

The Drug Addict Subject in Question

It is not a question here of outlining all of what it is agreed to call today addictions; nor is it a question of looking into this new "science" which would give rise to a particular study of addictions; creating a profession of a new type, place, and profile of expertise: addictology. Addictology suggests a "study" of addiction or addictions and its endless procession of questions: questions concerning addiction to cigarettes ; are gambling, heroin, hashish "drugs" or not ; and among these, are their "hard" or "soft" ones? These questions give rise to multiple political, societal, legal, *and* medical controversies. They nevertheless retain and take away all the interest they contain. It is not so much the quantity or especially the diversity of the products, some of which have recently appeared (Ecstasy, Crack etc) that matters here. I don't mean to minimize this approach; the object of my reflection is not to weigh their various harmfulnesses.

Rather, it is from my practice and a theoretical-clinical reflection on that practice that I intend to include the question of the drug addict subject, in a praxis of drug addiction, and in a "clinic of drug addiction". The emphasis is above all not on the nature of the product but on the "subject" of the drug.

In other words, it is not so much the product that "makes the addict" but the encounter of a subject with a product; and I intend to develop this thesis using psychoanalysis. The encounter of a subject with a signifier "the drug" is a story that is not heard at first. The massiveness of "the drug," its painful and scandalous aspect for families, the media, etc obstructs what happens unconsciously in a subject.

Each era has its "scourge". The 1980s and 1990s had one. A scourge, however,

which did not seem to put off everyone as far as we can judge; the press, experts, testimonies on television broadcasts, often made it a positive subject.

It was at this same time that - based on the ordinance of the 1970 Law on drug addiction, the Inter-ministerial Mission for the fight against drug addiction (MILT) was created - that the first after-care centers were established. These centers provided welcome and support, the first educational training, and essential information against AIDS for a deadly cohort of heroin users. Then came the substitute products: Subutex - Methadone. The first major conferences began at the initiative of the National Association of Drug Addiction Workers (ANIT), as well as "The Reims Days" at the initiative of Francisco Hugo Freda, psychoanalyst member of the ECF. It is in this context, and during this period, that I was brought to act as a "drug addiction worker"; I worked in post-cure, in a reception center, and in a hospital and prison environment with adults and young adults. Analyzing - I was going to say as a beginner - my personal orientation crossed my professional life with a difficult issue. Analytical, theoretical, and clinical training was required. I found my outlet at the Freudian Field (*ECF*) within the Group of Research and Studies in Drug Addiction and Alcoholology (*GRETA*), led by Markos Zafiroopoulos, Bernard Lecoœur, and Francisco Hugo Freda. This group found extensions within the *ACF* in my region of which I had become a member.

Drug addiction: pathology or symptom?

It is not the drug which makes the addict, contrary to the affirmations of the WHO and the DSM. This is why Markos Zafiroopoulos says that: "The Drug addict does not exist" (1) but that it is always a question of "a subject" of the unconscious who

“meets,” performs an “encounter,” with a product. There is nothing fortuitous here; you don't accidentally stumble on a syringe pulled by “others.” And yet the subject of the addiction and his family often rationalize and explain the addiction to themselves by saying that: it is “another: the person in charge,” a dealer, a marginal group, etc who are responsible. And all of this can plunge the families into states of astonishment, often heartbreak.

I have in my memory a patient who could not comprehend his own subjective relation to his addiction: “I do not understand, everything was fine, and then I encountered drugs.” Obviously, he reveals here, without his knowledge, that everything “was not going so well. . . as if the drug covered over something of the structure, updating the forms of his symptoms . . . functioning like a riddle to which one must have the patience to submit to if you want to bother to hear it.”

Are drugs and these effects on the subject in themselves a symptom? Drugs provide an encounter experience of enjoyment: they are a product that is the object of this enjoyment, beyond the pleasure principle.

After having considered this more psychoanalytic approach in relation to drug consumption and its toxic effects, we can define an addiction as the meeting between an experience of *jouissance* and a product to which said *jouissance* is attributed. However, the same definition could be used to speak of generalized addiction if we consider what Jacques-Alain Miller expressed in an interview in 2011: 6 “any activity can become drug.” In this sense, addiction would be an encounter between an experience of *jouissance* and an activity to which the said experience is assigned. This encounter is

inscribed in a contingent manner in the subject, and then turns into a remedy necessary for the course of his life, to the point of becoming addictive.

From this definition of addiction, what can we learn about toxic effects? With the plurality of drug-objects or with generalized addiction, we observe that despite the specific effects that the substances can have, according to its chemical composition, the effects of the toxic will occur in the body of each subject in a different way. This is seen most evidently in widespread addiction, where an ordinary activity can become addictive for one individual while another doesn't become addicted.

In other words: what presents itself as toxic is "jouissance".

Finally, we can say that the effects produced by the drug or by toxic activity are already preceded by other effects. If we consider what Lacan expresses in his *Encore* Seminar about the effects of saying: "these effects, we can clearly see how it agitates, it stirs, it bothers speaking beings."⁷ So one could formulate that these toxic effects are determined by these statements which traumatized the body and which registered a specific modality of satisfaction. This fits what Mauricio Tarrab⁸ articulated, saying that beyond the substance (or toxic activity) what presents itself as toxic is enjoyment. By this, one affirms that the toxic effects will be to the measure of each one, since these will be determined by the "program of the pleasure"⁹ registered in the individuals in a singular way. The effects of toxicity will appear One by One. This One by One will then regulate a societal group of drug addicts, identified and marked as such.

Depending on each subject, the drug cannot produce specific effects which may or may not be related to the properties assigned to the said substance or to the activity as such. From there, no totalizing speech is possible or admissible.

Footnotes

- 1 Beneit, García y Mayor, **Intervención en drogodependencias. A multidisciplinary enfoque**. Madrid: Editorial Síntesis, S.A., 1998.
- 2 Freud, S., **Letter 79 to Fliess**, 1897.
- 3 Freud, S., **Le Malaise dans la civilisation**, 1930.
- 4 Lacan, J., Cartels Study Days of the Freudian School of Paris. Closing session, 1975.
- 5 Freud, S., **Le Malaise dans la civilisation**, 1930.
- 6 Miller, J.-A, "Jacques-Alain Miller: les prophéties de Lacan", Paris: 2011, available in:
[http://www.lepoint.fr/.../jacques-alain-miller-les-propheties ...](http://www.lepoint.fr/.../jacques-alain-miller-les-propheties...)
- 7 Lacan, J., **Le Séminaire**, Book XX, Encore, Paris: Seuil, 1975.
- 8 Tarrab, M., "... mírenlos cómo gozan !! »", **Sujeto, Goce y Modernidad: Fundamentos de la clínica**, 1995.
- 9 Miller, J.-A, "The Future of Mycoplasma laboratorium", **The Monthly Letter**, 2008.