



# The Globalisation of Addiction

A STUDY IN POVERTY OF THE SPIRIT

Bruce K. Alexander



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Spirit

Bruce K. Alexander

Department of Psychology  
Simon Fraser University  
Vancouver  
British Columbia  
Canada

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accurate and up-to-date as possible at the date of writing, Oxford University Press is not  
able to give any guarantee or assurance that such is the case. Readers are urged to take  
appropriately qualified medical advice in all cases. The information in this book is  
intended to be useful to the general reader, but should not be used as a means of  
self-diagnosis or for the prescription of medication.

To my four wonderful children, each of whom is finding a good path, in spite of all this. In order of appearance: Ben, Alexa, Paul, Dorian.

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Curt Shelton has helped with this book throughout. At the end, he organised the countless tasks required to bring the manuscript to completion and to get it to the publisher. He found a great burst of energy for this mountain of finishing work at a time when my own was running out.

This book was completed only because my wife, Patricia Holborn, treated the fragile gropings of my mind and the tumult of my enthusiasms with steadfast good humour, all the while keeping up with her own demanding professional responsibilities ... and because she made the ever-fickle computer work when I could only curse ... and because she maintained a degree of domestic order without which both manuscript and writer might have been submerged in the litter ... and because in some other way that I do not fully comprehend, she breathed substance into the text. It is hers, too.

Also, a huge thank you to Inspiration Ledge.



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## **Author's Note**

Everything in this book is as factually accurate as I can possibly make it with one exception. Key details in biographical accounts of people who I know personally have been fictionalised to protect their identities. These fictions have been checked with the people involved to ensure that they do not distort the essential truth of their accounts, which have been approved by them for publication.

All quotations in the text are written in English. Where the original text was French, I translated the material myself with the guidance of my teacher and friend, Chaouac Ferron.

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# Introduction

Why are so many people dangerously addicted in the globalising world of the 21<sup>st</sup> century? Why does the range of addictions extend so far beyond drugs and alcohol to gambling, shopping, romantic love, video games, religious zealotry, television viewing, internet surfing, an emaciated body shape ... and on and on? Why has scientific medicine, a dazzling success in so many other domains, not brought addiction under control? These mysteries are best investigated by viewing addiction historically. A historical perspective affords an unhurried look at what addiction is, why it has always existed, why it appears to be spinning out of control just now, and what modern society can hope to do about it. Moreover, it provides a fresh view of certain aspects of the madness of today's world that might seem unrelated to addiction at first.

The value of a historical perspective seized my attention only a few years ago. Frustrated after decades of inconclusive research and marginally successful service in treatment and harm reduction, I changed my line of work permanently—or so I thought. I resolved to forget about addiction and to cultivate my interest in history instead, limiting my university teaching to the history of psychology for a few years. I read historians as well as others who could inform me about the past: anthropologists, political scientists, economists, ancient philosophers, and investigative journalists.<sup>1</sup> I deliberately avoided works concerning drugs or addiction, for my new interests were quite different. Without meaning to, however, I kept coming across insights into addiction that were more powerful than those I had encountered in the professional literature on addiction. I had been looking in the wrong place all along.

This book undertakes a fusion of the insights on addiction that arose from my historical interlude with the professional addiction literature. Even if this fusion-powered analysis has not generated a miracle cure, I am convinced that it constitutes a giant step forward.

Switching to a historical perspective on addiction is not as easy as it may appear, because conventional wisdom stands in the way. Today's conventional wisdom on addiction<sup>2</sup> was established in North America and Western Europe during the 19<sup>th</sup> and 20<sup>th</sup> centuries.<sup>3</sup> It is now disseminated everywhere on the world's information highways. Around the globe, people absorb it from childhood, quite unconsciously. Unfortunately, the conventional wisdom has led neither to a clear understanding nor to effective control of addiction during its long domination of public consciousness.<sup>4</sup> Well past its prime, it is overdue for an honourable retirement.

The conventional wisdom depicts addiction, most fundamentally, as an individual problem. Some individuals become addicted and others do not. An individual who becomes addicted must somehow be restored to normalcy. There is an odd dualism built into this individual-centred depiction: addiction is seen either as an illness or as

a moral defect or—somehow—both at once.<sup>5</sup> Accordingly, addiction can be overcome by professional treatment or moral reformation of the afflicted individual, or both. Another fundamental assumption of the conventional wisdom is that drug and alcohol abuse are the prototypical addictions. If there are other types of addict, they will be recognised by what they have in common with alcoholics and ‘junkies’.

The historical perspective of this book does not share these assumptions. Rather than an individual problem, the historical perspective views addiction as a societal problem. Addiction can be rare in a society for many centuries, but can become nearly universal when circumstances change—for example, when a cohesive tribal culture is crushed or an advanced civilisation collapses. From this perspective, addiction is not so much a problem of aberrant individuals as a latent human potential that expresses itself universally under particular social circumstances. Of course, the historical perspective does not deny that differences in vulnerability are built into each individual’s genes, individual experience, and personal character, but it removes individual differences from the foreground of attention, because social determinants are more powerful.

Just as the historical perspective does not share the assumption that addiction is an individual problem, it does not share the assumption that drug addiction is the prototypical form of addiction. Throughout history, other kinds of addictive habits have been more widespread and just as devastating. I have written about drug and alcohol problems and the misbegotten ‘War on Drugs’ in past years,<sup>6</sup> but this book is about addiction *per se*, which, at the deepest level of analysis, has no necessary connection to drugs.

Although this book rejects the conventional perspective on addiction, it does not lay out its flaws one by one. That painstaking dissection has already been accomplished by many able scholars<sup>7</sup> whose works are cited here. Instead of continued embarrassment, the conventional perspective has earned its retirement. It has served honourably and, despite its flaws, it still provides a helpful and compassionate way to think about addiction in some treatment settings.<sup>8</sup>

I have, however, found it necessary to subject one particular part of the conventional wisdom to detailed analysis. The still widely held belief that addiction can be caused simply by consuming one of the ‘addictive drugs’ continues to obscure the field of addiction today. The evidence that refutes this belief has been known for decades, but, like a ghost that cannot rest in peace, the belief still haunts present-day discussions<sup>9</sup> with its dramatic images of irresistibly addictive drugs including heroin (‘it’s so good, don’t even try it once’), crack cocaine (‘the most addictive drug on earth’), and crystal methamphetamine (‘more addictive than crack cocaine’).

I have not allowed this ghostly belief to haunt the main text of this book, but have instead confined it to Chapter 8, which summarises the evidence for and against it in the case of heroin, the drug to which the belief has been applied with the greatest confidence for nearly a century. Trapped, and—for once—prevented from fleeing into the shadows when confronted, the belief can be critically re-examined by reviewing Chapter 8 any time that readers find its ghostly presence distracting them

from the main argument. I recommend reading Chapter 8 under a strong reading lamp or outdoors, because ghosts lose their power in the light of day.

I have not discussed all of the other drugs that at one time or another have been presumed to instil addiction in all or most people who consume them because that would require too many chapters and because this book has a different purpose. Readers who feel haunted by the mythical addiction-causing properties of cocaine, crack, crystal methamphetamine, and so forth, will be referred in Chapter 8 to numerous other authors who are carrying out the necessary ghost-busting work brilliantly. None of this is meant to minimise the agonising reality of severe drug addiction, only to firmly assert the fact that it cannot be caused simply by exposure to a drug.

Whereas this book offers a historical perspective on addiction throughout the world, it begins and ends in the city of Vancouver, British Columbia, Canada. Vancouver provides an excellent case study of the spread of addiction on a globalising planet. It is a thoroughly modern city that was not founded until the late 19<sup>th</sup> century. It came into existence to fill a niche in the global economic system then maintained by the British Empire—the precursor of today’s globalising civilisation.<sup>10</sup> There was little shared culture in early Vancouver to smooth the hard edges of its raw economic function. Despite its beauty, civility, and prosperity, Vancouver soon became known as the city with the biggest drug-addiction problem in Canada.<sup>11</sup> And Canada, peaceable and tidy as it is, has a world-class drug-addiction problem.<sup>12</sup> The United Nations Population Fund recently chose Vancouver as its example to prove that the social problems of 21<sup>st</sup>-century urbanisation strike rich cities as well as poor cities in the Third World.<sup>13</sup>

The history of Vancouver suggests, and a broader survey of history seems to confirm, that today’s rising tide of addiction to drug use and a thousand other habits is the consequence of people, rich and poor alike, being torn from the close ties to family, culture, and traditional spirituality that constituted the normal fabric of life in pre-modern times. This worldwide rending of the social fabric ultimately results from the growing domination of all aspects of modern life by free-market economics, producing a lopsided kind of existence that will be called ‘free-market society’ in this book. Free-market society subjects people to unrelenting pressures towards individualism, competition, and rapid change, dislocating them from social life. People adapt to this dislocation by concocting the best substitutes that they can for a sustaining social, cultural, and spiritual wholeness, and addiction provides this substitute for more and more of us.

*Please note:* The cold war is over. The beautiful dream of a world founded on collective ownership of all means of production collapsed on itself in the USSR, China, and elsewhere in the 20<sup>th</sup> century. The ability of capitalism to produce the highest levels of innovation and productivity is undisputed. Although today’s globalisation pits antagonistic regimes against each other, all of them, including China, India, Russia, Venezuela, and Vietnam, use market principles to organise at least some aspects of their economies and all are vulnerable to the depredations of hypercapitalism.<sup>14</sup> Capitalism does not necessarily produce excessive dislocation and addiction when it is kept in a healthy balance with the other institutions



of society. Dislocation and addiction are, however, mass-produced by free-market society, which is a form of hypercapitalism that any regime can impose, whether it labels itself capitalist, neo-conservative, neo-liberal, market socialist, socialist, labour, or anything else. This book is not about resurrecting the dream of pure socialism, but it does confront the urgent necessity of *domesticating* modern capitalism in the end.

The analysis in this book could draw addiction scholars away from today's comfortably bounded professionalism towards a more intensely contested arena. However, their comfortable professionalism is already endangered, because the conventional wisdom upon which it is based has not prevented the carnage of addiction from expanding further and further beyond its old limits. Truly understanding addiction requires following wherever it leads, even into the darkest thickets of history, economics, and politics. In particular, understanding addiction now requires examining the continuing global advance of free-market society, even though this will still seem off-topic to some addiction professionals. Indeed, the global advance of free-market society exists in a distant semi-reality for many people in society at large. By contrast, historians and other social scientists recognise the advance of free-market society as one of the definitive and powerfully formative aspects of modern life. How could it fail to have a major impact on addiction or any other widespread human activity?

Adopting a global, historical perspective on addiction does not mean turning away from the valiant, individual struggles of addicted men and women and their families. Nor does it mean turning against the addiction professionals who have served the conventional wisdom with such compassion. It could mean, however, reorganising the practices of addiction professionals within a larger social project. In the end, I am a lifelong psychologist rather than a late convert to history. As a psychologist, I hope not only to analyse the human condition but also to improve it. I believe a global, historical perspective can reduce the burden of addiction in our times.

The subtitle of this book is meant to signal that its ambition extends well beyond the conventional limits of psychology and social science. To be fully comprehended, addiction must be analysed in spiritual as well as psychosocial terms. Although I am not a theist of any persuasion and do not believe in any kind of life after death, I am part of a civilisation that has been profoundly influenced by two millennia of Christian philosophy. As I dig deeper and deeper into the topic of addiction, I find it increasingly necessary to draw on the strengths of this Christian heritage, and of other spiritual traditions, as well as to point out their limitations.

This book has two parts. Part I (Chapters 1–8) is entitled *Roots of Addiction in Free-market Society*. The eight chapters of Part I define addiction and analyse why it is spreading so quickly as the world moves towards a global free-market society. This analysis is formalised as a 'dislocation theory of addiction'. Evidence supporting this theory is summarised at some length.

Part II (Chapters 9–15) is entitled *The Interaction of Addiction and Society*. It examines mass addiction not only as an *effect* of free-market society, but also as a *cause* of the structure and colour of the modern age and of two eras of Western civilisation's past when dislocation and addiction were also widespread. Part II argues that the destructive potential of addiction has not yet been fully appreciated,

even now, in the era of a perpetual, ghastly war on drugs. In its final chapters, Part II proposes measures that can reduce the devastating spread of addiction in the modern world. Some of these proposals go far beyond the familiar measures on which the world has pinned its hopes of controlling addiction for more than a century.

This book has more endnotes and references than I would have liked. I did not amass these to overwhelm opposition, but rather to maintain my equilibrium when I reached conclusions that blatantly violated the conventional wisdom both of the addiction field and of mainstream political economics. I never seriously questioned either kind of conventional wisdom during the first half of my life, but now I believe they are both obsolete. Because I have drawn security from the shared wisdom of my society, however, I become dizzy when it falls away beneath my feet. Then I clutch at all the documentary support that I can reach.

Having relieved my vertigo, the massive documentation in this book went on to produce problems of its own. It generated so many citations and parenthetical elaborations that, in the interest of readability, they had to be removed from the text. However, because documentation is sometimes indispensable, this essential baggage has been consigned to about 1400 endnotes, some of them long. I trust that readers will pay no more attention to the superscripted endnote numerals that they find strewn throughout the text than they would to a litter of discarded baggage checks at a railway station—except at points where they feel the vertigo too and need to retrieve the evidence. Shorter versions of the analysis in this book, less cluttered with documentation but correspondingly more vulnerable to dispute, are available in several articles.<sup>15</sup>

Because this book is based upon a particular set of assumptions and values, I have made these explicit, although this might make members of my own profession squirm. There was a time in the 20<sup>th</sup> century when professional psychologists thought of themselves as ‘pure scientists’ and proudly described their research as ‘value-free science’. Although admirable research grew from this resolute empiricism, most psychologists now recognise that the attempt to force all scholarship to conform to this empirical ideal was little more than academic machismo. Neither scientists nor psychologists can function unless their observations are structured by assumptions about the nature of reality. They draw these assumptions from their educational and cultural backgrounds and their own temperaments.<sup>16</sup> From professional psychology’s beginnings in the 19<sup>th</sup> century, psychologists grounded their analyses of human behaviour on the assumptions and values of a burgeoning free-market society.<sup>17</sup> This was not a mistake, but a necessity at the time. If they had not, it is unlikely that they would have found the institutional support that they needed, or that anybody would have understood what they were talking about. On the other hand, I believe that psychology will be rebuilt on a different foundation in the future and that this will happen sooner rather than later.

For the present, mainstream psychology, like mainstream medicine, is inseparably wedded to the conventional wisdom on addiction. For this reason, it is not particularly useful on this topic. A glance at the bibliography of this book will reveal many fewer references to psychology and medicine than to history, social science, investigative journalism, and classic philosophy.

## Endnotes

- 1 Although this may well be remembered as an era of trash journalism, excellent investigative journalism is still available and provides an important source of facts about the recent past. I have relied heavily on the *Globe and Mail* (a national Canadian newspaper published in Toronto) and *Le Monde diplomatique* (an international newsmagazine published in Paris). Both are considered 'elite' media because of the level of language that they use. Both are scrupulously accurate and they seldom disagree on the facts. The *Globe and Mail* unswervingly supports the expansion of free-market society, while *Le Monde diplomatique* unswervingly opposes it, but both do their work with intelligence and integrity. It is my hope that their countervailing editorial biases provide me with a reasonably accurate grasp of current affairs.
- 2 This conventional wisdom is frequently called the 'disease model of addiction' or the 'medical model of addiction' (Levine, 1978; Granfield and Cloud, 1999, Chapter 1; Schaler, 2000; Neve, 2005) or sometimes the 'biopsychosocial model' (Alcohol and Drug Services of British Columbia, 1996). I do not use these names for the conventional wisdom on addiction here because they imply that its origin is essentially medical, whereas it has a much broader social and religious foundation.
- 3 Meyer (1996).
- 4 See Reuter and Stevens (2007) for an authoritative study of the UK evidence that supports this conclusion. Older studies that reach the same conclusion include Musto (1987, esp. pp. 85–86) and Alexander (1990, Chapter 2). Further evidence is considered in detail in endnote 9 of Chapter 1.
- 5 Within the framework of the conventional wisdom, people argue endlessly over whether the basic cause is a medical problem or a moral error, but generally agree that it must be one of the other or both. Warburton *et al.* (2005, p. 2) characterised the dual character of the conventional wisdom concerning heroin thus: 'Media discussion of heroin use in particular is skilful at fusing the assumptions of the disease model with those of moral decadence, with purple metaphors of entrapment and enslavement.' Schaler (2000, p. 70) has pointed out that members of Alcoholics Anonymous support the concept of free will, which makes addiction a moral problem, but also support a concept of alcoholism as a disease that is out of control.
- 6 For example, Alexander (1990).
- 7 Each of the following works contradicts a major part of the conventional wisdom on the basis of empirical data and/or logical analysis: Brecher (1972); Ledain (1973); Peele and Brodsky (1975); Szasz (1975); Trebach (1982, 1987); Peele (1985, 1989); Peele *et al.* (1991); Alexander (1990, 1994); Erickson *et al.* (1994); J. B. Davies (1997); Reinerman and Levine (1997); Dineen (1998); Granfield and Cloud (1999); Schaler (2000); Klingemann *et al.* (2001); Orford (2001a, Chapter 13); S. R. Friedman (2002); Hammersley and Reid (2002); Sullum (2003); Shewan and Dalgarno (2005); Warburton *et al.* (2005); Dalrymple (2006a); DeGrandpre (2006). Of course, the scholars who have exposed the weakness of the conventional wisdom from so many directions disagree with each other on major points as well, and some will probably reject the historical perspective presented here.
- 8 For example, the conventional wisdom is built into many '12-step' programmes, which have helped countless addicted people. In a similar vein, Kuhn (1970) has pointed out that both Ptolemaic astronomy and Newtonian physics are still in use as engineering approximations, although the fundamental assumptions upon which they are based have been refuted by the newer disciplinary matrices of astronomy and physics.

- 9 Hammersley and Reid (2002).
- 10 K. Polanyi (1944); Saul (2005, Chapter 5).
- 11 E. Murphy (1922/1973, p. 138).
- 12 A comparison of quantitative studies of drug and alcohol abuse and dependence puts Canada in the same league with Australia, New Zealand, Great Britain, and Korea, although somewhat below the prevalence levels of the United States and well above those of Taiwan (Somers *et al.*, 2004).
- 13 Drake (2007); Leidl (2007).
- 14 Stiglitz (2002, pp. 217–218); Romero (2006).
- 15 Alexander (2000, 2001, 2004, 2006).
- 16 The clearest of modern thinkers have reached this conclusion, among them, William James (1907/1981, Lecture 1), Thomas Kuhn (1970), and much more recently Jon Tsou (2003).
- 17 N. Rose (1985); Danziger (1990); Martín-Baró (1994); Chrisjohn and Young (1997); Leahey (2001); Illouz (2007, pp. 1–25).

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## Part 1

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# Roots of Addiction in Free-market Society

Part I of this book, which comprises Chapters 1–8, is intended to identify the root cause of the current proliferation of addiction in the globalising world. The analysis is laid out in general terms in Chapter 1, using the history of Vancouver as an illustration.

The analysis cannot become more specific until Chapter 2 resolves a crucial semantic problem. A look around today's field of addictions (as it is sometimes called) will reveal a multitude of talented, compassionate people labouring in a fog of vague and conflicting definitions of the word 'addiction'. Because it is impossible to analyse addiction in all of these diverse senses of the word at once, this book focuses upon a single definition that encompasses the most destructive addictive problems in today's society. This definition is essentially the traditional meaning of the word 'addiction', as it appears in the *Oxford English Dictionary*.

Using this definition, Chapter 3 analyses the roots of addiction and the reason that it is now spreading so fast. This analysis is formalised as a 'dislocation theory of addiction'. The dislocation theory of addiction provides the theoretical basis for the rest of the book. Chapters 4–8, which constitute the remainder of Part I, summarise various types of evidence that support the dislocation theory. Although the greater part of this evidence is historical, some is drawn from quantitative research and clinical experience.

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## Chapter 1

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# Vancouver as Prototype

For over a century, aboriginal people scattered in little villages and camps around what is now called Burrard Inlet had seen European explorers, fur traders, and gold miners come and go.<sup>1</sup> They had tasted the dangers of trade whisky and had survived epidemics of European disease.<sup>2</sup> However, the British settlers who swarmed into the inlet after 1862 brought the full force of European civilisation to their land irrevocably, and it proved overwhelming<sup>3</sup>—both for better and for worse. Although some individual natives profited from trade and literacy in the decades that followed, their tribal cultures were devastated by the twin scourges of smallpox and alcoholism.<sup>4</sup> Meanwhile, the settlers' city flourished. The hodgepodge of crude plank shacks quickly grew into Canada's primary Pacific port, Vancouver.

The settlers struggled mightily against the smallpox and alcoholism that they had brought with them,<sup>5</sup> both for the sake of the 'Indians'<sup>6</sup> and for their own sake, because they were vulnerable too. These struggles enlisted the great institutions of modernity: science, state bureaucracy, free enterprise, and the reforming church. In the case of smallpox, science discovered vaccination and quarantine; state bureaucracy overcame political opposition and mandated mass treatment; free enterprise got the vaccine manufactured in a hurry and delivered it everywhere that trading vessels travelled along British Columbia's coastline and rivers; and the church encouraged the natives to abandon their own sacred healing practices in favour of others that had the blessing of their new, Christian God.<sup>7</sup> This struggle was a spectacular success. Smallpox and other infectious diseases are now rationally understood, preventable by public health measures, and, to some extent, treatable when they do occur. Endemic smallpox was eliminated from Canada by 1946.<sup>8</sup>

In the case of alcoholism, the struggle was an equally spectacular failure, in Vancouver as everywhere else. Despite enormous efforts, the same great institutions of modernity could not, and still cannot, prevent alcoholism and other forms of addiction from growing and spreading. Neither legal prohibition, moral medicine, scientific medicine, psychoanalysis, Alcoholics Anonymous, counselling, compassionate love, tough love, behavioural management, acupuncture, case management, therapeutic communities, civil commitment, eastern meditation, behavioural genetics, neuroscience, sophisticated advertising, antagonist drugs, psychedelic drugs, motivational interviewing, community reinforcement, treatment matching, harm reduction, nor any combination of these techniques has come close to overcoming alcoholism or any other type of addiction.<sup>9</sup> However, each approach can report genuine successes in some cases and each has sincere advocates who continue to hope that it can do the job on a larger scale, given enough time and public support.



Why were the institutions of modernity able to master smallpox and other communicable diseases, but not alcoholism and other addictions? When Vancouver's history is contemplated with this question in mind, a surprising conclusion rises to the surface. Alcoholism and other addictions continue to plague the modern city of Vancouver because they are unavoidable by-products of modernity itself.

At the heart of modernity lies free-market economics, which provides the economic structure for today's globalising world.<sup>10</sup> A society structured by free-market economics generates enormous material wealth and technical innovation and, at the same time, breaks down every traditional form of social cohesion and belief, creating a kind of dislocation or poverty of the spirit that draws people into addiction and other psychological problems. For this reason, a century of sophisticated and hugely expensive research has not been able to isolate the cause of addiction in the addicted individuals' childhood experiences, libidinal impulses, brains, or genes.

Vancouver is used in this book as the prototype of a modern city and a display case for an intractable addiction problem that is still spreading throughout the world.

## Addiction in paradise

Today's Vancouver is a gleaming port city with suburbs extending many miles inland from the inlet where it was founded only one and a half centuries ago. Each year, it is again voted one of 'the most liveable cities in the world' by one or another international panel.<sup>11</sup> It has been designated the site of the winter Olympics in 2010. Nonetheless, thousands of ragged 'junkies'<sup>12</sup> in the notorious Hastings Corridor of Vancouver's Downtown Eastside<sup>13</sup> are dosing themselves with dangerous drugs every day that they can, and a few hundred will die before the end of the year from overdose, suicide, acquired immune deficiency syndrome (AIDS), hepatitis, violence, and other hazards of junkie life. Most of these addicted people are white, although a disproportionately large number are Canadian Native Indians.<sup>14</sup> Compared with the more publicised 'scene' in New York or Los Angeles, Vancouver's Hastings Corridor is less about stark racial contrast and hot violence than about sodden misery and slow death.

Impoverished drug users in the Hastings Corridor constitute only a fraction of Vancouver's addiction problem. Spreading in every direction from this epicentre is a vast, doleful tapestry of human beings struggling with other addictive miseries. There are drug addicts and alcoholics throughout the city,<sup>15</sup> gambling addicts in the casinos, money and power addicts in the financial district, video game addicts at their computers, television addicts on their couches, bulimics at the junk food stores, prescription drug addicts at the pharmacies, work addicts at their desks through the night, exercise freaks at the gyms, love addicts in other people's beds, tobacco addicts on the cancer wards, zealots hatching plots, and on and on. For the most serious of these addicts, whether they live in the Hastings Corridor or not, whether drugs are involved or not, addiction is a matter of life and death.<sup>16</sup>

Although they are the most notorious, the junkies of the Hastings Corridor in the Downtown Eastside are certainly not the most dangerous addicts in Vancouver. For example, some occupants of the city's boardrooms and management suites organise

ruinous exploitation of the planet and its people, sometimes including their own shareholders.<sup>17</sup> Biographers of very rich people have shown that a large proportion of those who organise this kind of exploitation in Vancouver and elsewhere are manifesting severe addictions to power, wealth, sex, and work.<sup>18</sup> There are more immediate dangers as well. About 60 Vancouver prostitutes disappeared permanently over the past 20 years, probably as a consequence of another kind of dangerous addiction. A local man, Robert Pickton, has now been charged with the murders of 26 of the missing women on the basis of human remains that were laboriously sifted from the mud on his suburban pig farm. The accused is infamous for allegedly bringing prostitutes from downtown for drunken and debauched parties regularly held on the farm site.<sup>19</sup> Is there a better way to understand this sort of hideous, repetitive crime than as addiction to debauchery and horror? Although it is too soon for this still-unfolding case to be analysed here, other serial killers and sexual predators have described the addictive nature of their own crimes in meticulous detail.<sup>20</sup>

Although people become dangerously addicted to a huge variety of activities, addiction is still generally understood in Vancouver as a drug problem. The City of Vancouver is currently implementing a 'Four Pillars Drug Strategy' with general approval from the public and major financial support from provincial and federal governments.<sup>21</sup> The four pillars envisioned in this approach are treatment of drug addicts, prevention of drug use, enforcement of drug laws, and reduction of harm for drug users. Of the four, harm reduction, although previously considered too radical, is now generating the most enthusiasm.<sup>22</sup> Its acceptance as a legitimate pillar was inspired by bold experimentation in Europe that entailed closer collaboration between medical, social, and police agencies, and testing of controversial harm-reduction methods, notably needle exchanges, safe injection sites, and opioid maintenance programmes. Civic leaders in Vancouver saw wisdom in this and brought it to public notice.<sup>23</sup>

Vancouver's Four Pillars approach has many virtues. It formalises a growing realisation that the War on Drugs of earlier decades did more harm than good.<sup>24</sup> It continuously monitors dangerous health problems, particularly AIDS, hepatitis, and overdose.<sup>25</sup> It engenders enthusiasm in the local media, compassion among the public, and financial support in legislatures. It supports novel experiments as well as time-tested methods.<sup>26</sup> It is being meticulously evaluated by a dedicated team of medical researchers, and the results made public. It evolved through open consultations among local groups—police, treatment agencies, citizen groups, and drug addicts—which had been at odds for decades. In my opinion, it represents the best face of Vancouver's compassionate pragmatism.

The past mayor and city council of Vancouver were elected in an electoral landslide in 2002, partly on a promise of implementing the Four Pillars approach. The 2005 election gave the city a new mayor with a renewed commitment to the Four Pillars approach. Reports on the Four Pillars approach have been generally encouraging.<sup>27</sup> It now seems reasonable to conclude that overdose death, new AIDS infections, and street crime are all down significantly from their peaks in the late 1990s, and that these changes correlate well with the dramatic increase in the number of Vancouver's addicts who are participating in methadone maintenance programmes and other

harm-reduction measures.<sup>28</sup> There has also been a substantial increase in the quantity of decent, low-cost housing available to drug users in the Hastings Corridor of the Downtown Eastside.<sup>29</sup> Reports on the impact of the safe injection site are especially promising, if not yet conclusive.<sup>30</sup> A pilot project for prescribing heroin to street addicts opened in 2005 with good public support.<sup>31</sup> The current city government is striving to increase order in the city by cracking down on minor offences on the street while simultaneously expanding the number of drugs that can be obtained through maintenance programmes.<sup>32</sup>

Unfortunately, the intrinsic limitations of this admirable social experiment are becoming as obvious as its virtues. Some limitations are as follows. The Four Pillars approach addresses only a small corner of the addiction problem—illicit drugs. Even in the case of drug addiction, it lacks a clear analysis of root causes. In fact, the Four Pillars approach is based on the eclectic belief that the drug problem is best controlled through many different programmes, even if they conflict with each other in principle. Lacking a theoretical foundation,<sup>33</sup> the Four Pillars approach provides no way of assigning funding priorities to diverse agencies, all competing for scarce public dollars. These agencies sometimes seem to work at cross-purposes and to discount each other's accomplishments.<sup>34</sup> Moreover, all four 'pillars', including various forms of harm reduction, have been utilised extensively at various times in the 20<sup>th</sup> century in Canada, the United States, Europe, and China, both separately and in combination.<sup>35</sup> Despite their genuine successes as public health measures, their utilisation has not prevented the steady growth of addiction either to drugs or to innumerable other habits. This pattern is repeating in Vancouver, where there is no reason to believe that the prevalence of addiction to drugs or to anything else has decreased under the Four Pillars approach.

Moreover, problems associated with drug addiction persist: charges of police brutality against street addicts;<sup>36</sup> very high levels of property crime, much of which is carried out by drug addicts;<sup>37</sup> continuing difficulties in keeping more than a minority of needle-using addicts in methadone maintenance programmes;<sup>38</sup> and high levels of AIDS and hepatitis among street addicts.<sup>39</sup> To compound the city's problems, the provincial government of British Columbia has withdrawn some of the financial support promised by the previous government to redevelop the Hastings Corridor.<sup>40</sup> Homelessness is increasing and construction of subsidized housing units has diminished sharply.<sup>41</sup> Some of the political organisers working for the Provincial Government face possible criminal charges for allegedly using their administrative talents to organise drug trafficking and money laundering through their offices in the Provincial Parliament Building.<sup>42</sup> Paradoxically, Vancouver City Council has committed itself to raising money, some of which will support the Four Pillars approach, through expansion of the city's legalised gambling, particularly slot machines.<sup>43</sup> The Canadian federal government is threatening to close down the city's 'safe injection site' and needle exchanges and to move in the direction of an enforcement-oriented approach.<sup>44</sup> The wave of public optimism that the Four Pillars approach generated may be subsiding.<sup>45</sup> Highly publicised charges have been made that beggars and drug dealers on the streets in the downtown area are harming the local tourist industry, with the implication that the city must get tough again.<sup>46</sup> The current mayor intends

to redirect the Four Pillars approach ‘to ensure that public disorder becomes a main area of focus over the next 24 months’.<sup>47</sup> Most ominously of all, shrill calls by politicians for a new ‘war’ on methamphetamine made headlines in the city in 2005.<sup>48</sup>

All in all, the Four Pillars approach remains a model of compassionate pragmatism and indications are that it will be progressively improved. However, even dramatically improved, it will still be too limited in scope to have a major impact on addiction in Vancouver, or anywhere.<sup>49</sup> Therefore, the final chapters of this book will propose additional responses to addiction that go far beyond the Four Pillars approach.

## Probable causes of addiction in Vancouver

Vancouver is celebrated for assiduous urban planning, good-humoured civility, and racial harmony, all framed by snow-capped mountain scenery.<sup>50</sup> Why, then, are so many of its citizens addicted to a multitude of less-than-lofty pursuits? The most obvious answer to this question is that, even more than most modern cities, life in Vancouver incessantly breaks down the cultural integrity of every segment of its population, a process that is called ‘dislocation’ in this book. The history of dislocation in Vancouver has followed different courses for people of aboriginal, Asian, and European origin, but the results are much the same and the process is still underway.

In Vancouver’s first years, the aboriginal people suffered the most painfully obvious dislocation. From 1862 onwards, large numbers of settlers have been harvesting the local rainforest for the global lumber market and have been establishing other industries. As the city burgeoned, the space for its urban sprawl was acquired by confining the local native population to tiny reserves, thus destroying the territorial basis of their culture. Collectively owned native land, which had for countless centuries accommodated ornate communal houses, ancestral burial grounds, invisible spirits, and intertribal commerce, was transformed, almost overnight, into plots of ‘real estate’ for sale to the highest bidder on the free market.<sup>51</sup>

Many of the natives’ traditional cultural practices were outlawed or mocked out of existence. The most famous example is their traditional potlatches, elaborate gifting ceremonies that redistributed aboriginal wealth, and sometimes ritually destroyed it, according to complex inherited obligations and kinship ties.<sup>52</sup> These ceremonies were the antitheses of the economic system that British civilisation demanded, in which goods must be sold in markets to the highest bidder, not given away ceremonially. Potlatches and another ritual, spirit dancing, were prohibited by law from 1884 until 1951 and people who were caught participating were often jailed.<sup>53</sup> Sometimes children found at a Potlatch were apprehended and taken from their parents.<sup>54</sup> The economic system that the British brought to Vancouver also dictated that aboriginal children must grow up speaking the language of commerce, which was English. It therefore seemed reasonable to the British, when the children would not conform, to beat the native languages out of them in the residential schools.

Although carried out with relatively little lethal violence, the dislocation imposed upon aboriginal people in British Columbia was arguably more severe than that in any other Canadian province.<sup>55</sup> British Columbia’s Indians were dislocated physically from their land, socially from their culture and families, linguistically from their

native tongues, economically from their livelihoods, and spiritually from their ceremonies, ancestors, and gods.

Laws have changed in the last few decades, but much of the complex aboriginal culture and many of the ancient languages may be gone forever. It is impossible to envision the future culture of the many native people who continue living in and around Vancouver. Treaties between the natives and the government have never been concluded for the majority of tribal groups. Even though the reserves were mostly established more than a century ago, the legal rights and responsibilities of the people who live there remain undecided, and the various government branches and the courts continue to contradict each other about what they are.<sup>56</sup>

Today, dislocated Indians are tragically overrepresented in the drug addict, prostitute, and AIDS populations of the Hastings Corridor and in the jails and alcoholism treatment centres throughout the province.<sup>57</sup> Only the colourful artefacts of once-vibrant native cultures remain to echo their former complexity and integration. Carvings and other objects speak silently of an elegant symmetry of the people, nature, guardian spirits, ritual words, ancestors, and indigenous wealth.<sup>58</sup> As an example, Figure 1.1 (here and in the colour section) shows a Coast Salish wooden 'spindle whorl', an everyday piece of equipment that was used by women to spin yarn from the wool of mountain goats.



**Figure 1.1** Spindle whorl, Northwest Coast Salish culture, wood, diameter 22 cm, early 19<sup>th</sup> century. (Private collection, courtesy of The Menil Collection, Houston, TX, USA. Photographer: Hickey-Robertson.)

Vancouver's Asian people have also suffered extreme dislocation. From its beginning to the present, Vancouver has been the landing point in Canada for a huge economic migration of East and South Asian workers, accelerating in the 1880s as shiploads of single Chinese men arrived to toil on the railroad and in the coal mines. Whereas Asian workers were always valued in the city's labour market, they were aliens to polite society until after World War II. In 1942, the entire Japanese-Canadian population of the city was stripped of its property, scattered into internment camps hundreds of miles from their homes, and not allowed to return until years after World War II had ended. In most cases, their property was not returned. Although Asians are currently the least drug-addicted of Vancouver's three main populations, opium addiction was a notorious problem of early Asian immigrants and many of their descendants today still struggle with deadly serious addictions, most conspicuously to gambling and work.<sup>59</sup>

Dislocation of Vancouver's white population has been almost as great as that of its native and Asian populations. With the completion of Canada's first transcontinental railway in 1886, Vancouver became a major terminus for the westward migration of people from their homes in Europe, eastern Canada, and the United States seeking prosperity in the wide-open free-market society of the new city. Members of all European religions and language groups, often refugees, were thrown together in the new city and province with good prospects for making a living, but scant hope of forming a stable and coherent community. The dislocation of Vancouver was mirrored in mining sites and mill towns across the province.

Whereas the dislocation imposed upon Vancouver's native and Asian populations was partly a manifestation of the ugly racism of an earlier era, the deepest motivations were probably economic rather than racial. White people who threatened the emerging free-market society were also subjected to harsh coercion and dislocation. For example, the Doukhobor people were a Russian Anabaptist sect that immigrated into eastern British Columbia just before World War I. Doukhobors lived and worked communally, refused any form of private ownership, and rejected all forms of materialism, especially the capitalist, materialistic values that were taught in the public schools. They were not politically Communists, but they rejected the fundamentals of free-market economics. Because their communities were non-violent and their communal farms and enterprises prospered, they earned the admiration of their neighbours. Although the Government of British Columbia was willing to exempt them from military service, it punished them financially for living and working communally, and it transported them in large numbers to Oakalla Prison in a Vancouver suburb for publicly protesting against materialism and for keeping their children out of the public schools.<sup>60</sup>

In response to government pressure and to the laxity of some of their Doukhobor neighbours, the 'Sons of Freedom' Doukhobor sect organised public protests (often naked to symbolise their extreme antimaterialism), burned some schools and public buildings, and even burned some of their own homes to demonstrate their renunciation of material values. When other governmental pressures failed to control the Sons of Freedom, the government seized 170 of their children and placed them in a residential school in New Denver, British Columbia, 'in an attempt to force the next

generation to abandon their culture and assimilate. The children were cut off from their families.<sup>61</sup> The school was maintained for 6 years. The children were not permitted to speak their own language and when parents were allowed to visit, they were kept apart from their children by a chain-link fence. Even today, the government of British Columbia refuses to fully repudiate the seizure of the children by issuing a formal apology, although it has expressed ‘regret’. In 2004, the provincial Attorney General stated, ‘We cannot fully understand or explain the motives for the government 50 years ago. We can recognise circumstances under which these events occurred and acknowledge how things might be done differently if we were doing it today.’<sup>62</sup>

The experience of the Doukhobors was atypical, but the message was for everybody. Nobody in British Columbia could stray very far outside the bounds of free-market orthodoxy. This was also made painfully obvious in Vancouver during the years of the Great Depression. Whereas the American depression government under Franklin Roosevelt relaxed the enforcement of strict free-market discipline during the financial crisis, Canadian federal and provincial governments did not. This eventually resulted in violently suppressed workers’ protests, including Vancouver’s ‘Bloody Sunday’ of 1938.<sup>63</sup>

While breaking down the cultures of immigrant groups, Vancouver did not evolve much local culture of its own, as have some of Canada’s older eastern cities. By the time this became a possibility for Vancouver, the United States, only 50 km distant, had become an irrepressible exporter of prefabricated popular culture. Vancouver’s potential for cultural evolution was drowned in infancy by a flood of imported music, movies, textbooks, magazines, experts, evangelists, and, more recently, television, professional sports, fast food, and video games. Immigrants from all over the world have come to Vancouver to find their place in Canadian society, but have instead found themselves adrift in ‘Lotusland’, a Canadian nickname for the city and the province.

Whereas dislocation is commonplace in modern cities, Vancouver’s is extreme. No part of Vancouver’s history is unified by a common religion, a single language, or a shared ancestry. From the beginning, the guiding lights in Vancouver and British Columbia politics were not religious or social leaders, but businessmen and property developers enlisted as politicians.<sup>64</sup> Traditional Vancouver occupations—mining, logging, fishing, and railway construction—separated working men from their families for months on end and moved them from place to place when resources were depleted. There has been too little time for many extended families or clans to become firmly established among the European settlers, although some have. Even today, it is frequently observed that the great majority of Vancouverites were born somewhere else.<sup>65</sup> Vancouver’s image of itself is reflected in the city’s first official ‘crest’, a woodcut print adopted in 1886.<sup>66</sup> Completely unlike the native carving that was made a few decades earlier, there are no symbols of nature, guardian spirits, ritual words, ancestors—and no symmetry; just fallen logs, engines of industry, and an expression of commercial optimism (see Figure 1.2).

Whereas Vancouver’s history is one of severe dislocation, it is also one of affluence, energy, and optimism. Vancouver is prosperous and beautiful. It has never known invasion, bombing, revolution, famine, or plague. When the city was first incorporated and given its present name in 1886, little more than a century ago, its commercial



**Figure 1.2** The 1886 Crest of the City of Vancouver. (Woodcut print courtesy of the City of Vancouver Archives.)

energy was sparked by access to free markets within the worldwide British Empire and by completion of the transcontinental railway. The scattered shanties, mills, and farms exploded into urbanity. Speculators rushed to buy land, the first newspaper was established, and an urban water system was planned. A shipload of tea—a million pounds—arrived from China, was loaded on railway cars, and rumbled over the mountains to the eastern Canadian markets. Global markets were open and growth was unstoppable, as the Great Fire proved. The entire city of 400 wooden buildings burnt to the ground with several fatalities, but it was resurveyed and mostly rebuilt, including a new city hall, electric streetlights, and a roller skating rink—all within the year 1886.<sup>67</sup>

Although it felt the full force of the Great Depression of 1929–1939,<sup>68</sup> Vancouver has been only lightly bruised by industrial blight, class struggle, slums, and organised crime.<sup>69</sup> Vancouverites complain most about the provincial government and the long rainy season, although the government is not violent and the climate is the most temperate in Canada.

If dislocation were the precursor to addiction, ‘Lotusland’ should also be ‘Addiction City’, despite all of its energy, prosperity, and conviviality. Alcohol and drug statistics



indicate that it is. Throughout the 20<sup>th</sup> century and into the 21<sup>st</sup>, Vancouver has been Canada's most drug- and alcohol-addicted city and British Columbia its most drug- and alcohol-addicted province by a plethora of quantitative measures: per capita consumption of alcohol, death rate attributed to alcohol, prevalence of alcoholism, death rate due to heroin and cocaine overdose, prevalence of human immunodeficiency virus (HIV) infection and hepatitis C infection among injection drug users, availability of heroin and cocaine, self-reported use of all illicit drugs, arrest rates for drug crimes, costs of illicit drug use, and drug-related homicides.<sup>70</sup> Heroin statistics provide the most notorious example. British Columbia is one of ten provinces and three territories in Canada, yet in 1997, 61% of all heroin arrests in Canada occurred there.<sup>71</sup> Vancouver is the centre of a huge business in cultivation and exportation of marijuana whose annual value is measured in billions of dollars.<sup>72</sup> The 2004 Canadian Addiction Survey<sup>73</sup> reported higher per capita consumption of cannabis, cocaine, crack, and ecstasy in British Columbia than in any other province in Canada, and higher consumption of amphetamine and inhalants than in any other province except Quebec.<sup>74</sup> Addictions that do not involve alcohol and drugs are far more common in Vancouver than addictions that do.<sup>75</sup> Unfortunately, there is no adequate quantitative basis for comparing Vancouver with other cities on the prevalence of addictions not involving alcohol and drugs.

This chapter about Vancouver is intended to introduce two ideas, although, by itself, it cannot prove them. The first is that 'drug addiction' is merely a small corner of a larger addiction problem. The second is that large-scale dislocation, fostered by the continuing growth of free-market society, is the root cause of the current proliferation of addiction across the globalising world. The remainder of Part I formalises and develops these ideas. However, this cannot happen prior to a close examination of the word 'addiction', which has so many meanings that the issues have become badly confused.

## Endnotes

- 1 The fur trade had a relatively minor impact on aboriginal life (Woodcock, 1977, pp. 21–22). British Columbia was in the pandemonium of a major gold rush in the 1860s (R. T. Wright, 1998, pp. 10–19), but it had little direct effect on the Vancouver area, which had the good fortune to possess no gold at all. The native population of Burrard Inlet in 1862 has been described by B. Macdonald (1992, pp. 10–11) and Barman (2005, Chapter 1).
- 2 Gibson (1982–1983); Fisher (1992, Chapters 1–3).
- 3 It was 'overwhelming' in part because of the sheer number of Europeans who appeared, in part because it was backed by irresistible military force, and in part because the trade goods that the British offered were irresistibly attractive to many aboriginal people, even though they found British culture abhorrent (Fisher, 1992, especially pp. ii–xxiv).
- 4 I have simplified this history for the purpose of using Vancouver as a manageably simple prototype. The fate of the Indians in what is now Vancouver is a part of a much larger drama of the Indians of Canada, and cannot be adequately understood in isolation from the larger history. The first smallpox epidemic preceded the arrival of British settlers in the Vancouver area by several decades, apparently having been spread along the early trade routes and from nearby British settlements in New Westminster, Fort Langley, and Victoria (see Carlson, 1997, Chapter 2). In addition, trade goods had arrived before the British settlers in Vancouver. Nonetheless, the settlements of the 1860s and onward imposed the

full, overwhelming force of European civilisation on the natives of the Vancouver area for the first time.

- 5 There are many credible claims that the colonial government initially and deliberately let the great smallpox epidemic of 1862 spread among the natives to reduce their population while vaccinating the white population (Warrior Publications, n.d.). Whether this is true or not, it is clear that the government eventually introduced large-scale vaccination in the native population, eliminating the disease.
- 6 It is no small task to decide what names to give the native people who occupied Vancouver before Europeans arrived. They were probably members of three different tribal groups, Musqueam, Squamish, and Tseil'waututh, but were collectively called 'Indians' by the settlers and 'Coast Salish People' by anthropologists. There are arguments today for using the terms 'First Nations People', 'aboriginals', 'natives', and 'Indians'. I have used most of these terms in this book, including 'Indians'. For me, 'Indians' seems simple, unambiguous, and not in the least disrespectful, particularly because it is used so frequently by today's native people themselves. However, some people currently consider the word 'Indian' disrespectful.
- 7 Gibson (1982–1983); R. Boyd (1994, 1996, 1999); C. Harris (1994, 1997–1998).
- 8 Gibson (1982–1983); McIntyre and Houston (1999).
- 9 I summarised the evidence for this sweeping conclusion in an earlier book (Alexander, 1990). Reuter and Stevens (2007, Chapter 5) provided a recent review of evidence for the same conclusion in the UK. This endnote is intended to strengthen this conclusion by critically analysing some recent studies that could be taken to show that addiction treatment can have a major impact on the prevalence of addiction.

Treatment for alcoholism has been studied the most intensively. When the decades of results are examined carefully, some of the best-designed studies have negative outcomes, although there are many positive studies as well. Moreover, outcome studies frequently have inconsistent or uninterpretable results (W. R. Miller *et al.*, 1995). Despite loud claims to the contrary, the enormous American study of alcohol treatment, Project Match, did not provide any real evidence of the efficacy of treatment for alcoholism, as its designers confirm in the context of critical discussion (see Glaser *et al.*, 1999; Schaler, 2000, Chapter 9). Critical examination of newer data, collected as part of the National Epidemiologic Survey on Alcohol and Related Conditions, adds further reasons to believe that treatment cannot solve the problem of addiction (see D. A. Dawson *et al.*, 2005). Older, large-scale studies of treatment for drug addiction are similarly discouraging (Brecher, 1972, Chapter 10; LeDain, 1973, pp. 1005–1009; Musto, 1987, pp. 85–86; Alexander, 1990, Chapter 2) although loud claims that 'treatment works' are frequently heard.

The greatest current problem with reports of successful treatment is that the quantitative effects of treatment on a target measure, like number of days without drinking or average number of drinks per day, are usually used to demonstrate success. Such measures do show that well-delivered treatment can have a valuable effect in suppressing drinking or drug use for a time, but they show nothing about the effects of treatment on addiction itself. People who reduce their alcohol or drug consumption are often just as addicted as before, sometimes having switched to a legal or less physically damaging type of addiction. Alcoholics Anonymous (AA) and other 12-step organisations argue, rightly, that even completely eliminating alcohol consumption does not mean that a person is no longer addicted. Many members of AA continue to be alcoholics for the rest of their lives, although they no longer drink at all. The best-known example of ineffectiveness of 'successful' treatment might be the founder of AA himself, Bill W. His life and eventual death from emphysema caused by his tobacco addiction will be discussed in detail in Chapter 12 (see also Cheever, 2004).

Leading champions of treatment now argue that addiction is a chronic disease comparable to diabetes, hypertension, and asthma (Leshner, 1997; McLellan *et al.*, 2000). From this point of view, treatment for addiction should not be expected to produce a cure, but should be continued indefinitely, as for other chronic diseases. This position constitutes a reasonable argument for publicly supported addiction treatment. However, in the context of this book, it serves as confirmation—from the most prominent authorities—that addiction therapy cannot come close to overcoming addiction.

The newest hope of a quantum jump in the effectiveness of addiction treatment comes from the movement towards ‘evidence-based treatment’. Whereas this administrative innovation may well bring improvements, it cannot change the situation radically. After all, evidence has been collected for a very long time, and most clinicians eagerly use it to improve practice where they can. Imposing ‘evidence-based practice’ and ‘best practices’ on clinicians who have other ideas is bound to have mixed results. Prominent advocates of evidence-based treatment are correctly careful not to raise expectations too much, harkening back to the argument that addiction is like an incurable chronic disease: ‘In general, our treatment interventions show small to moderate effects and repeated episodes of care are the norm. Substance abuse treatment yields outcomes at least comparable with those for other chronic conditions such as diabetes, asthma, and hypertension ... and there are no magic bullets to cure addiction in one acute care episode’ (Miller *et al.*, 2005).

The global harm-reduction movement has been the most heartening good-news story in the field of addictions for the last two decades (Stimson, 2007). However, unlike treatment, prevention, and law enforcement, harm reduction is not designed to reduce the incidence of addiction. Drug use of all sorts, including addiction, has increased substantially in the UK during a period of high public expenditure on harm-reduction measures. Apart from HIV/AIDS, which has successfully been kept under control in the UK during this period, the harms associated with drug use have not been reduced in any dramatic way (McKeganey, 2006). This is not to diminish the important fact that harm reduction has provided life-saving benefits and priceless encouragement to countless injection drug addicts and prostitutes, but only to show that harm reduction cannot be expected to control the increasing prevalence of addiction.

10 K. Polanyi (1944); Hobsbawm (1962, 1994); Berman (1982); J. Heath (2001); Saul (2004).

11 Fong (2005).

12 Some people consider the work ‘junkie’ as insulting to drug users. I find it unavoidable, however, because it describes a well-known drug-using lifestyle to which a powerful mystique is attached. Many regular drug users apply this word about themselves. Quite often junkies look down on people who use heroin, but are considered mere ‘skinpoppers’ or ‘chippers’ rather than junkies. Many heroin users do not consider themselves junkies and are not regarded as junkies by society.

13 There is no universally accepted name for the place I am calling the ‘Hastings Corridor’ in the Downtown Eastside. In the half century since World War II, it has been variously known as Skid Road, Hastings, Main and Hastings, or simply the Downtown Eastside (Sommers and Blomley, 2002). In this book, it will be consistently called the Hastings Corridor. The term ‘Downtown Eastside’ will be reserved for the much larger area of low- and moderate-income dwellings and light industry on the waterfront of Burrard Inlet. This area includes China Town, Victory Square, Strathcona, and Oppenheimer Park, and is roughly bisected by the Hastings Corridor.

14 Craib *et al.* (2003).

15 See Priest (2003) for a recent journalistic account of middle-class drug addicts in Vancouver.

- 16 It is sometimes argued that using ‘addiction’ in this inclusive sense is unscientific or semantically sloppy, because the true meaning of addiction is more restrictive. The reasons that this is not so will be considered at length in Chapter 2. At this point, it should be sufficient to mention that numerous accounts of devastating, sometimes fatal, addictions that do not involve drugs have been published by addiction professionals over the past 30 years (Peele and Brodsky, 1975; Orford, 1985, 2001a, b; D. F. Jacobs, 1986; Alexander, 1990, Chapter 7; Killinger, 1991; Rabinor, 2002).
- The ambiguity of the word ‘addiction’ is only a distraction here. The crucial issue in this book is the problem of dangerously compulsive lifestyles in general—any other name, originating in any language, would serve as well as addiction. The word ‘addiction’ is used throughout this book for consistency.
- 17 Ibbitson (2002a, b); Mitchell (2002); Sprague (2002); Thorsell (2002), R. Blackwell (2005). My apologies to Jimmy Pattison, Vancouver’s home-grown billionaire. He is a driven, acquisitive person (Sutherland, 2004), but I do not think he fits the dark generalisations in this paragraph about some of his fellow businessmen.
- 18 P. C. Newman (1959; 1991, Chapter 17); P. Slater (1980); Pearson (1995); Barlow and Winter (1997, Chapter 1); Warde (2002); Lordon (2003, Chapter 2; 2004); R. Murphy (2004); Blackwell and Waldie (2005); Bower (2006).
- 19 Armstrong (2003c, d).
- 20 The Michael Briere case was the horror story of the hour in Canada as this was first written. In this case, a child-murderer and rapist described sex with a little girl as a ‘lifelong yearning’ that he kept fuelled with child pornography from the Internet (Blatchford, 2004). The infamous American mass murderer, Ted Bundy, gave a final interview to a psychologist hours before his execution as a mass murderer, after all appeals had failed (Dobson, 1995). Bundy attributed his serial killings of young women to a state of mind induced by his lifelong addiction to pornography, which he described in excruciating detail. However, his view of pornography as the *cause* of his addiction does not fit with the theory of addiction set forth in this book. A recent article on sex offenders in Vancouver (Armstrong, 2004c) describes others who prey on Vancouver’s prostitutes in terms that strongly suggest addiction in a number of ways, including the fact that such people are quite often recognized as addicted to alcohol and drugs, and describe their compulsion to hurt women in much the same terms as they describe their compulsion to take drugs. In general, many serial killers describe their compulsions to kill and their subsequent revulsion at their own crimes in ways that are virtually identical to descriptions of inner conflict given by other types of addict, and many serial killers have the same kinds of early life experiences that severe addicts do. As a consequence, labels like ‘addicted to violence’ are often applied to serial killers in the professional literature (Gresswell and Hollin, 1997; Seltzer, 1998).
- 21 The logic and goals of Vancouver’s Four Pillars Drug Strategy are summarized in a document first published in the year 2000 by the city’s Drug Policy Coordinator, Donald MacPherson (2000, 2001).
- 22 Four Pillars Coalition (2005); PHS Community Services Society (2005).
- 23 Levy (2000); MacPherson (2000, 2001).
- 24 Alexander (1990).
- 25 Strathdee *et al.* (1997); Schechter *et al.* (1999).
- 26 Four Pillars Coalition (2005).
- 27 Armstrong (2003b, d); Kendall (2004).
- 29 Kendall (2004).
- 29 Four Pillars Coalition (2005).

- 30 E. Wood *et al.* (2004a); Kerr *et al.* (2005a).
- 31 M. Hume (2005b).
- 32 Boei (2006b).
- 33 This situation may be in the process of change, with the publication of a ground-breaking new city document devoted to the ‘pillar’ of prevention, which proposes a theoretical analysis that is quite similar to that proposed in this book (MacPherson *et al.*, 2005). How widespread this theoretical analysis will become within the Four Pillars Coalition remains to be seen.
- 34 E. Wood *et al.* (2003), E. Wood *et al.* (2004b).
- 35 See Musto (1987) for a comprehensive survey of the history of all four pillars in the United States from the beginning of the 20<sup>th</sup> century. See Dikötter *et al.* (2004) for the history of the four pillars in China prior to 1949.
- The existence of three of the four pillars probably needs no documentation, but it is less well known that harm reduction also has a very long history. Historical evidence appears in E. Murphy (1922/1973), Brecher (1972, Chapter 13), Ledain (1973), Trebach (1982), Musto (1987, Chapter 5), and Carstairs (2004, 2006). The long history of legal prescription of heroin to addicts in the UK is the best-known example (Trebach, 1982). The 1922 book by Emily Murphy is often cited now as an example of a sensationalized advocacy of harsher police methods. Although this is true, it also provides evidence of widespread prescription of narcotics to addicts, now classified as a harm-reduction measure, very early in 20<sup>th</sup>-century Canada. This was not legal in Canada, but it was widely tolerated (see also Carstairs, 2006, Chapter 5). The use of orally administered opium and morphine as replacement drugs for smoked opium in China has been documented by Dikötter *et al.* (2004, pp. 119–122).
- 36 Armstrong (2003b).
- 37 P. Sullivan (2003). The actual crime statistics are controversial, but this has not stood in the way of a growing public perception nurtured by local media that crime by drug addicts is out of control (Eurchuk, 2003).
- 38 Fischer *et al.* (2002); Kerr *et al.* (2005b).
- 39 E. Wood *et al.* (2005).
- 40 Armstrong (2004a); M. Hume (2004a).
- 41 Hume (2006a).
- 42 Culbert (2004a), M. Hume (2004c).
- 43 C. Johnson (2004).
- 44 A. Woods (2006); *Times-Colonist* (2006); Small (2007).
- 45 Theodore and Bisetty (2004); Carrigg (2004); Wentz (2005).
- 46 Preston (2006). The current mayor, Sam Sullivan, maintains that harm reduction is the way to reduce this problem, but others disagree.
- 47 This quote ultimately comes from the Mayor’s ‘Project Civil City’ report as quoted in a local newspaper (C. Smith, 2006b).
- 48 Harding (2005); Tierney (2005).
- 49 It is sometimes suggested that the Four Pillars approach could work better if it were combined with legalisation of currently prohibited drugs (Haden, 2006) or with alleviation of poverty (Carstairs, 2006, pp. 159–161). However, this provides little basis for optimism, as neither of these proposed adjuncts is likely to occur, and because the possibility that either would substantially enhance the effectiveness of the Four Pillars approach is not persuasive in view of the recent history of the UK (Newland, 2007).

- 50 Bula and Ward (2000); O'Brian (2004a); Fong (2005).
- 51 An apparent exception to this principle is 1000 acres of prime city land in downtown Vancouver that was set aside in 1888 and designated 'Stanley Park'. Barman (2005, Chapter 4) has shown how the park was envisioned from the very beginning as a civic showpiece and a tourist attraction, as well as a way of maintaining prices in the urban real estate by keeping the land off the market. The 100 or so residents of the new park, including some Indian families who had lived there for generations with the burial sites of their ancestors, were evicted to make the park seem like pristine wilderness. A few of the families managed to maintain their homes within the park for decades by virtue of their stubbornness and ability to defend themselves legally. Thus, Stanley Park also functioned as an agent of dislocation in service of free-market society.
- 52 Woodcock (1977, Introduction).
- 53 Tennant (1990); Alfred (1999, pp. 7–20). See also Jilek (1981) for a description of the banning of 'spirit dancing'.
- 54 Spalding *et al.* (2006).
- 55 Compared with Indians in the other provinces where Europeans arrived earlier, British Columbian Indians were given much smaller reserves, making it more difficult or impossible for them to continue their aboriginal style of life. Moreover, unlike other Canadian Indians, most British Columbian Indian tribal groups were not given the opportunity to sign formal treaties, which would have formally guaranteed their tenure on their tiny allotments of reserve land and implicitly acknowledged the status of their aboriginal nations. From 1927 to 1951, British Columbian Indians were prohibited from seeking redress for these injustices in court (Tennant, 1990, Chapter 8). Lacking legal guarantees, the British Columbia reserves were gradually reduced in size as various parcels of land became desirable to settlers. On the other hand, it has been claimed that these severe dislocations were partially offset by 'the special political tradition of the coastal peoples':
- More developed before contact than the political traditions in the interior of the province (or in most parts of the United States), the coastal traditions had an easier time surviving contact. Indeed, they proved able to evolve and adapt within the new political regime, even when that regime outlawed Indian claims activity.
- Tenant (1990, p. 70).
- 56 Mickleburgh (2003a).
- 57 MacPherson (2001, p. 40); Edgar (2003a); Pynn (2003).
- 58 Holm and Reid (1975, pp. 58–61); Suttles (1983).
- 59 This generalisation is based on personal communications with Vancouverites of Chinese descent. Some anthropological support for this generalisation has been reported in other cities with a large Chinese immigrant population (Papineau, 2005).
- 60 Janzen (1990); Kolesnikoff (2000).
- 61 Matas (2004, p. A8).
- 62 The quote is from Matas (2004). See also Willcocks (2004).
- 63 Berton (1990).
- 64 S. Hume (2003b); Barman (2005, pp. 85–93).
- 65 Almost half of the adults in Vancouver were born outside of Canada, and many of the rest have come to Vancouver from eastern Canada (Ramsey, 2003). See also Mahoney (2005b).
- 66 B. MacDonald (1992, p. 22).

67 Pethick (1984).

68 Berton (1990).

69 McDonald and Barman (1986).

70 E. Murphy (1922/1973, p. 138); Smart and Ogborne (1996, p. 72); Tremblay (1999); MacPherson (2001, pp. 20–21); Culbert (2004b); Desjardins and Hotton (2004); Carstairs (2006, p. 11). Although British Columbia is Canada's most drug-addicted province, it is usually surpassed in this regard by Canada's arctic territories (i.e. the Yukon, the Northwest Territories, and Nunavut). In the 2002 statistics, one of 25 Canadian cities, Thunder Bay, had a higher drug offence rate than Vancouver. These exceptions, however, fit easily with the theoretical analysis that will follow.

71 Tremblay (1999, p. 10).

72 Hardy (2003).

73 Canadian Centre on Substance Abuse (2004).

74 Canadian Centre on Substance Abuse (2004, p. 3). In this survey, British Columbia did not, however, score at the top of the provinces in measures of alcohol consumption that might be indicative of alcoholism.

75 Alexander and Schweighofer (1988).