

# Addiction trajectories

*Reviewed by Kelly Ray Knight*

Eugene Raikhel and William Garriott, eds. *Addiction Trajectories*. Durham and London: Duke University Press, 2013. Paperback, 338 pp., \$25.95. ISBN: 978-0-8223-5364-5.

*Addiction Trajectories* is a must-read for anthropologists of drug use and addiction, but its relevance is in no way limited to this subfield. By theorizing addiction as a ‘trajectory’, this edited volume compels the reader to ponder key questions about the modern experience of subjectivity, the social, progress, science, and the state. Addiction is an experience and an object of study that is constantly making and unmaking categories, both defying and producing its possibilities and its limits. The attention toward the dynamism of addiction – experientially and conceptually – lends an overarching theme to the book. Eugene Raikhel and William Garriott, the volume’s editors, organize addiction trajectories around three ‘principal types’: (1) *epistemic trajectories* traced by categories and concepts of addiction as they change over time and move across institutional domains; (2) the *therapeutic trajectories* of treatments as they move through distinct cultural and organizational settings; and (3) the *experiential and experimental trajectories* of lives constituted through the terrains of addiction and subjectivity’ (p. 2). Addiction is not a given here, a frozen category of compulsion, desire, economy, disease, criminality, or death. Rather, it is on the move, proposed as a localized, experiential mode of relation to self and others and as a ‘global form’ (Collier and Ong, 2005, 1) of science, governance, pharmaceuticalization, and care.

Raikhel and Garriott spend valuable time in the introductory chapter framing their approach to addiction and its anthropologies, and helpfully trace previous anthropological modes of engagement. This is important because it grounds addiction as an experiential mode and as an ethnographic object that is constructed – beyond the merely experiential – through clinical, therapeutic, bureaucratic, carceral, and market practices. The contributions selected

for *Addiction Trajectories* represent some of the most compelling and innovative ethnographic studies of addiction. Collectively they reflect an effort to attend to the subjective experience of addiction and its biopolitical contexts without reducing the lens to the more singular registers of biomedicalization or political economy.

The first contributor is Angela Garcia, who uses the story of Alma, a heroin addict in New Mexico's Española Valley, to explore addiction 'as a vexing condition marked by the impossibility and the inevitability of an end' (p. 37). Garcia's theorizing of chronicity, mourning, insomnia, and subjectivity contrast and complement Natasha Shull's examination of the relationship between gambling addiction and its recovery 'as a question of technological self-management [that] owes much to the self-enterprise culture of contemporary capitalism' (p. 71). In both essays the addict self is changed as a result of movement through localized, relevant geographies of addiction and care, or what Shull calls 'circuits of self-medication' (p. 73).

Todd Meyers explores '[p]haracotherapy inside and outside the clinic' (p. 88) to interrogate how the therapeutic management of addiction and opioid medication misuse are differently marked in media accounts and addicts' own complex withdrawal management techniques. Helena Hansen demonstrates how two apparently widely divergent 'communities of addicted selves' (p. 108) – Puerto Rican addiction ministries and harm reduction-informed buprenorphine treatment centers in New York City – share a common ground in which individual addicts are 'crafting personhood' as a result of being told 'that they are deficient, that a shell of their social experience needs filling, whether with neurotransmitters or spiritual power' (p. 124). Anne Lovell also attends to the notion of 'circulation' by having the reader travel with Pavel, a Ukrainian man whose addiction experience is a telling example of 'the movement of bodies in global biopolitical assemblages' (p. 132). Pavel's status as a '*toxicomane*' shifts as he travels between the Ukrainian and French contexts, changing from a criminal patient to a citizen of 'biosolidarity'.

E. Summerson Carr examines 'competing schools of clinical thought' (p. 183) through the language of addiction in the therapeutic encounter, tracing the role of denial, motivation, and self-authorization. She is interested in how addiction professionals train addicts to have the 'skills' and 'spirit' with the goal of producing 'sober speakers ... who can then talk *themselves* into professionally authorized ends' (pp. 182–183). Eugene Raikhel provides an ethnographic contrast to Western European and North American therapeutic approaches that encourage the adoption of an "illness-based addict identity" (p. 209) by presenting a localized and historical examination of how addiction medicine in Russia (narcology) is embedded in Soviet and post-Soviet psychiatric clinical reasoning. Working outside of a 'normative mode of patient autonomy' (p. 189), *khimzashchita* operates as 'placebo therapy',

as ‘chemical protection’, and as ‘suggestion’ all at once, collapsing the categorical boundaries often policed in medicine between knowledge and belief.

In the remaining set of contributions we move beyond the realms of addiction treatment to examine how addicts and addiction are constructed in relation to other social institutions and the larger public. William Garriott explores methamphetamine addiction and its criminalization in a rural community in West Virginia to demonstrate how the discourse of inevitability, embedded in the disease model of addiction, is melded with a carceral logic of identification and punishment: ‘The methamphetamine addict – and the drug addict more generally – has become a potent figure of criminality because it represents a dangerous conflation of moral, legal, and biological forms of deviance and difference’ (p. 217). Nancy Campbell also explores the consequences of the science of addiction circulating in a public outside of itself. Presenting a case in which the neuroscientific model of addiction was publicly denied on *The Oprah Winfrey Show* in favor of ‘moral choice as the only means of recovery’ (p. 256), Campbell asks: ‘What are the ethico-politics of localizing addition – a complex social, economic, and political phenomenon that takes wildly differing forms across space and time – to the brain?’ (p. 257).

A. Jamie Saris provides a philosophical turn by exploring the etiology of the term ‘addict’ and our own anthropological ability to engage with the conceptualizations of will, commitment, and stakes. Engaging the market as a ‘macro-context of our analysis and the source of our most powerful metaphors in this moment of biological psychiatry’ (p. 277), Saris calls for ‘theoretical courage’ (p. 279) in exploring how ‘[t]he hyperproduction of will in cosmetic pharmacology and its complete absence in the biopsychological production of addiction can be seen as a sort of experimental moment for our understanding of the liberal subject’ (pp. 280–281). Emily Martin closes the book with an apt summary: ‘This volume makes plain the multiple forces – political, economic, medical, scientific, social, and legal – that come together or fail to come together under the heading of addition’ (p. 288).

As an extension to the excellent work offered here, one could ask: how do addiction trajectories, so theorized, emerge in other locations, for example in South and East Asia, South America, Africa, or Australia? Almost all of the ethnographic engagements presented in *Addiction Trajectories* are in the United States or Western and Eastern Europe. How are the embedded rationalities and embodied experiences of the West shaping and limiting our anthropological understanding of addiction? How does addiction manifest and circulate in and between these locations as a global form? In addition, clinical contexts that operate outside of those designed specifically to address addiction are left largely unaccounted for here. People experiencing addiction frequently find themselves interacting with modes of care in which drug use and addiction are not what brought them into contact with

healthcare, but where addiction still plays a major role in the experience, the politics, and the treatment and care of those settings.

The areas of reproductive health care, adolescent health, primary care, end-of-life care, and emergency medicine all offer ethnographic opportunities to explore how addiction is constructed by experts who are often not addiction experts, and how an addict identity is constructed in spaces not designated for addiction treatment. Among unstably housed women in San Francisco, I have examined how pregnancy makes addiction socially legible, leveraging modes of ethical, institutional, and clinical engagement that shift according to a woman's biological reproductive status. Currently I am conducting ethnographic research in primary healthcare clinics that serve as a safety net in the United States, with men and women who are diagnosed with chronic noncancer pain and receive prescription opioids. Marking and policing the poorly understood boundary between drug use and problematic drug use is a main area of contention in these clinical settings, not because 'addiction' is the primary disease of concern but because patients' existing medical complexity (for example, cancer, diabetes, depression, heart disease) is always managed in relation to licit and illicit drug use.

All the contributions in *Addiction Trajectories* underscore what Raikhel and Garriott call addiction's 'directed movement' (p. 8): the way that addiction must be theorized as always changing, unstable, restless, and potentially otherwise. These engagements valuably and consistently offer readers the opportunity to think anew about addiction, both as an experience and an object of knowledge, and to question any fixed categorization of addiction that does not ethnographically ground the conditions of its possibility.

## About the author

Kelly Ray Knight is an Assistant Professor in the Department of Anthropology, History, and Social Medicine at the University of California, San Francisco. To be published in the fall of 2015, her book *addicted.pregnant.poor* examines addiction and pregnancy among unstably housed women in San Francisco (Duke University Press, forthcoming).

## References

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