

Conditioned to consume: Drug use in American culture

by [Luke Bretherton](#) in the [July 23, 2014](#) issue



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The legalization of marijuana for recreational use in Colorado challenges the churches to think again about the ethics of drug use. Arguments about the use of cannabis being illegal no longer stand up. With 22 states already allowing the use of marijuana for medicinal purposes, such arguments have been frail for some time.

While much has been written on drug addiction that is helpful to pastors, moral reflection on the ethics of drug use is rare. As so often happens with Christian responses to moral problems, there has been a systemic failure to ask Marvin Gaye's question, "What's going on?" before asking Lenin's question, "What is to be done?" In the United States, this judgment must be made amid the disastrous social, political, and legal legacy of the War on Drugs and the way drugs like marijuana have been a brickbat in the culture wars.

Let me suggest some opening pointers that might help the discernment process. First, we need to define what we are talking about. Our efforts to ask what is going on will prove futile if we try to resolve the ambiguity of the human relationship with drugs, either by emphasizing that they are all bad or good, on one hand, or by claiming that they are neutral on the other.

Drugs are never neutral: they have concrete effects which promote or diminish human flourishing or do both simultaneously. We must heed the musings of the friar in *Romeo and Juliet* (a play in which the drama turns on the ambiguous nature of a

drug) when he states: “Within the infant rind of this weak flower / Poison hath residence, and medicine power.” We must also avoid the tendency to scapegoat drug users or any particular section of society, including doctors, pharmaceutical companies, or “drug barons” for the problems drugs can cause.

We must also avoid imbuing drugs with a malevolent agency. When drugs become an omnipotent demon with the power to curtail free will and drag the unsuspecting victim into addiction, crime, and death, it becomes rational to “wage war” on the demon. A war on drugs is then invoked to justify the use of actual military force to combat the imagined threat to civilization. Instead of making a scapegoat of drugs or any particular section of society, we must analyze how and why contemporary drug use is a symptom of, rather than alien to, the shape of Western late-modern society.

We can define drugs as referring to *chemical substances that, when taken into the human body through ingestion, injection, or some other means, modify one or more of the capacities of the body for either ampliative or therapeutic purposes and not for feeding or nourishing the body.* Drugs must be distinguished from a warm bed in that the physiological changes effected in the body are accomplished through becoming part of the body’s chemistry rather than through external stimulation. For example, in contrast to the actions of a pumice stone, a noncosmetic skin cream, such as an eczema cream, works through being absorbed into the body.

Furthermore, drugs are to be distinguished from changes brought about by ascetic practices—for example, fasting—in that drugs are an external substance added to the body rather than simply a somatic exercise. And although certain substances used as drugs may also be used as food, such use is distinct from their use as drugs. (However, some substances—beer, for example—may be used simultaneously as both.)

The use of drugs for ampliative purposes seeks to extend, augment, enhance, or literally amplify an inherent capacity of the body for recreational or religious purposes (and not primarily for medicinal purposes). Ampliative drug use ranges from the use of steroids to enhance muscle performance to the use of alcohol to enhance conviviality. Such use might or might not be good depending on the particular end such enhancement seeks and the vision of the human good such enhancement is being measured by.

The second kind of use, therapeutic use, seeks to cure, prevent, or fix a real or perceived ailment of the body. Therapeutic drug use ranges from using antibiotics to prevent or heal an infection to using morphine as an analgesic. Again, therapeutic use can be misuse, for example, the overprescription of antibiotics leading to iatrogenic diseases, such as the development of antibiotic-resistant strains of bacteria. However, most moral concern about the use of cannabis and its derivatives is focused on its ampliative use.

Drugs may be used both therapeutically and in an ampliative way to enhance personal presence, either through healing the body or enhancing personal relations. For example, the use of alcohol to promote conviviality is good since the end of human beings is to be in communion with God and each other. Indeed, the use of wine to foreshadow the messianic banquet lies at the heart of Jesus' actions at the wedding feast at Cana.

Conversely, when drugs militate against greater personal presence and a deepening of communal relations, then a line has been crossed between proper use and abuse. The line between using alcohol (or cannabis) to enable conviviality and being drunk (or stoned) is drawn at the point at which alienation and the sundering of personal relations sets in. We must always ask, when someone is using alcohol (or cannabis), whether that person is more or less physically, spiritually, emotionally, and rationally present to others and at what point the drug use inhibits both an individual's present ability and future capacity to be present to God and others.

Besides offering some definition of what we are talking about, asking "What's going on?" leads us to locate the current debate in historical context. Contemporary patterns of drug use cannot be understood outside of their relationship to the processes of modernization, notably: the development of technology (especially chemical technology), of global trade (initially through colonialism), of industrialization and mass consumerism, and of bureaucratic control and the expansion of the nation-state.

For example, the introduction into early modern Europe of coffee and tea, the most commonly used drugs, was inextricably bound up with the growth of colonialism and the beginnings of mass consumption. Alongside the increasing range of plants available for use from the early modern period onward was the application of the scientific method to medical practice and the study of plants. This application led to the isolation of alkaloids and the creation of synthetic and semisynthetic drugs for

medicinal use. Such developments were then combined with industrialized means of production. For example, cocaine, the psychoactive alkaloid in coca leaves, was identified in 1860, and its industrial production began in 1862.

The introduction of cannabis into Europe provides a case study in the pattern of this expansion. The effects of cannabis were known about in Europe beginning in the 18th century as a result of French and British colonial expansion and trade. This period was followed by an era of medical and recreational experimentation. William Brooke O'Shaughnessy first began medical experiments with cannabis in the 1830s, and around the same time Parisian bohemians such as Flaubert were experimenting with its more hedonistic potential. This experimentation led to its commercial exploitation.

Under O'Shaughnessy's direction, a London pharmacist, Peter Squire, developed an extract and tincture of cannabis. By 1887 cannabis cigarettes were sold by pharmacists for the "immediate relief in all cases of Asthma, Nervous Coughs, Hoarseness, Loss of Voice, Facial Neuralgia and Sleeplessness." Inevitably, much of this use was not directly therapeutic. Concern about the use of cannabis both in Europe and in its colonies led to campaigns for greater restrictions and control over its production. Official investigations were established in order to respond to the concerns being raised.

For example, in 1893, the Indian Hemp Drugs Commission was established to investigate the impact of the drug in India. During World War I a policy of prohibition and strict control was introduced. A similar sequence of introduction and experimentation, commercialization, taxation, and/or legal regulation can be traced for virtually all other drugs.

Attitudes toward psychotropic drugs such as cannabis and opium underwent a shift at the end of the 19th century and beginning of the 20th marked by a change from taxation to prohibition and criminalization of their use and distribution. In many ways, the debate about drug use in Western societies has changed very little since the beginning of the 20th century. A theological response to contemporary patterns of drug use needs both to understand the above historical background and to stand back from it in order to develop a critical theological perspective.

A critical perspective begins with noting how drug use conforms to central patterns in contemporary culture. Drugs are a form of technology and used as a means to

“progress” out of what is viewed as the tyrannous imposition of nature. As such, drugs are a symptom of modern, technocratic approaches to nature.

Moreover, drug use, like other forms of technology, has become separated from a teleological vision of the good. Instead of enabling us to inhabit the world in fulfillment of a broader moral vision of human flourishing, the use of drugs simply becomes one more technique by which to manipulate the body according to our will and maximize its utility to increase pleasure and avoid pain.

The use of drugs as a technology by which we make ourselves “free” becomes especially apparent when we look at the cultural anxieties surrounding the figure of the addict. The state of being an addict—whether of heroin or nicotine or caffeine—is feared and socially proscribed because it is seen as being out of control, dependent on something, in a state wherein the body is not subject to the will. To be dependent on a drug is to deny the modern conception of freedom by making oneself subject to necessity. Such dependence constitutes a betrayal of deeply held modern beliefs about freedom.

This fixation with a particular kind of dependence masks the ways in which society as a whole has become dependent on drugs to maintain a particular conception and experience of normality or homeostasis characterized by “comfort” or “wellness.” We deploy great vats of syrups, cartloads of pills, and reservoirs of lotions in order to liberate ourselves from the everyday tyranny of the body’s aches, pains, tiredness, allergies, and the general affects of aging. And we are increasingly employing yet more kinds of drugs to tailor our personality and physical abilities to fulfill our desires or alleviate our anxieties about our sense of who we should be or what we should be able to achieve.

The drive to maintain physical comfort or, as is increasingly the case, a sense of self-fulfillment ignores how physical or psychological pain is part of the way in which we may order our lives properly in response to the world around us. For example, if I am tired and have a headache, the body needs not coffee and an aspirin but rest. Yet under the logic of contemporary life, bodily pain does not serve to alert me to my social, economic, or political condition (i.e., why I am having to work late); rather, bodily pain is a provocation to tighten up our regimes of control “over” the body (I need to exercise more, eat better, buy a more comfortable chair or a stronger brand of headache pill, etc.) and thus treat the body as an object of manipulation.

We see the same dynamic when it comes to recreational use of ampliative drugs such as LSD, cocaine, cannabis, and Ecstasy (MDMA). Much of the rhetoric that surrounds the use of these drugs is of liberation: “free your mind.” Moreover, they are seen as ampules of rebellion and social nonconformity: “turn on, tune in, drop out.” Yet such use actually conforms closely to the ethos of contemporary culture.

The ways in which drugs such as LSD and Ecstasy are used reflect the desire to engineer an experience: more often than not, a “high” or a good time. Why risk not enjoying yourself when you can chemically ensure that you will like your friends and appreciate the music and that you won’t get tired after a stressful week at work? Yet such engineering of experience deprives human existence of certain spontaneities of being and doing that depend upon the reality of a world which we have not made or imagined, but which simply confronts us to evoke our fear, love, and delight. A personal, spontaneous response to friends, music, and dancing is different in kind from a chemically manufactured response.

Far from freeing their minds, most clubbers and weekend party animals are bureaucrats of fun, administrating their enjoyment like corporate managers organizing their schedules. So beyond the rhetoric, taking drugs is deeply conformist and conservative: drug taking conforms to the technocratic logic of modernity and conserves those patterns of life that are shaped by the demands of the market and state. Taking drugs, whether for ampliative or therapeutic use, is a moral imperative within contemporary Western culture: they are a valuable technology through which we can manage and manufacture a life free from pain and consumed by pleasure.

Drugs themselves—whether used for ampliative or therapeutic effect—are perhaps the ultimate consumer product. In a society in which all cultural products are calculated for maximal impact and instant obsolescence, drugs give an instant, maximally intense hit and—unlike sunglasses or iPhones— are used up in one go. In a society of experience collectors, ampliative drug use bypasses the equipment and preparation needed for a parachute jump or sailing trip and does not require the spatial and temporal investment of an adventure holiday or a visit to Disneyland. Drug use delivers a hit of pure experience without the need for training, travel, or time. Meanwhile, commercial interests have a large investment in our continued use of drugs of all kinds.

In short, in a consumer culture, it is entirely rational to take drugs for ampliative purposes. Drugs may poison and consume or use up our bodies, just as cars

consume and use up our environment, but they powerfully satisfy, albeit fleetingly, the desires of persons whose hearts and minds are conditioned to consume.

Neither legalism nor license is a morally insightful response to this situation. It is entirely plausible to imagine a culture that is able to metabolize marijuana so that its use is ritually and socially disciplined and oriented toward a moral vision of human flourishing (as in the case of people drinking wine—and unlike the case of people using heroin or Ecstasy). Such a process of enculturation would limit, contain, and isolate its negative impacts and constructively channel its potentially positive ampliative and therapeutic uses.

Many Christians assume that smoking or ingesting marijuana is necessarily and in all instances immoral, but at the same time they seem prepared to bow to its inevitable legalization, while muttering about how such a turn of events is one more sign of growing secularization. The counterconclusion I draw from the above analysis is that certain kinds of drug use in certain kinds of contexts may well be morally licit—but that this licit use depends on a set of cultural possibilities unavailable, at least on a large scale, within our consumerist cultural environment.

Within the realities of our cultural condition, legalization is probably a bad idea, as use of marijuana will be taken up largely in socially destructive ways that inhibit interpersonal presence and exacerbate its negative impacts. Via the good offices of Colorado, we will soon be able to discern whether this assessment is correct.