenous user, who are in turn empowered by an inverted social structure created by a criminalization of the body of jouissance.

Intravenous drug use originated in the objectivity of scientific experimentation. It is a medical tool, invented by and for the authority of science, which defined its proper existence and function. The fundamental power relations accompanying the needle’s evolution; from man and beast, to master and slave, to ‘junky’ and non-junky, have seen various power struggles over ownership of the needle.

The slaves injected by their masters in experiments involving illicit drugs become self-injectors. The patients who seek morphine from doctors for a variety of ailments become the ‘junkies’ and the doctors become ‘suppliers’. Freud himself, though maintaining the language of perfect respectability, possesses all the qualities of a cocaine junky, followed
by a ‘self-reproach’ that saw him seek refuge in the invention of psychoanalysis which Loose controversially claims may have been induced by “…the grandiose delusions of cocaine’.78

Freud recognized the powerful lure of the needle, at one point describing it as ‘harmful’, then leading his ultimate ‘self-reproach’ for having ever recommended its use. 79 The debate surrounding self-injection seems to have existed as long as the object of the needle itself and suggests some special power associated with the needle. It exists as a tool of medicine and is given appropriate authority within its medical context. Then, the needle was passed from the medical establishment to the human subject and with it, a certain power to administer one’s own pleasure, or ‘jouissance’, now having a relationship with masturbation and is particularized by the peculiarities of the unconscious. That is, the powerful lure of the needle or its perceived ‘harmfulness’ is in its provision of a metaphor for masturbation.

The law that forbids jouissance, and therefore by implication forbids the body, disappears when the medical establishment surrenders the needle to the human subject. This is the social situation apparent in the transgressive texts I have called the discourse of transgressive jouissance, such as Burroughs’ *Junky*. In these texts, the body becomes the law and constructs a form of what Lacan terms ‘Sade’s utopia’, a micro-inverted social structure in which the body has authority.80 What we call the ‘underworld’ in contemporary times is an inverted social structure that, in specific reference to self-injection, evolves from the body being given an authority usually reserved for the law.

There is a sense of the underworld about the visit from Freud’s ‘Dr Taylor’, bloody and wounded, arriving on his doorstep with an ailment that is somehow of a personal nature.81 Their relationship is professional but what binds them on this occasion is a bodily jouissance, a shared sense of objectification, and an unconscious knowledge of the

81 Freud, *Cocaine Papers*, p. 189.
needle and its sexual power. This is echoed in *Junky* when Burroughs’ friend arrives, acquires some morphine, pulls down his pants, injects the morphine into his leg and leaves, as if alone in spite of company. What these instances reveal is that over the course of its history, the needle has come to replace the other and, for the addict, the body has replaced the law. What becomes apparent, in the world of the addict and particularly in the case of the needle-fixator, is the authority of the body.

Freud’s recommendation and supply of cocaine to his friend Fleischl\(^\text{82}\) as a cure for his morphine habit ultimately resulted in his death. In contemporary society, Freud would have spent the remainder of his days in prison for such a ‘crime’ and never would have concocted his theory of the unconscious. This might have seriously altered the course of human history and prompts speculation as to the alteration of its course since the ‘Harrison Act’ of 1914 in the United States and the ensuing international treaties that enacted universal prohibition.

A law that prohibits jouissance establishes the inverted micro-social structure that houses the addict’s body in contemporary society, the underworld, or Sade’s utopia of addiction. Thus, the transgressive jouissance of addiction and the jouissance of transgression are united. Loose observes that ‘transgressive behaviour ... is symptomatic of addiction’.\(^\text{83}\) This symptom of addiction results in the body of the addict being prohibited by the law.

The three dominant paradigms in addiction treatment, namely harm minimisation, pharmacotherapy and prohibition, are motivated by moral panic in different ways. They represent the expression of a specific and profound fear of extinction in the neighbour, caused by a symbolic value of the needle and the addict’s unconscious needle fixation, which is a fixation on the libidinal content at the mirror stage. This inspires a profound moral panic in the neighbour, and a fear of extinction that is expressed in contemporary approaches to treating addiction. Hence, contemporary approaches to addiction, whilst haunted by fear and anxiety over the needle and trangressive self-injection, consciously

\(^{82}\) Freud, *Cocaine Papers*, p. 6.
\(^{83}\) Loose, *Subject of Addiction*, p. 69.
focus solely on substance and the body of the user. What is apparent in these approaches is not a treatment for needle fixation but moral panic over, or perhaps even blind to, its possibility.
Conclusion

What is the needle using addict doing when he/she self-injects? In this thesis, I have claimed that self-injection is caused by needle fixation, a real fixation with an unconscious cause. This claim is based on Freud’s concept of fixation as ‘detained at an unconscious stage’ and the libidinal encounter at Lacan’s ‘mirror stage’ is the moment at which the self-injector is unconsciously detained.¹ Hence, the claim by Fraser et al. that needle fixation is not a genuine fixation, because the term fixation is borrowed from psychoanalysis, is refuted by my thesis. The potential for psychoanalysis to make a genuine and practical contribution to the treatment of needle fixation now exists.

Moral panic, it seems, is particularized and profound in relation to transgressive intravenous use and self-injection. The evidence for this claim is found in the history of the needle, its movement from being merely a tool of medicine to a powerful symbol of transgression. It seems the current discourse on moral panic is inadequate when it comes to the intimate moral panic in relation to needle fixation and intravenous drug use. This is supported by the operation of the moral panic in relation to the needle, which represents the fear of extinction.

Moral panic over non-medical self-injection is what motivates some of the contemporary approaches to injecting drug users and transgressive, non-medical intravenously used drugs in Western civilization. Moral panic and the fear of extinction is the foundation for the dominant social responses to addiction and my own research. Indeed, Tsai and McBride and Pates indicate that moral panic over the recent advent of non-medical self-injection of illicit drugs motivates harm minimisation, pharmacotherapy and prohibition. Each of these approaches function in response to an intimate moral panic or the fear of extinction. Harm minimisation responds primarily to containing disease spread, pharmacotherapy to the foundation of addiction at the mirror stage, while the

¹ S Freud, *Three Essays On Sexuality.*
responses of authority and the law target the threat of extinction the addict represents in social reality.

Since law prohibits the very body of the addict, this provides the seeds for an alternative ‘civilization’ in which illegal drug use continues exist. This civilization exists with founding mythology such as *Junky*. The *Cocaine Papers* of Freud precede the foundation of the Sade’s utopia of addiction that gives all power to the body, answerable to the lawless and transgressive body of jouissance. The prohibition by law of such a body has resulted in the body establishing its own authority, presiding over a micro-social structure borne from a body of jouissance, or what Lacan describes as ‘Sade’s utopia’ with a sense of ‘Antigone’s law’ at its very foundations, allowing it to flourish in power and population.

This growth is constituted not only by actual population growth but also by potential population growth, represented by the evolution of complex economic systems, social norms and the continuing production of literature, an expanding mythology representing a discourse of transgressive jouissance. This micro-social structure or alternative civilization is populated by a variety of ‘transgressors’, as revealed in *Junky*, and acts to conceal the real, unconscious motivations that drive it. One such unconscious motivation is a fixation on the mirror stage resulting in ‘needle fixation’

The driving force behind this alternative civilization and what establishes rank is a bodily jouissance resulting from a fixation on the libidinal encounter at the mirror-stage of development, physically symbolized by non-medical self-injection. The idea contained in injection and amplified by a fixation upon the needle is a deprivation of the body for the neighbour’s use, the impetus for a moral panic that seeks to reclaim ownership of a body of jouissance representing the threat of extinction. What is called ‘moral panic’ in relation to needle fixation and non-medical self-injection is, in fact, a fear of extinction.

The existence of a population of addicts that Loose calls the ‘new masturbators’, Bourgois et al. classify as ‘dope fiends’ and I have called ‘needle-fixators’, establishes a
power structure in which the law, the ultimate power in the conventional social structure, is utterly powerless. It is an inverted social structure. The law enters the inverted social structure in the form of chemists, doctors, ‘cops’, agencies that treat addicts and other health professionals. Just as the needle-fixator curiously sits at the top of the inverted social structure, the law, accordingly, enters at the very bottom of the inverted social structure. In order to gain power in this inverted social structure, the law becomes revolutionary, seeking to bring down the inverted social structure but with no power to gain access to the ‘real’ power brokers in the hierarchy, the needle-fixator and his fixation at the mirror stage. This explains the phenomenon of prohibition as a response to the ‘moral panic’ Goode et al. refer to when stating the ‘moral panic over drug taking results in the setting up of drug squads’. Gatson’s ‘moral panic’, based on the idealized notion of ‘innocence’, serves to imply that the non-drug user is responding to the threat of extinction represented by self-injection and its jouissance.

In conclusion, non-medical self-injection gives rise to a particular and profound moral panic because needle fixation and its possibility is a real and unconscious phenomenon that finds its origins at the mirror stage. Compulsive self-injection, regardless of substance, is a phenomenon belonging to the unconscious. The moral panic reaction of the neighbour is the fear of extinction caused by this fundamental, unconscious fixation. The dominant approaches to addiction seem to appease the desire to keep the other safe from the fear of extinction, rather than treating the subject and the cause, being needle fixation. Perhaps an approach that treats needle fixation as a mental health issue with an underlying unconscious cause rather than a criminal transgression might go some way toward bridging the cultural divide between addicts and non-addicts.
References


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