PLEASURE CONSUMING MEDICINE

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The Queer Politics of Drugs

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PREFACE

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A group called Freedom from Fear can serve as a brief illustration and entry point into the mutually transforming relations between medical subjectivity and consumer society that underlie and inform this book. It's one example of the patient advocacy and support groups that characterize the scene of health and medicine today. The group is a not-for-profit organization whose mission is to raise awareness about anxiety and depression and their treatment. Since its inception in 1984 it has become a national advocacy organization with many chapters and a significant media presence in the United States. A large amount of its funding comes from pharmaceutical organizations, which may help to explain its growth. The group promotes a range of drug and behavioral therapies and conducts awareness-raising activities, such as running the National Anxiety Disorders Freedom Day—a major media event. Here, medical education becomes indistinguishable from marketing, and health is thought to require consumer identification, as even the group's founder, Mary Guardino, advises: "One of the things I've found when you're reaching consumers is you have to have a good tag line. You have to give them a quick message that raises their curiosity and interest and says, 'Wow! That could be me!' "[1]

I first came across Freedom from Fear when Guardino was interviewed for *Selling Sickness*, a documentary that investigates the relations between medical science, the pharmaceutical industry, and contemporary society.[2] Couched in a genre that is increasingly well adapted to the intrigues of the contemporary pharmaceutical industry—detective journalism and exposé—the documentary forms part of a mounting critique of "disease-mongering."[3] This term was coined by a loose coalition of activists and medical professionals to describe the rapid expansion of disease categories driven by the profit motives of pharmaceutical corpo-

rations. While I don't wish to deny the importance of this effort to expose corporate interests and investigate their sociomedical effects, I did begin to wonder what would happen if we suspended its terms for just a moment and took initiatives such as Guardino's at face value for the insight they provide into the terms of medical rationality today. Guardino's commitment to her version of therapeutic salvation is evident in the film: she describes her personal experience at a promotional event where she suggests that, if all else fails, it is really worth trying an antidepressant. In another scene she is shown, perhaps gratuitously, recounting her story and exhorting her audience: "After I overcame all these things I said 'Why wouldn't anybody really want to take some drugs if it could help them to overcome their terrible life?' "

Well, precisely. The starting point for this book is the irony of a situation in which the medical industry persistently succeeds in widening the parameters of the uses to which drugs are put, while a punitive war on drugs escalates that takes a similar form of widening as its justification. I want to ask how, why, and with what effects contemporary strictures around the "improper" use of drugs are so ruthlessly maintained, while in the medical sphere the liberal application of drugs for varied purposes is increasingly promoted as a simple matter of consumer choice. In the current biomedical context, corporeal existence has become a privileged site for experiments with subjectivity.[4] This being the case, what purpose does the legal distinction between licit and illicit drugs serve, and why does it wield medical authority so selectively to demarcate the bounds of moral citizenship and identity? My aim in asking this question is not exactly to endorse a free market in drugs, for drugs do demand great care, but rather to use this perverse coincidence to open up a series of questions about how best to conceive the relations between drugs, bodies, subjectivities, identities, and practices. For if regulatory regimes determining the illicit use of drugs have acquired excessive power to frame individuals as normal or abnormal, decent or deviant—with criminal and damaging effects—as I will argue, then different conceptions and practices of responsibility—practices capable of attending more carefully to particular uses of drugs and relations of consumption—might have a better chance of preparing subjects for a society already permeated by drugs.

Initiatives such as Freedom from Fear embody many of the paradoxes,

possibilities, and tough dilemmas of a situation I refer to in this book as "pleasure consuming medicine." This phrase aims to evoke the contemporary enthusiasm for drugs, in a deliberately ominous gesture. But it also tries, however improbably, to inject an element of hope and embodied inquiry into this situation—principally by activating the critical agency of pleasure. Pleasure is more or less absent from serious talk within public health, though it is a common enough motive for, and element of, human activity.[5] When it comes to drugs, it could be said to provide the basis upon which legal and moral distinctions (between licit and illicit instances) are made. Taking drugs for pleasure would appear to transgress the moral logic of "restoring health" that guarantees their pharmaceutical legitimacy. But the undeniable importance and common appeal of pleasure might lead us to wonder whether this routine exclusion and disavowal of pleasure doesn't serve to prop up the self-evidence of medical rationality. Enabling pleasure is one of medicine's most basic concerns, after all. Though the pursuit of pleasure is frequently projected onto others in efforts to expose them as intolerably indulgent—positioned as a vice pursued only by the marginal or depraved, or a luxury conceded only to the privileged—pleasure can be framed more generally as a need or aspiration that informs all manner of human activity. It has a generalizable or "whatever" quality that might also prompt a more expansive inquiry into particularity. Anyone can relate to the need for pleasure, though the precise content of what they are relating to may remain an open question. Against the blinking incomprehension that confronts unhealthy behavior, then, pointing to pleasure can function as a claim on understanding, an insistence on agency, and a sort of challenge. Situated in this way, pleasure offsets the actuarial calculation of risks and harms with a more situated inquiry into the terms of everyday life, while evoking a sense of agency and experimentation that the redemptive category of "self-medication" is unable to capture. No longer framed as restoring some natural order, drug use becomes intelligible as a specific intervention with specific consequences that is at any rate only one of a number of possible interventions.

Recent inquiries into pleasure provide an alternative vocabulary of experience than that propounded by the pharmaceuticalization of everyday life. Much of the recent work on affect seeks to value the sensibilities, pleasures, odd feelings, and attachments that are not imme-

diately legible within a normative frame.[6] While consumer desires and expectations concerning pharmaceuticals are often conceived in terms of the commercial duping of consumers, they might be approached more comprehensively and understood as the product of wider norms around personhood, performance, health, and gender (for example), norms to which both patients and clinicians subscribe.[7] To the extent that some medications are prescribed on the basis of an apprehension of lived experience according to the reductive terms of *normal* and *abnormal*, *functional* and *dysfunctional*, it is possible that queer analysis, which historically has taken the social construction of normality as its object of critique, could offer important resources for grasping experience otherwise, in such a way as to withstand the more limiting implications and debilitating effects of drug regimes. One of the unfortunate effects of the narrative of disease-mongering, though, is that it discounts the experience of those who report specific value from pharmaceutical intervention. In its bid to protect the public from the corporate machinations of drug companies, this narrative ends up positing certain experiences of the body and subjects as "cultural dopes."[8] Crucial and timely as the critique of commercial influence may be, it finally doesn't know what to do with the consumer experience of drug regimes. It is as though the slur of commercial influence is enough to dismiss any subjective account of benefit from drugs as erroneous.

In contrast to this position, the present volume expresses no fundamental objection to people using drug technologies to address their situations. It simply argues that one frame that might viably inform such projects is that of pleasure, a word I use to evoke careful experimentation with the givenness of life, its materialities, conditions, contingencies, and specific relations. The book tries to open up a space, in other words, in which our engagements with potent substances could become intelligible outside of some of the more blatant pressures and inducements of normalization, and depend less for their authorization on adopting a prescriptive identity as sick.[9] This is not to deny the material requirements and physical predicaments of bodies. As will become clear in my discussion of HIV treatment in chapters 2 and 5, normative prescriptions surrounding medication use can themselves promote a certain degree of inattention to unwanted bodily events. Like it or not, drugs—both licit and illicit—are a significant part of contemporary practices of self-

transformation, and the challenge is to reckon with the material effects of these intoxications in their multiplicity and complexity.

In the final pages of the first volume of *The History of Sexuality*, Foucault proposes "bodies and pleasures" as a potential rallying point against the regime of sexuality.[10] He contrasts bodies and pleasures with "sex and desire," whose insistent examination, he believes, will only bind us more tightly within this regime. The remarks are cryptic and underdeveloped and have been the source of some confusion. After all, Foucault spends most of the first volume detailing how bodily experience, sexual pleasure, and desire enter into the machinery of power and confession. Since he rejects the idea that power works simply by repressing personal desires and sexual pleasure, but rather demands their articulation and examination, it is initially unclear how an assertion of bodies and pleasures could resist the regime he describes. From a series of late interviews, it emerges that the key to understanding Foucault's proposal concerning bodies and pleasures relates to the distinction he makes between pleasure and desire in terms of their relation to expert knowledge.[11] Unlike desire, pleasure was not the object of an institutionalized theory; there was no science linking it to the nature of the human subject. Where psychoanalysis purported to offer a theory of desire, depicting its structures, and proposing it as a universal law that drives the human subject, pleasure remained relatively untheorized, and could not be used to diagnose individuals. Pleasure was less caught up in the whole apparatus that extracts a truth-value from embodied experience—all those therapeutic strategies whose diagnoses presuppose special insights into individuals on the basis of supposedly universal norms of desire. In this sense, pleasure could be regarded as much more open to historical construction, practical variation, and creative experimentation. It need not invoke some prediscursive domain of lived experience, as some have worried—it is social and historical material, through and through. It provided a way of approaching the forms of creative experimentation and world-building which were going on around Foucault in queer communities, with the added advantage of being relatively less encumbered by therapeutic or theoretical prescription.

Of course today, pleasure may not enjoy such luxury. Normative models of reward pathways riddle the popular and scientific literature on addiction, while as early as the 1940s, the concept of anhedonia (literally,

the inability to feel pleasure) was being cited in American psychiatry in order to prescribe certain patients speed.[12] Nevertheless, there are good reasons for thinking that Foucault's take on pleasure as a social pragmatic may be useful for approaching some of the issues raised within contemporary drug regimes. Foucault's work on the history of sexuality was undertaken, not in any attempt to *know* sexuality, but rather to understand the forms of power that, in taking life as their object, subject people to disciplinary and normalizing regimes. In his subsequent work on "care of the self," he wanted to conceive forms of care and relation that could pry themselves away from normative determinations where necessary, but retain some form of ethical stylization.[13] I discuss the significance of this intervention for HIV/AIDS work in some detail in my final chapters. But to cut to the chase, Foucault's comments about bodies and pleasures indicate a preference for experimental practice over theory: he was interested in the cultures that marginalized groups were creating and their possibilities—including the possibility of creating innovative cultures of care. Grasped in this way, pleasure prompts a focus on what people actually do, rather than the nature of their desires; it directs attention to those material encrustations and innovations of practice that frequently escape or lay aside sovereign intention. For pleasure is expressive of a contradictory motion, in a sense that is significant for many of the activities considered in this book, in that it is capable of evoking, at once, the will and momentary excursions from the will.[14] To do as one pleases is not always to do as one expects.

Pleasure also references a body of work on the politics of consumption influenced by the Birmingham tradition of subcultural studies. Taking its distance from Frankfurt School pessimism (whose model of consumption it caricatured with the smacked-out figure of the cultural dope) this literature approaches consumption as a site of symbolic and creative play through which oppositional identities are forged.[15] Here, the consumer is depicted as actively involved in the creation and negotiation of consumption effects. Meaning is not fixed once and for all in consumer objects, but rather depends on the social practices in which their use is embedded. The question of how objects are taken up and used—how certain qualities are modified through enunciation—becomes a matter of investigation and a certain political longing. The Gramscian coordinates of this tradition frequently have the effect of reifying pleasure *as*

resistance in a celebratory but hollow gesture. In the search for resistance, it unwittingly attributes an excess of agency and radical effect to the mere fact of consumer activity. But as I argue in this book, the more concrete sociology of "uses and pleasures" that is also found within this literature might lend health research much needed specificity. In the field of drug policy, for example, proponents of "harm reduction" work with the understanding that an appreciation of the different circumstances of drug use is crucial for averting harm: The effects of a drug can alter significantly depending on how, where and when it is used. Yet what becomes clear when adopting this approach is how it runs up against normative instatements of medicine. As I venture in chapters 2 and 3, the categories of drug abuse and noncompliance are alike in that they each describe any use of drugs that diverges from medical prescription as delinquent. In this moment, the capacity to distinguish between different practices of use is arrogated from above. Careful inquiry into the specificity of drug practices is disqualified in advance, in a move that divorces questions of drug use from embodied attention.

Of course, the hope of overcoming a terrible life is not the only reason someone might be inclined to take drugs. Pleasure is a common motive, and it enters as a key component into the making of moral and legal distinctions. But while this rationale is typically used to disqualify certain practices of drug use from moral comprehension, I contend that greater attentiveness to pleasure and its qualities and social dynamics may also provide crucial resources for devising more effective strategies of care. Though the present legal framework produces a drug culture that is shallow, individualistic, and criminal, I argue that mundane but consequential practices of safety, care, and differentiation still manage to circulate in this environment, where they form part of the recreational, ethical, or practical repertoire of participants in innumerable ordinary scenes and taste communities. I do not wish to deny the real harms, dangers, and devastation associated with some circumstances of drug use. But it becomes apparent that some fairly detailed strategies and technical vocabularies have emerged around the use of some illicit substances, from which there is something to learn. Such practices are fragile, and prone to being shamed out of existence. They are difficult to register in the current punitive political climate. In order to perceive them, it is necessary to consider pleasure, not as the antithesis of safety,

but as the medium through which certain practices of safety take shape. For if drugs are now part of popular culture—a point that is difficult to dispute in the context of consumerized medicine—then it is to the vectors of popular culture—the dynamic exchanges of bodies, affects, values, tastes, and judgment—that we might turn if we are interested in promoting an intelligent public culture with respect to drug use.

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Curiosity . . . evokes "care"; it evokes the care one takes of what exists and what might exist; a sharpened sense of reality, but one that is never immobilized before it; a readiness to find what surrounds us strange and odd; a certain determination to throw off familiar ways of thought and to look at the same things in a different way; a passion for seizing what is happening now and what is disappearing; a lack of respect for the traditional hierarchies of what is important and fundamental.

MICHEL FOUCAULT,
"The Masked Philosopher"

The drug-tinged adjectives "curious" and "subtle" [share] a built-in epistemological indecision or doubling. Each of them can describe, as the *OED* puts it, "an object of interest" . . . and, in almost the same terms, the quality of the perception brought by the attentive subject to such an object: for "curious" "as a subjective quality of persons," the *OED* lists, e.g., "careful, attentive, anxious, cautious, inquisitive, prying, subtle." The thing known is a reflection of the impulse towards knowing it, then, and each describable only as the excess, "wrought" intensiveness of that knowledge-situation.

EVE KOSOFSKY SEDGWICK,
Epistemology of the Closet

1

PLEASURE CONSUMING MEDICINE

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An Introduction

My drugs require me to dance with no fewer
than ten thousand people at a time.
DAVID HALPERIN

This book explores multiple declensions of three seemingly incompatible terms: *pleasure*, *consuming*, and *medicine*. At first glance, "pleasure consuming medicine" is a queer conjunction. It doesn't seem to refer to any obviously recognizable form of experience. It is difficult to discern what it might properly mean. We are far more likely to consider medicine a bitter pill to swallow. Indeed, the austere advice to stop eating rich foods, exercise more, keep out of the sun, or give up smoking could well support the impression that medicine and pleasure are antithetically opposed. It is rare, in the presence of such advice, for pleasure to be treated as a valid exception to the medical rule. It tends to be cast instead as a gratuitous enticement that the individual must overcome in a dutiful struggle for health and self-mastery. From this perspective—and in ways that range from mildly irritating to thoroughly devastating—the imperatives of medicine can seem entirely pleasure-consuming.

Perhaps this loggerhead relation of medicine and pleasure has been felt most acutely in our time in the context of the AIDS crisis. Abruptly, many found their most intimate, exciting, or otherwise meaningful practices on the wrong side of (frequently punitive and distorted) health edicts. But while one very common response to this crisis might be summed up in the phrase "where safety prevails, pleasure must submit," HIV education has in fact been most effective when it has foregrounded and incorporated the embodied pleasures of endangered groups. The history of HIV prevention may be understood as a series of struggles on

the part of affected groups to elaborate bodily practices capable of mediating between pleasure and safety. Here, health does not stand in opposition to pleasure. Rather it is something that has to be collaboratively negotiated and produced through the careful interaction of bodies. What can be drawn from this history is a better understanding of the critical agency of pleasure when devising practical logics of care and safety.

In general terms, though, the proposition that one might actually experience pleasure while consuming medicine seems slightly absurd. Indeed, it's easy to arrive at the conclusion that pleasure is precisely what should *not* be had in such activity. It is as though the two terms act, or should act, to cancel each other out. The clinician warns "this may feel a little uncomfortable" before engaging in procedures that can actually produce some not-entirely-unpleasant sensations. To acknowledge pleasure here would seem to betray the self that medicine must contain in its effort to produce a properly objective body, so pleasure is performatively banished from the clinic.[1] Likewise, medical procedures are routinely demarcated from the realm of aesthetics. Reconstructive surgery is distinguished from cosmetic surgery, for example, on the basis of medical need and with reference to structures of the body that are classed as abnormal (in need of repair) rather than normal (and desiring adornment).[2] In each of these instances, it seems important that health be not contaminated by more specific modes of desire—that it be basic, unmarked, and devoid of any affective connotation. To introduce particular affects into these contexts would be to excise health from medicine's recuperative function. Medicine concerns itself with the grave task of restoring life to its proper order. It is not, first and foremost, about optimizing particular attributes and sensations. Of course, pleasure might be experienced as a corollary of restoring health. One could even be excused for feeling good at such a prospect. But taking medicine for pleasure, without the intermediary goal of restoring health in all its generality? Such a qualified and instrumental reassignment of medical priorities and values would initially seem impossible to admit.

What are we to make then of the popularity of a class of medicines whose utility can well be framed in terms of enhancement, rather than merely treatment?[3] In *Listening to Prozac*, psychiatrist Peter Kramer uses the term *cosmetic pyschopharmacology* to describe the sort of clinical and biochemical mechanisms at work in some applications of the antidepres-

sant fluoxetine.[4] Though initially his description frames the transformations enabled by this drug as superficial ("a neurochemical nosejob") and even socially dangerous ("steroids for the business Olympics"),[5] Kramer demonstrates in the course of his discussion the far-from-trivial ways in which they can also transfigure the suffering of some patients. His account transfers clinical labor from a paradigm of restoration to one of transformation. Out of his careful discussion of numerous case studies, a picture of efficacy emerges that is not so much one of returning patients to a prior or extraneous state of normality, but rather one in which medicine produces quite specific sets of modifications to mood and behavior, with both beneficial and adverse effects. The effects can be—and in many cases are—critically evaluated in new forms of relation between clinician, patient, and their associates. Kramer displays some caution in characterizing medicine in these terms, but his book stands as an intelligent account of how biochemistry is being enfolded, through drugs, in new practices of ethical self-formation.

The tensions between treatment and enhancement play out particularly passionately in the case of a series of drugs that have acquired the nickname "lifestyle drugs." The term encompasses medications aimed at reversing baldness and losing weight as well as some applications of this class of antidepressants, such as reducing inhibition and shyness. But it inspires a particular level of excitement when it comes to drugs that target matters sexual. Strains begin to show, it seems, when the pathological imagination is applied to a domain so firmly identified with pleasure. In an article published in the *British Medical Journal* in 2003, Ray Moynihan reported on recent initiatives to clarify a category of female pathology.[6] Keen to reproduce the massive profits of Viagra, drug companies were revealed to be sponsoring meetings between researchers and the pharmaceutical industry to determine the definition and measurable characteristics of "female sexual dysfunction" (FSD) as required for credible clinical trials. Data were being gathered to determine the "normal physiologic responses" for women in particular age groups. "The corporate sponsored creation of a disease is not a new phenomenon," Moynihan wrote, "but the making of female sexual dysfunction is the freshest, clearest example we have."[7] The article provoked a flurry of responses, both for and against.[8] For some, FSD was a genuine disorder, a pathology that feminists everywhere had a duty to affirm. To get the condition

recognized and achieve equality in the field of pharmaceutical production, women had to cast their claims in the language of essential pathology: women's sexuality *really can* be impeded by physiological deficiencies. The fight for recognition required a proliferation of testimony on the realness of the condition: moving accounts of the plight of those with the disorder, anger and resentment that the validity of women's claims was once again being put in question. To achieve a just outcome, the normative determinations of medicine were to be affirmed, and the inventive character of its taxonomic labor denied.[9] For others, though, FSD was "nothing more than a figment of corporate America's financial imagination," as Shere Hite put it, a cynical ploy of greedy multinationals bent on colonizing everyday life with biomedical artifacts and categories. FSD was not a "real" disease but a "construction"—a fact made all the more sinister by the involvement of industry. Hite, for example, complained that the pharmaceutical industry had "wilfully misunderstood the basics of female sexuality in its lust for blockbuster drugs."[10] In their bid to sell product to gullible consumers, the makers of "female Viagra" were imposing an individualizing and masculinist frame on female sexuality. In so doing, they were selling women the fantasy that the interpersonal, social, and material problems affecting women's lives and sexualities could be resolved by taking a pill. Not only was FSD based on a normative conception of female sexuality, obviating as a consequence the cultural and performative differences in this sphere; but once it was in circulation, it would also set new universalizing standards, reducing women's experience to the humiliating and coercive terms of functionality and dysfunction.

Without entering into a detailed discussion of this example, it seems necessary to insist that yes, there *is* a physiological dimension to a realm of experience known as sexuality—a realm whose existence must be acknowledged in the case of women as well as men—and yes, medical categories *are* constructed and arise out of a questionable blend of scientific and commercial resources, a blend whose concrete manifestations require critical attention. It is not enough, for example, to claim that because this category of disorder is constructed, it is therefore false—unless one is willing to posit some pure and preconstructed realm of actual experience. It is telling in this regard that it falls on female sexuality to provide the "freshest, clearest example" of the artificial machi-

nations of capitalist medicine. Women's sexuality is thereby constructed as pure, natural, and essentially nonexistent—something that reveals more about the traditional status of female sexuality than any of the ethical implications of this instance. To claim, on the other hand, that this pathology is real, plain and simple—as some proponents do—is to ignore the consequential nature of scientific and epistemological production: the impact of its practices, its constitutive effects. How quickly the argument congeals into a rhetorical division between a realm of experience that is supposedly real, natural, and therefore needs to be constantly reaffirmed as the single and incontestable standard of experience and value, and the view that what is constructed is artificial, and thus duplicitous (a set of assignments whose unsettling character seems almost entirely pre-validated in existing suspicions surrounding the category "drug"). Yet what this example must reveal most powerfully is the enormous discursive and scientific labor, both within and outside medicine, that goes into characterizing the purpose of medicine *neutrally* (in terms of repairing disorder) rather than *positively* (as enhancement). Assuming the drug in development does have some tangible and even desirable effects for some, irrespective of pathology, what this example reveals quite clearly is how intent medical morality is on disavowing its own active involvement in creation and re-creation.

"Viagra is a recreational drug," writes Germaine Greer. "Ask the gay guys who keep Trade's club floor jumping and fill the pages of Attitude. They should know—they've been using it for months. And health is the least of their concerns. In hyper-gay circles, it is getting difficult to steer clear of Viagra. Any guy who would prefer to walk and talk, wine and dine, cuddle and kiss his significant other rather than keep him impaled for 48 hours is a sissy. When you can have a whole weekend of synthetic priapism, what red-blooded male would settle for anything less? Viagra weekends could vanquish football as we know it."[11] The concern over lifestyle drugs arises, in part, from a concern over public subsidization. Those aiming for subsidization must cast their claims in the language of essential injury and its repair, while opponents use the tag of "lifestyle" or "recreation" in order to dismiss the drug in question as trivial, its effects indulgent and, in the final instance, expendable. This is why Greer wants to characterize Viagra as recreational. Concerned about the state of care for "women, children, the elderly and the actually sick," she

wants to question, in the case of erectile difficulty, the purchase that the medical determination of disorder has on the public imagination. One need not disagree with Greer's priorities here to query the terms she uses to make her argument. Viagra is coded as recreational by associating it with gay life, located squarely in the zones of leisure. This in turn works to separate out a domain of "necessity" from a domain marked "lifestyle," and the distinction gets mapped onto lives and identities in culturally consequential ways.[12] While some grading of need is unavoidable when it comes to the allocation of public resources for medical interventions, the way Greer deploys this distinction illustrates why the sexually minoritized have good reason to be suspicious of its cultural overtones. The distinction bears traces of gay men's already ambiguous status in the public sphere proper. Thus when, at a meeting on global treatment access, a pharmaceutical company representative responds to a demand made by AIDS activist Mark Harrington by asking, "Do you want us to leave the field and just work on lifestyle drugs?" I can't help reading this threat as, unconsciously or not, double-barrelled.[13]

One of the issues here is that the medical construction of pathology cannot be relied upon to provide an infallible guide to public, let alone global, need. This is why terms like "lifestyle" pop up repeatedly in the pharmaceutical domain: they attempt to patch over the gap between medical and state or insurer determinations of what counts as necessary repair. The capitalization of the life sciences has meant that the logic of financial returns and market share now dominates which products get developed.[14] As well as indicating a situation of massive geopolitical disparity—in which research and development for the major diseases affecting the world's poor is left languishing while minor problems that are expected to attract large financial returns are pursued[15]—this situation exposes a peculiarity of the contemporary medical gaze: the attribution of disorder cannot be regarded as an accurate measure of social or collective need, but references a generic body, extracted from any relational context, to whom the category of need can be infinitely and arbitrarily applied so long as there is the desire, prospect, and normative precedent for some form of enhancement. If the image of medicine cataloguing norms of everyday pleasure in order to authorize the development of marketable product evokes a more disturbing sense of pleasure consuming medicine, it also crystallizes a problem in the sphere

of regulation. Because authorizing new drugs demands the endorsement of new pathologies, the only thing medicine may produce, in this discourse, is a return to a putative state of normality. But what is also reproduced in this move is the regulative power of medicine to determine what can count as normal and therefore properly and publicly desirable.

This raises the question of the organizing power of the cultural classification of drugs. In 1982, a World Health Organization memorandum defined *drugs* (the illicit sort) as "any chemical entity or mixture of entities, other than those required for the maintenance of normal health, the administration of which alters biological function and possibly structure."[16] As Olmo writes, "Despite being imprecise and overly generalized, this definition has been repeated ad infinitum in scores of specialized texts in diverse countries, without further elaboration."[17] Here, "normal health" appears as an exit clause that redeems certain chemical modifications of the body, while the presence of any purpose outside this ambit condemns the use in question to illegitimacy. This definition allows drugs and their classification to compose a site at which abnormal and normal functions of the body are revealed. Thus in one article gay "habitués of the circuit" are described as using "one kind of drug to heighten their sexual energies and another to relax their sphincter muscles."[18] Such activities incur a disapproval that is usually reserved for the chemical substances themselves, accentuating the misuse of organs already presumed to be implicit in homosexuality, redoubling these activities as synthetic and dangerous pursuits. For Greer, too, a sense of the proper function of the male body, represented in heterosexual conjugal sex, informs her understanding of the proper function of Viagra, with uses falling outside this ambit considered recreational. Thus, though great pains have been taken by authorities to portray the inability to get an erection on demand as a debilitating ailment, this taxonomy of need is quickly undone when the focus shifts to how the product is actually used.[19]

Another short illustration of some of the practical impasses of the cultural logic of treatment occurs in the case of those very essential (but, for much of the world's infected population, still largely inaccessible) drugs that work to reduce the rate of HIV viral replication in the body. Though these medicines were initially celebrated as bringing a form of

closure to the HIV epidemic, it soon became apparent among those with some experience of them that a straightforward return to normality was an inadequate way of characterizing their biochemical and cultural activity. The treatments became associated with a range of harmful physical effects including diarrhea, nausea, high blood pressure, liver damage, insomnia, fatigue, hallucinations, depression, memory problems, and other unknown and perhaps irreversible dangers. Perhaps most unexpected and distressing for many was a metabolic disorder known as lipodystrophy, which comprises an accumulation of fat in some parts of the body combined with wasting of the face, arms, legs, and buttocks.[20] This concern was first identified in (and frequently downplayed as a function of) gay urban cultures in which body-consciousness is highly valued. When patients complained about these effects, for example, their concern was sometimes characterized by clinicians, whose goal was to promote treatment compliance, as "cosmetic"—a mere function of lifestyle—which had the effect of trivializing the materiality of these cultural norms.[21] At the same time, medical researchers were working to codify the characteristics of this experience with the aim of legitimating it as an objective medical condition—a process that required them to smooth over the mutual contingency of treatment and culture. At the time of writing, advocates for people living with HIV were facing this discursive quandary again as they pushed for a trial of a product called New-Fil, which conceals the signs of wasting to the face caused by the specific activity of HIV treatment. If this intervention is to be publicly subsidized (and thus accessible to those who would most benefit from it), advocates must frame it as a reconstructive rather than a cosmetic procedure. But this premium on "restoration" additionally covers over the iatrogenic character of medical intervention.

One aspect of the predicament is the exclusive equation of medical disorder with essential need, a problem that, as we have seen, is currently addressed by quarantining a realm called "lifestyle" from another, deemed "normal health," conceived as somehow not styled, but essential. But can this distinction really adequately frame what is being contested here? The solution is limited if it is applied in any preordained way. This is the problem that Greer faces in her claim that Viagra is recreational: she ends up reinstating a privileged zone of normality. But Greer is right—Viagra *is* recreational: it recreates the normative rigidity

of penetrative penile sex. And it is in this sense that *all* medicines could be considered re-creational: they are involved in what Michael Hardt and Antonio Negri describe as the "continuous constituent project to create and re-create ourselves and our world."[22] They participate, that is to say, in the always risky and consequential process of making our nature—and in ways that constantly exceed the cultural logic of "cure." What medical drugs must be made to reveal, in other words, is the artifice—and political decision—involved even in the production of "normal" bodies.

When medicines are conceived in the supposedly benign terms of restoring an essential nature, their *surplus effects* recede from view. And when they are constituted merely as repair, their standardizing pressure materializes all the more forcefully. Thus one way to grasp the responsibility of drugs would be to consider them as *necessarily re-creational*. When all drugs are cast on the plane of re-creation, the agonistic nature of pharmaceutical production and consumption becomes explicit: we expose what is specific, partial, *and* consequential about our biochemical techniques of the self. The question (necessarily a political one) that emerges from such a conceptual re-signification is this: what are the forms of re-creation in which we—individually, collectively, corporeally—are to invest?[23]

Drug Regimes—A User's Guide

It is difficult to think through the tenuous nature of present freedoms within first world economies, but one would do well to link it to the sense of moral conformity that appears as an enthusiastic adjunct to consumerism in the citizen equation. While we are presented with endless depictions of peripheral pleasure, a rabid moralism obtains. As the political centers of imperial economies peel away the responsibilities of the welfare state, a recurring feature has been the investment of figures such as the *family*, *community*, and *nation* as moral buttresses whose task it is to safeguard decency and welfare. As governments shed their material functions, these figures take up the symbolic slack, enjoying their capacity to rally enthusiastic support from both ends of the political spectrum. The homogeneity these figures are intended to secure—the particular exclusions and privations they are proposed to effect—are less

often remarked, because their presence is such a staple feature of everyday discourse: they are widely relied upon to offer comfort and security in contexts where these feelings are scarce. Meanwhile, it is rare that the rights and freedoms of sexual minorities, for example, are formally reversed. Instead, when politically expedient, moral panics about the threat of their difference are orchestrated. In this context, citizenship is redefined "through consumerism tied to moral conformity," formalizing degrees of citizenship according to categories of difference.[24] Thus, while minoritized subjects ostensibly enjoy many of the same civil rights as others—configured in terms of access to commodities and regard for privacy—the sense of "degrees of citizenship" and the threat of moral panic produce a tendency within these ranks to emulate the moral status of the mainstream, one tied to family—or, failing that, to the "shared values" of community. Meanwhile, the lately visible pleasures of different styles of life are consigned to the recreational sphere, where they are spectacularly available to be figured as superfluous.

These dynamics call for an analysis capable of contesting the uneven production of material reality, but in a manner that is careful not to consign the politics of bodies to a secondary or superfluous status. If the consumer context has enabled changes—some of them positive—to the conditions of access to public representation, it is nonetheless necessary to register the profound ambivalence of the liberties of market society: to dispute the whitewashing of alternate histories and futures by discourses of consumer choice. It is with this purpose in mind that I turn to drugs, not simply in despair, but with a view to understanding the forms of tweaking that have been adopted to finesse the present moment of globalization. Because drug consumption "tends to reproduce the conditions of destruction, not production," to borrow Andrew Ross's formulation, it poses a distinct challenge to those versions of liberal politics prone to overlooking the material inequities of bodies.[25] But, as readings of various drug texts show, these inequities are nonetheless discursively produced. As well as featuring at large in recent moral panics concerning sexuality and race, drug discourses reveal much about how bodies are geared up in the present of the global market, which bodies are prescribed and which abandoned. If globalization purportedly dismantles many of the constraints of the nation-state, drugs control stands out as a striking example of the ruthless ways in which the machineries of citi-

zenship, its borders and controls, are clamped back down, in a sort of imperial insistence on the nation's contours and forms. As I will argue, drugs are fit for incorporation within an amoral consumer logic, as commodities par excellence, such that one is tempted to rephrase Michel Foucault's remarks about sex: Do not think that by saying yes to drugs, one is saying no to power. Yet, as illustrated in the actions of Australia's former prime minister John Howard—who intervened in the production of a national drug education resource so that it would bear the title "Our Strongest Weapon Against Drugs . . . Families"[26]—the forces that are marshalled to the cause of Just Say No reveal much about the broader strategies of political, economic, and bodily containment within economic liberalism.

It's a balmy summer night in 2007, and partygoers are making their way through the gardens at Lady Macquarie's Chair to attend the Azure Party on the harbor foreshore, an annual fixture of the gay and lesbian Mardi Gras. The Sydney Opera House gleams softly in the background, as though strategically positioned to court the global gay visitor. Planning for the party, as usual, has been extensive. Alongside the outfits, suntans, drugs, lights, DJs, and show preparations, parties like this are always closely monitored by health professionals and volunteers trained to deal with the occasional emergencies that are known to occur, and a volunteer care team of this sort has assembled. But with a state election around the corner, this event attracts an unanticipated form of attention, which, it could be said, creates an emergency of its own. Uniformed and plainclothes police officers are patrolling the gates with dogs trained to sniff out amphetamines, cannabis, cocaine, and other illegal substances. Mild panic ensues. Some patrons down all their drugs at once in an attempt to avoid detection, unable to face the prospect of wasting the dollars they had spent but putting themselves at heightened risk of danger and overdose. Others try their luck at the gates, hoping to evade the public humiliation of being searched and the possibility of a criminal record. Police with dogs roam around inside the party, apprehending individuals. By 9:00 p.m., twenty-six patrons are arrested with small quantities of illicit substances. At this point, a court order is obtained to shut down the party, and the remaining frazzled partygoers are dispersed into the Saturday night city streets.

This scene of intervention and panic expresses certain tensions within

the government of drugs—tensions that lend themselves to a broader analysis of the political administration of consumer society and its strategic citation of biopolitical prerogatives. It's a scene whose casual violence is, if not already normalized, then rapidly becoming so, at youth events, in migrant, indigenous, and racially marked precincts, and in public, recreational, and transitional spaces in Western and "Westernizing" nations.[27] What is interesting is how the status of certain substances as "illicit" provides an occasion for the state to engage in what can be described as a disciplinary performance of moral sovereignty. This performance bears little relation to the actual dangers of drug consumption—in fact it exacerbates them, as we shall see. It is an exercise in the politics of *sending a message*, the ideological content of which bears further speculation. The illicit drug user has become a special and symbolic figure for the neoliberal state. These consumptive practices mirror the licensed pleasures of the market, but can also be made to exemplify their excess. When its authority or capacity to govern well is in question, the neoliberal state jumps at the chance to dramatize the ostensible danger of those pleasures that evade authoritative control. This makes unauthorized pleasure, rather than systemic factors or governmental practices, explain the broader experience and apprehension of danger and insecurity. Lauren Berlant uses the phrase "the intimate public sphere" to describe the ideological state in which personal acts—acts not necessarily directed toward the civic sphere, like sex—acquire a luminous power to "send a message" about the moral constituency of the nation and the conditions of belonging in it.[28] The drug test is the latest technology in this arsenal of power, and in the present climate of expanded consumer freedoms and identities, it is used to effect some of the same forms of privatization and individualization that queer theorists have identified in relation to sexuality.[29] Drugs would appear to encapsulate the risks of postmodern consumption for a nationalist and individualist imaginary that seeks to deflect social responsibility for current injustices by projecting, as counter to drugs, reified images of authenticity, familiarity, and individual morality (see chapter 4). In a context where citizenship is increasingly figured around the pleasures of consumption, drug use has emerged as a trope through which different relations to pleasure, consumption, embodiment, and medical authority are sensationalized.

The drug search cites the protection of the health of the population as its rationale, and, to be sure, the substances it targets are not without their dangers. This is why volunteer teams go to great lengths to devise care practices uniquely adapted to this environment, designed to respond quickly and effectively to possible emergencies. It is also why many drug users themselves devise fairly sophisticated dosing practices and routines, which aim—as far as possible within given constraints—to prevent adverse events.[30] Such care practices are made precarious by these practices of enforcement, and understanding this relation is one of the key aims of this book.[31] For in fact, the liberal state allows many forms of dangerous recreation, like football, mountain climbing, and drinking—experiences which, though dangerous, can also be fun and even profound.[32] One would be horrified if the state tried to make these legitimized forms of risk-taking as dangerous as possible in order to discourage people from trying them. But such is exactly what is allowed in the case of drug operations, which in their present form preclude quality control and threaten users.

The search at the Azure Party in 2007 followed the death of a young woman after her attendance at a youth music festival the previous week. The woman had taken a pill she believed to be ecstasy, but which was actually contaminated with PMA (paramethoxyamphetamine), a synthetic hallucinogen that can be lethal at high doses. Her death would appear to confirm the admonitions of public health posters plastered around Sydney at about this time, which advised, "There is no such thing as a standard pill." But this message only obscures the sense in which power gives rise to the very risks it warns against, by making quality control impossible and the content of illicit substances unreliable. Such obfuscation was carried over into the police handling of the woman's death. Police initially refused to release any identifying features of the pill associated with the death with a view to *sending a message* about the moral dangers of drug use. Thus, rather than give consumers practical information that might help to prevent further deaths, the prerogatives of health were subjugated, in typical fashion, to symbolic politics.

As a means of drug control, meanwhile, the use of drug detection dogs has been shown to be spectacularly unsuccessful. It uncovers drugs in only about a quarter of prompted searches, leading to successful convic-

tions for drug supply in only the tiniest proportion of cases.[33] And the targeting of drug use in public space generates even riskier practices of consumption as users attempt to avoid detection. The long-term effect is to drive drug use underground, producing unprecedented challenges for health specialists by generating new, more covert, and more dangerous practices of consumption.[34] The persistence of these policing practices, despite their documented failures, raises questions, such as, why is the state prepared to override its biopolitical commitments *at the very moment* that it cites those biopolitical commitments most insistently? The contradictory effects of such operations and their ramification of entrenched patterns of social violence are not lost on those who are subject to them. Interviewed later by the *Sydney Morning Herald*, one Azure partygoer put it plainly: "I find it hard to believe the NSW Police shut down the party for the concern and health of the people at the party. If there was genuine concern from the police for partygoers then to me it would make sense to make an announcement to patrons and step up crowd monitoring. Instead, they ejected 5,000 people out of what was a medically supervised and policed event onto the streets to fend for themselves."[35]

The drug raid seizes upon and intercepts deviant groups and liminal practices, but, cloaking itself in the generality of drug law, claims not to target them specifically. This pretence makes such operations difficult to dispute through established channels, since the platform of minority identity that supports liberal criticisms of discriminatory treatment seems to dissipate in the face of the universal construction of the law. It's always possible, for example, for authorities to point to another operation where the minority in question was not the target. Thus, "objective" proscriptions concerning the possession of illicit substances are used forcibly to expose and confirm suspected categories of deviance in a maneuver that is pure spectacle, made for the headlines. What is striking about this operation is its use of a *technology of exposure* to conjure the moral state.[36] Indeed, the persistence of these policing practices despite the evidence accumulated against them suggests that their counterproductivity is beside the point. For the point is the public spectacle of detection and humiliation, the making suspect of populations, the performance of moral sovereignty and the opportunistic exposure of those who are deemed to have failed it. In periods of political instability

and social unrest, the drug raid converts generalized insecurity into a matter of personal and moral regimes.

This book takes the drug search as emblematic of a broader technology of power that converges on embodiment, consumption, and pleasure in the name of health, while considering some of the spontaneous forms of resistance that have emerged in response. Two discourses associated with notions of the proper use of drugs have become particularly available for demarcating citizenship and revealing moral personhood in neoliberal societies: the medical discourse of patient compliance and the legal discourse of drug misuse or drug abuse. The discourse of compliance constructs a category of normal behavior around the extent to which patients' behavior coincides with clinical prescriptions. The discourse of drug abuse repeats this configuration of individual responsibility and deviance with respect to drugs in the law. Both these discourses took shape in the 1970s, just as economically liberal and socially conservative policies and ideas coalesced to produce the New Right. And they mirror each other in the sense that both take *self-administration* as their problem and object of concern, and both propose medicine as the proper authority against which to reference this conduct. The convergence of these discourses newly articulates the self at the intersection of health and consumption. At the moment that consumption becomes the normative mode of social participation and citizenship, medical authority becomes available in these discourses to fulfill the role of the moral curb on the self-administering consumer. As a result, these discourses become especially prone to political and authoritarian investment—precisely because they produce the *self* as the moral locus of consumption.

The general context of my analysis is the ideological investment in the "self" that has marked the shift from welfarist to neoliberal politics. But rather than focus directly on the implications of this shift for health care, as recent volumes have done,[37] my interest is in how health discourses—and particularly discourses on the proper use of drugs—have offered a ground for the ideological *performance* of this shift. Where Foucault's studies showed how authorities laboriously instilled disciplinary norms of health into the social body, what is striking about the neoliberal context is that health is now deemed to be a goal actively and freely embraced by autonomous subjects. Nikolas Rose describes some of the tenets of this discourse as follows:

> Consumers are constituted as actors seeking to maximize their "quality of life" by assembling a "life-style" through acts of choice in a world of goods . . . Healthy bodies and hygienic homes may still be a public value and a political objective. But we no longer need state bureaucracies to enjoin healthy habits of eating, of personal hygiene, of tooth care, and the like, with compulsory inspection, subsidised incentives to eat or drink correctly, and so forth. In the new domain of consumption, individuals will *want* to be healthy, experts will instruct them on how to be so, and entrepreneurs will exploit and enhance this market for health. Health will be ensured through a combination of the market, expertise, and a regulated autonomy.[38]

Social and economic relations are governed through the market, in this view, by means of autonomous choices made by self-steering individuals. But the noteworthy point about this context is that the rhetoric of freedom does not quite saturate the social field. In 1984 Milton and Rose Friedman wrote in favor of the decriminalization of drugs on the basis of consumer choice, for example—a move that, as John Clarke points out, "it is difficult to imagine the evangelists or the neo-conservative ideologues going along with."[39]

Eve Sedgwick has expressed something of the conundrum that neoliberalism represents for queer critique:

> Writing in 1988—that is, after two full terms of Reaganism in the United States—D. A. Miller proposes to follow Foucault in demystifying "the intensive and continuous 'pastoral' care that liberal society proposes to take of each and every one of its charges." As if! I'm a lot less worried about being pathologized by my shrink than about my vanishing mental health coverage—and that's given the great good luck of having health insurance at all. Since the beginning of the tax revolt, the government of the United States—and, increasingly, those of other so-called liberal democracies—has been positively rushing to divest itself of answerability for care to its charges (cf. "entitlement programs")—with no other institutions proposing to fill the gap.[40]

These comments seem particularly pertinent in the current Australian context, where state policies have gradually been undermining a comparatively progressive, state-supported, "community response" to AIDS

(to name just one social program). In this context, there is a justified hankering for the security of the welfare state. But "even the illiberal liberal state maintains a certain investment in 'pastoral care,' " as Paul Morrison remarks of the Sedgwick passage.[41] One of the alarming features of the right agenda, for example, is the steady rise of a prohibitory morality in drug policy. This has taken place despite the undeniably positive role that harm reduction measures, such as the institution of needle and syringe exchanges, have played in Australia in terms of averting a large-scale HIV epidemic among injecting drug users. According to governmentality scholars, the shrinking state replaces the moral agenda of "discipline" with a more "efficient," "amoral" focus on the correlates of risk.[42] How, then, are we to explain this steady rise in prohibitory morality on the part of a state dead set on shrinking?

This book argues that discourses on the proper use of drugs compose a site at which medical subjectivity and consumer activity are locked together to constitute a misleading vision of moral safety. By this, I do not mean to suggest that the use of drugs is risk-free. Rather, the point is that the regulation of drugs has become a symbolic site at which ideological lessons about the propriety of consumption are propounded. Drugs are curious things. Their use is perfectly intelligible within the neoliberal context as a mode of consumer pleasure, but it is also subject to strict legal sanctions and forceful interdiction. These measures are carried out in the name of safety, but often they have little to do with safety. Frequently they are shown to make practices of drug consumption more unsafe, not less. This contradiction is a paradox that is *lying at the heart* of neoliberal projections of healthy citizenship. In practice, this formulation of healthy citizenship has very little time for the actual bodies impacted by drugs. Where the discourse of compliance dissolves into notions of autonomous selfhood and contractual individuality (so that the shortcomings of medications become a putative effect of "personal choice"), the motif of correct consumption embodied in the discourse of drug abuse remains embedded in law, where it becomes available for the state to deploy it in a spectacular and opportunistic fashion. This gives rise to an exercise of power which can be characterized as "exemplary power" because it is undertaken more as a symbolic demonstration of sovereign authority than for any practical purpose with respect to drug harm.

How to understand the political appropriation of medicine that takes place under the aegis of drugs? Medical subjectivity attains a special significance in the context of the consumer culture of the last quarter of the twentieth century because it configures a *self* as the responsible minister of consuming conduct and medical concern. Discourses on drugs become an important arena through which relations and conduct within consumer culture are imagined as being contained at the level of bodies, subjects, and nations. A medico-moral discourse on drugs is invested with the task of securing the body—as normal, in control, and stable—against the licensed pleasures of the market. But this image of control is under increasing pressure as medicine itself becomes subject to a consumerist logic, so that the distinction between treatment and enhancement becomes blurred, and medicine is wrenched away from the restorative function that is thought to ground its moral authority. The result is an ever-more-insistent performance of concern for drug control, pursued for purposes that are more symbolic than they are "medically" effective. Official discourses of drug use evoke a space within which a violent clash between a moral state and an amoral market is imagined as contained. In the early chapters of this book I track the emergence of this disciplinary investment in drug regimes. In later chapters, I turn to the field of gay men's health promotion and HIV prevention to examine some of the challenges of conducting what might be termed *counterpublic health* in this context.

A BACKDROP TO THIS BOOK is the queer party culture in Sydney in the 1990s, which provided one of the formative contexts of my adult life. This geographic and historical location affords a particular perspective on the relation between health and pleasure that could be of more than local interest. The Australian policy response to AIDS is justly acclaimed for having recognized, relatively quickly, the importance of involving the groups most affected by the epidemic in shaping a viable policy response. From the start, it positioned those minoritized groups as necessary partners in the creation and delivery of educational programs and policy. The approach that emerged rejected many of the coercive medical and state measures that had been promoted within traditional approaches to public health, emphasizing instead community education, participation, and civil rights.[43] The styles of education that developed within this frame-

work set out to address sexual subcultures in their own language and imagery, while adopting a sex-positive approach to education and prevention. In the field of drug policy, government supported harm-reduction measures such as the provision of needle and syringe exchanges, which went against the grain of a prohibitionist stance on drugs. As a result, and in stark contrast to other countries, Australia averted a major HIV epidemic among injecting drug users, while infection rates among gay men (who in Australia comprise the vast majority of HIV infections) dropped substantially and remained low for well over a decade.

The official response to HIV/AIDS took shape at almost precisely the same time that gay, lesbian, and transgender cultures were acquiring newfound public visibility through the annual Mardi Gras celebrations in Sydney. When the first cases of AIDS were reported among gay men in the United States in 1983, Mardi Gras was only just transforming from its origins in 1978 as a violent clash between police and a motley crew of gay liberationists, bar patrons, and other assorted queers who were out on the streets paying tribute to Stonewall.[44] When government officials first met with gay activists to discuss how best to respond to the epidemic, Mardi Gras was on the way to becoming the country's most popular street parade, an annual fixture that would dynamize and generally enliven Australian public and counterpublic culture. In an important sense, the parade became the vehicle through which the possibility of a creative community response to the epidemic was realized, primarily through spectacular and irreverent floats which dramatized the exuberance and scale of such a collective project. Mardi Gras became practically synonymous with this public expression of pleasure and defiance. It signalled the vibrant possibility of life exceeding AIDS—the radical synergies implicit in the political possibility of combining care *and* pleasure.

Mardi Gras grew into a hyperbolic annual street parade complete with arts festival and extravagant dance party—a tourist magnet attracting mainstream sponsors, political endorsement, and international attention.[45] But the closing years of the twentieth century saw a marked loss of interest in the dance party—a form that had come to comprise one of the primary sources of independent revenue for gay and lesbian cultural, political, and health institutions. The subsequent insolvency crisis of the Sydney Gay and Lesbian Mardi Gras in 2002 echoed similar events in

other gay urban centers around the world, spelling a significant challenge for gay and lesbian cultural and political initiatives. Mardi Gras had been the source of—and subject to—many transformations over the years. How then to understand this nearly fatal episode in its history?

I want to consider the operation of drugs in the changing nature of the dance-party form, as part of an attempt to offer an alternative framework for conceiving their corporeal and historical effects. Drugs have been a significant part of these gay practices of transformation and self-creation—though it has been unclear how to grasp their activity. The higher rates of substance use among sexual minorities are typically seen as a pathological response to the ingrained violence of homophobia and social alienation. But this perspective does not quite capture the role that drugs play in distinctive practices of sociability, belonging, and pleasure.[46] If one is prepared, on the other hand, to suspend the conventional narrative of victimization and allow drugs a more constituent role in the shaping of culture, it is still not easy to conceive how chemistry might participate in cultural production and transformation. Where pharmacological determinism imputes a fixed and essential set of effects to the biochemical activity of drugs, cultural scholars seek to approach biology as an always already meaningful social force. I want to argue to this effect that drugs are significant social actors with effects which frequently exceed common assignments of value, harm, effect, and productivity. But if drugs do complicate distinctions between the biological and the social, they do so in ways that are rarely predictable and often surprising, as a consideration of the queer dance party illustrates.

The Death of the Dance Party?

The queer dance party is often seen as a sort of mass escape from the realities of queer life or else a scene of excessive consumerism. But I want to suggest that it had a series of effects that were more materially productive. If the dance party formed a major source of revenue for community-based organizations, it was also a crucial apparatus within which the notion of community was given popular resonance—indeed became widely imaginable as a viable way of contending with the HIV/AIDS epidemic. To entertain this idea, we need to consider that "community" is not simply a preexisting entity out of which politics and

culture somehow naturally spring, but that it is actively made and apprehended through the historical and embodied forms through which it constitutes and recognizes itself. In *The Motion of Light in Water*, Samuel Delaney writes of his first visit to St Mark's Bathhouse in New York in 1963. The dimly lit sight of an "undulating mass of naked male bodies, spread wall to wall" gives him a new "sense of political power."[47] This is not because of its intimation of a "cornucopia of sexual plenty," but rather because it cast the history of homosexuality in an altogether new light. Though he had participated in similar scenes before in darker and more concealed conditions, on this occasion the dim blue lights, the gym-sized room, the sheer mass of bodies allow him to imagine an altogether different history from that implied by the image of the isolated pervert. "The first direct sense of political power," he writes, "comes from the apprehension of massed bodies."[48]

In an influential essay, "Experience," Joan Scott uses this account to illustrate the now common poststructuralist proposition that the truth of experience does not exist independently of our means of access to it. According to Scott, for Delaney this event

> marked what in one kind of reading we would call a coming to consciousness of himself, a recognition of his authentic identity, one he had always shared, would always share with others like himself. Another kind of reading . . . sees this event not as the discovery of truth (conceived as the reflection of a prediscursive reality), but as the substitution of one interpretation for another. . . . Moreover "the properties of the medium through which the visible appears—here, the dim blue light, whose distorting, refracting qualities produce a wavering of the visible," make any claim to unmediated transparency impossible. Instead, the wavering light permits a vision beyond the visible, a vision that contains the fantastic projections ("millions of gay men" for whom "history had, actively and already, created . . . whole galleries of institutions") that are the basis for political identification.[49]

In Scott's analysis, the vision of the bathhouse is not the transparent revelation of some truth about identity, but an event that makes it possible for Delany to see, understand, imagine differently. Nor is it merely a matter of representation, if representation is understood as arbitrary—

capable of being willed into existence or willed away at whim. As this example makes clear, the experience involves physical structures and technical procedures—the room, the light bulb, the moving bodies, the diary form in which the memory is recorded: the distinct practices and conditions of perception that make up all discourse, knowledge, and imagination.

What if we were to understand the dance party not as the transparent radiation of community, but as a mediated event through which a sense of community was hallucinated? The massed bodies, decorations, lights, drugs, costumes, and music combined to produce a powerful and widely accessed perception of presence, belonging, shared circumstance, and vitality at a time when the image of the gay man, dying alone, ostracized from family, was the publicly proffered alternative. To describe this experience as hallucination is not to say that it was false or untrue, for this would be to imply, incorrectly, that there is some pure, unmediated reality which it is possible to access transparently. I want to take seriously the importance of pleasure, imagination, and fantasy in the construction of new materialities. The sense of community that was animated at dance parties was real with real effects. It was realized in the affirmative apprehension of thousands of bodies presumed affected in similar ways by the accidents of history and the exclusions of heterosexual society.[50] It was worked out in the minutiae of caring practices, the forging of dependable relations outside the family form, the inventive expression of memory and grief, the commitment to a safe-sex ethic. It was tapped into by agencies seeking to advance the public rights of gay men, lesbians, and people with HIV/AIDS, as well as to deliver health programming and to conduct research. It helped sustain a collective sense of predicament, power, care, and commitment—a shared ethos enabling wide-ranging cooperation and transformative activity. Each of these activities depended for its existence on having "community" as an intelligible construct: a source of popular conviction and collective feeling (and against the odds of 1980s individualism). The dance party comprised a popularly accessible assemblage—a concatenation of bodies, discourses, affects, and artifice that made the sensation of community "mighty real," to borrow a phrase from Sylvester, in both its impact and its effects.[51]

Moira Gatens has written that the political imagination is always

attached to bodies—distinct, specifically engendered bodies—and this would be no less true of dance-party bodies.[52] A staple and notorious component of dance parties was of course the recreational use of drugs, in particular ecstasy and its derivatives—which produce quite specifically sensitized bodies. Ecstasy, or methylenedioxymethamphetamine, releases large amounts of serotonin (the neurotransmitter said to control mood) into the synapses, increasing serotonin receptor binding and leading to significant changes in the brain's electrical firing. Though culturally and individually variable, its "most predictable feelings are empathy, openness, peace and caring"[53]—feelings of relaxed euphoria, belonging, interpersonal understanding, and emotional warmth. At dance parties people took ecstasy, bonded, hugged one other, and felt community spirit. And this community spirit was carried over into the day-to-day tasks associated with dealing with an epidemic. It contributed to an overarching frame and structure of feeling—an enabling structure within which a whole range of activities gained meaning and coherence.

Of course, while ecstasy was an important actor in the formation of this community, it was not the only or immediate cause of it. Community was conceived in other domains of discourse, practice, and politics, each interweaving with the dance-party phenomenon in direct and indirect ways. I'm not suggesting that people engaging in community-minded activities needed a constant supply of ecstasy to do so—at least not all of them, all the time. But if the dance party provided a key context in which the notion of community was imagined, practiced, and remembered on a popular scale, and the consumption of ecstasy was one of the biochemical and embodied preconditions of the atmosphere and sensation of these events, it would be foolish to ignore the activity of this biochemical agent in the broader network of meaning and practice. Ecstasy was an active component in the effective community response to AIDS.[54]

This argument should not be seen as amounting to a prescription for ecstasy—to "promote community attachment," as health promoters might put it.[55] Though the effects of this drug are widely shared (and occasionally harmful), they are not meaningful or predictable in a straightforward or linear way. Taking ecstasy does not give an individual an enhanced propensity for fighting AIDS—except in the historical context of the institutions and discourses in which its use was embedded. Its use

made sense and acquired value within broader conditions of practice and experience, an observation that brings me to my next point. One of the conditions that made the sensations of ecstasy particularly resonant was precisely the context of the AIDS crisis. While the traffic in ecstasy in the 1980s gave rise to a general culture of partying—the rave and so on—in the queer context the dance party took on a particular significance, becoming one of the central sites within which an empowering sense of community and sexual belonging was both performed and embodied. The wide-scale experience and intuition of death—the death of hundreds of gay men a year—was the backdrop against which the experience of coming together en masse—the presence of thousands of vibrant and sexualized bodies—made a powerful, exciting, and profoundly political statement of resilience and possibility. The halls of the Royal Agricultural Showground in Sydney were steeped in amazement and wonder. The chemically facilitated feelings of togetherness, euphoria, caring, and love took on vivid significance. In addition, the temporality of AIDS—the radically reduced life span an HIV diagnosis meant at that time—generated a variously articulated practical philosophy of living for the moment. While this phrase can (and sometimes did) invoke reckless hedonism, a better way of understanding it is in terms of a pursuit of intensified experientiality, in which the pleasures of the self are appreciably bound up in the nature and quality of relations with others—in practices of care, hope, memory, dance, excitement, and disclosure. In the living, this philosophy generated some pretty wild parties. And recognition of it as a practical frame substantially affecting the atmosphere of dance parties makes it possible to comprehend how drugs may have killed the dance party.

Not the recreational, but the medical sort. If anything, the abundance of recreational drugs kept the large-scale dance party going in comparable forms. But the introduction in the late 1990s of effective medical treatments—combination antiretroviral therapy—profoundly altered the temporality of HIV. We can glean some insight into the sort of impact this had on the affective life of the dance party from an account by David Menadue written in 2002. Menadue describes how the introduction of effective treatments has his system "feeling fairly relaxed about the future, enough to start thinking beyond the old one or two year timeframe which AIDS used to suggest for many of us."[56] Depicting himself as an

"extraordinarily regular attendee at Mardi Gras"—"they do act as a kind of 'Gay Christmas' for me, chronicling much of my adult life as a gay man and as a person with HIV"—Menadue finds himself "tied up in psychological knots during some quiet moments on the edge of the party dancefloor" at Mardi Gras in 2002.

> I was contemplating Mardi Gras gone by and thinking about issues like how survival with HIV has changed over the years. . . . For the past few years my dancefloor musings have been less about the incredible luck of my survival and the desperate hope that I would live to see another Mardi Gras with my health relatively unscathed—a common thought for much of the early to mid-nineties for me—and more about supposedly normal things. Like: what am I doing sauntering around Mardi Gras dancefloors in my fiftieth year, admiring but being tortured at the same time by the beautiful young bodies parading before me? In other words, I was preoccupied with the same dilemmas about growing older which I imagine most people entering their sixth decade are thinking about as well, regardless of their HIV status.

For Menadue, this shift in temporal horizons changes the party into an experience of a qualitatively different sort, imbued with different and more general concerns, desires, and emotions. Note that this is not merely understood as an effect of growing older. It also reflects an alteration in the conditions through which a sense of time and finitude come into consciousness.

Walter Benjamin's notion of auratic value helps to understand how the time frames of AIDS affected the culture of the dance party. Benjamin uses the concept of aura to describe the singularity and uniqueness of the work of art prior to the age of mechanical reproduction. This singularity arises from the distance and inaccessibility of the work of art in space and time: there is only one of it, it is hard to get to, and access is steeped in ritual and cult value. "Even the most perfect reproduction of a work of art is lacking in one element: its presence in time and space, its unique existence in the place it happens to be."[57] The singular existence of the work of art "in the place it happens to be" gives it a character of authenticity and authority—the character of individual uniqueness that Benjamin terms *aura*. But in the era of mechanical reproduction, we must

reach for other attributes and aspects of a product in order to deliver the same effect.

Now, it may seem that one dance party is very like another. But Menadue's description makes it possible to see how the pre-antiretroviral experience of HIV may have produced each dance party as one of a kind. It contributed to the sense of singularity that I want to call the auratic value of queer dance parties. The mood of a party depends of course on the multi-various activities of the entire mass of its differentiated consumer-producers:[58] the AIDS crisis, in this respect, was only the most intractable of its many historical backdrops. An early-epidemic HIV diagnosis could readily have generated two interrelating optics that take on special significance in such a context: the heightened value attached to repetition and yearly remembrance (the sense of chronicling a life), and the poignant awareness that this party could be the last one. These two temporal frames may have combined to produce the cult value of the queer dance party: the exhilarating sense of singularity and uniqueness that was felt to imbue this experience. One needn't have been actually infected with the virus to have had a palpable appreciation of these meanings, even if only subliminally, given the intense inter-affective mood they inspired. Nor had all partygoers to be adjusting to the new futures enabled by combination antiretroviral therapy for them to have experienced the deflation in atmosphere and ambience that the long-awaited introduction of these pharmaceuticals may have occasioned. If the temporal orientation that characterized the early AIDS crisis delivered the queer dance party up as an experience of an exceptional sort, then in the presence of treatments and their altered temporalities, and under such changed historical conditions, the dance party may well have come to be experienced in terms of lack: as a pale imitation of former years.

There is a further sense in which the recent popular disappointment with queer dance parties convinces me of the aptness of Benjamin's account. Community pundits characterized the changed atmosphere of dance parties in various ways, often perceiving it as a question of scale. Writing evocatively in the *Sydney Star Observer*, for example, Geoff Honnor observed: "There was a time when 3,000 people at a party represented an incredibly powerful statement about being here. And that 20,000 people can be more about the quantity of numbers than it is

about the quality of power."[59] And Fiona McGregor's *Chemical Palace*, a finely observed account of the gradual changes that occurred in Sydney's party culture and urban landscape over the 1990s, contains the following passage: "The parties got bigger the tickets more expensive, strangers outnumbered friends the community grew. Splintered multiplied mutated atrophied, sprang up elsewhere. The random march of queer seeding the world. People were always looking for something new, so much good partying led to high standards. There were never enough places to go for aficionados. Rebel parties became institutions."[60] McGregor's prose forces disparate elements into close proximity: they hang together like a Sydney street or else a queer event. On the one hand, changes in scale are experienced as a problem: strangers outnumber friends. But strangers are also enfolded into community here, in a volatile process of growth and mutation. When a visceral sense of belonging has been encountered with complete strangers in a space like the dance party, the torsion between friends and strangers under the sign of community becomes an ambiguous but tangible process. The concept of community is made to strain against the force of given understandings, those that would prescribe a zone of mutual recognition, sameness, and natural intimacy.[61] Of course, strangers have always been a vital part of the excitement and appeal of the big dance parties, bringing us out of our homes to flirt, to dance, to party. What McGregor is conveying here is a subtle recontextualization in the apprehension of the stranger. I am suggesting that what these accounts are registering is not merely an effect of scale, but also a much more subtle and elusive shift. They index a loss of singularity, a transformation from the qualitative to the quantitative, a conversion of auratic value into commodity value.

Benjamin's essay is, in part, a meditation on the commodity form. In his account, the aura of the work of art is challenged, almost fatally, by the advent of technologies that enable the mechanical reproduction of cultural objects. Benjamin hoped that the awe reserved for the unique work of art would decline in this context, so that the democratic possibilities of mass reproduction might be realized. Quite a touching and momentous idea in his essay, however, is that auratic value doesn't just disappear in these conditions, but finds a temporary lodgement in other domains. In the case of film, the aura reconfigures in the cult of the celebrity. In the case of photography, cult value "retires into an ultimate

retrenchment: the human countenance . . . the aura emanates from the early photographs in the fleeting expression of a human face. This is what constitutes their melancholy, incomparable beauty."[62] More topically, Sarah Thornton has suggested that the mass reproduction of music embodied in the record relocates the attribution of "authenticity" from the stage to the dance floor, where the aura can be thought to manifest in "the buzz or energy which results from the interaction of record, DJ and crowd"—giving rise to the cult of the DJ.[63] In sum, under conditions of mechanical reproduction we come to invest new aspects of the cultural product with the task of delivering upon the culturally rampant desire for authenticity and immediacy.

Now, dance parties are a commodity par excellence, and ever were—an interactive scene involving multiple (some would say excessive) forms of cultural consumption, repeated in time and space, with a predictable formula and very expensive tickets. I have argued here however that the distinctive temporality of the crisis produced the queer dance party as an experience that seemed especially significant, even in repetition. The curtailed futures of AIDS seemed to lift the dance party out of the circumstances of its mass reproduction, providing a broad frame (not the only one, by any means) through which its uniqueness was constituted. With the transformation in these conditions, then, it's not surprising that the dance party comes to lose something of its aura. The party gets stripped bare, reduced to the thinly veiled machinery of mechanical reproduction. Its yearly repetition no longer bears a special poignancy, but smacks of seriality. The undulating mass no longer appears as a diverse community bound together by a singular sensibility, but takes the shape of a chaotic and alienating crowd. The congregation of bodies is no longer "an incredibly powerful statement about being here," but an aggregate of individual consumers. The dance party starts to manifest "the phony spell of a commodity."[64]

The insolvency of Mardi Gras formed the occasion for an intense round of public debate, a recurrent theme of which was that Mardi Gras had become "too commercial." In this view, Mardi Gras had lost touch with its roots, and—whether through commercialization, mismanagement, or sheer size—had become an impersonal and alienating experience. The dance party took the shape of a particularly loathsome *bête noire* in this discourse. Apart from embodying the politically unpalatable

image of gay men as consummate consumers, unvirtuously frittering their incomes away on party drugs and gym memberships, it seemed somehow to encapsulate people's sense of alienation and exclusion from their community institutions: the perceived loss of political resonance. A hankering for "community" and "transparency" was the thematic resolution to these overtures—a move that saw "community" set up in contradistinction to "commerce" and operating as a siphon for people's frustrated desires to access some purified experience of communal presence and belonging. New Mardi Gras, an alliance of community-based organizations, successfully channelled these desires into support for its vision of a leaner, more inclusive, more "community" version of Mardi Gras, stripped of all overt and explicit trappings of the market.

But New Mardi Gras cannot plausibly claim to be the utopian alternative to commerce. It anticipates a turnover of several million dollars. A political appraisal of this moment cannot, at any rate, simply content itself with the charge of commodification. If the large-scale queer dance party is a form in decline, this is not simply because it became more commercial, but because one of the primary conditions within which it came to accrue meaning and value has altered—and thankfully so. The discourse and sensation of community, which was initially and ecstatically embodied at these events against the terrible backdrop of the AIDS crisis, has come back in an intense but barely recognized form: as a displaced but powerful *memory* of community, haunting and obfuscating the Mardi Gras postmortem. The complaints of commercialization and alienation that pervaded this discourse are the trace of the intense relationality whose fabrication was once necessary to survive the crisis—a relationality now understandably mourned.[65] Realizing the power of this memory calls, not for nostalgia, but for the formation of further counterpublic spaces and connections.[66]

Indeed, there's a question of whether "community" is even the best way to conceive collective political efforts around queer health and wellbeing today. As Judith Halberstam has discussed, there is a nostalgia built into the very concept that may prevent recognition of the queer possibilities that inhere in the present.[67] The concept is increasingly used by the mainstream gay and lesbian movement to promote a normalizing agenda. With its intonations of a prior moment of pure belonging, the concept of community hankers after a wholesome past, all the while

trying to forget its strange and checkered history (at least, if the history of the dance party is any indication!). All too often, "community" is used to separate out the moral sheep from the goats, in tactics that are frequently disingenuous, exclusionary, self-sanitizing, and damaging. The recent construction of crystal methamphetamine use among gay men is a particularly fraught example. To my mind, any concept of collective activity that is fit for addressing the complex challenges of queer health, pleasure, and well-being in any inclusive sense today needs to question those routine acts of purification that separate out the biological from the social, the licit from the illicit, the natural from the artificial, the organic from the technical, the wholesome from the depraved, and ethics from embodiment in its imagination of present possibility.[68]

This reading of the dance party raises questions for concrete inquiry, questions about how the relations of the market inflect cultural and political possibilities, and about the constitution of political, cultural, and remembering bodies. But these questions will not be usefully answered by partitioning off some bodies as pristine. Indeed, Benjamin might be read to suggest that the forceful dismemberment and reconfiguration of auratic value has a broader political applicability. An arbitrary and potentially violent swing between the designation of the authentic or natural, and the designation of the inauthentic or artificial, may be a perennial feature of existence in commodity culture—and ever available for political deployment. What the discourse surrounding the insolvency of Mardi Gras illustrates is how quickly and deceptively drugs and their metonyms can turn into fetishized symbols of all that is experienced as artificial, inauthentic, alienating, and untrue—always capable of implying a purer, unmediated, natural space that claims to exist before consumption, politics, and contest. But this space conceived as natural does not innocently exist, which raises the pressing question of who or what gets crushed or distorted in the mad rush to occupy the space of the natural? As Helen Keane has argued, even "in the realm of neuroscience, the distinction between the natural and the chemical breaks down, because the brain is itself chemical."[69] Neither community nor brain are completely self-enclosed systems—whether on or off drugs. What drugs therefore also supply is a useful model for thinking about how our perception of the real, the authentic, the healthy, the true, is impossible to extricate from the dense, interpenetrating, embodied circumstances—

those historical, cultural, and biochemical conditions of mediation—through whose means we gain even the most sober access to it.[70]

Drugs can be approached as an attempt, on the part of users, to construct new materialities in the context of specific embodied circumstances and normative regimes. But they are also subject to new modes of power within the current biosocial order. Against these disciplinary interventions, I suggest that the transformations, pleasures, and forms of enablement, disablement, and escape found in drugs should be approached more simply as experimental and material engagements with the circumstances of life.

NOTES

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Preface

1 This quote is taken from an interview with Guardino that appears in Catherine Scott, dir., *Selling Sickness* (Ronin Films, 2004).

2 Ibid.

3 Preliminary analyses of the phenomenon of disease-mongering are collected in a special issue of PLOS *Medicine* (Moynihan and Henry, "Disease Mongering"). At issue for these critics is the "medicalization" of everyday problems previously regarded merely as troublesome inconveniences—a process that is said to naturalize certain solutions (the prescription of drugs) at the expense of others. They critique phenomena such as direct-to-consumer advertising of pharmaceuticals and the corporate sponsoring of research and medical activities, and point to a host of negative consequences of the pharmaceuticalization of health, ranging from rising health care costs to iatrogenic harm. But despite these important contributions, these critiques generally reinstate the professional authority of medicine in their efforts to determine "proper" diagnosis and the "rational" use of drugs, and fail to appreciate how diagnostic categories and medical authority always refer to, consolidate, and reproduce a wider field of normalization—even when properly maintained (perhaps especially). The idea that commercialization critique does not quite adequately describe, nor address, many of the important problems, is one of the themes of this book. I develop a slightly different approach to consumer subjectivity and subjectification.

4 Nikolas Rose, "The Politics of Life Itself."

5 More recently, the absence of pleasure from understandings of health behavior has been questioned. See Coveney and Bunton, "In Pursuit of the Study of Pleasure"; and O'Malley and Valverde, "Pleasure, Freedom and Drugs." See also the articles in the important edition of the *International Journal of Drug Policy* on harm reduction and pleasure (Treloar and Holt, "Pleasure and Drugs").

6 A useful sample of such work includes Martin, *Femininity Played Straight*; Cvetkovich, *An Archive of Feelings*; Halperin, "Homosexuality's Closet"; Sedgwick, *Touching Feeling*; and Elspeth Probyn, *Blush*.
7 Metzl, "If Direct-to-Consumer Advertisements Come to Europe."
8 The "cultural dope" first appears in Hall, "Notes on Deconstructing 'the Popular.' "
9 People seeking sex-reassignment surgery face a similar set of problems and compromising pressures in their negotiations with medical authority. The response by transsexual activists and within transgender studies is especially informative. See Stone, "The Empire Strikes Back."
10 Foucault, *The History of Sexuality, Volume 1*.
11 Foucault discusses the distinction in *The History of Sexuality, Volume 1*, 157. For useful discussions of the significance of this distinction for Foucault, see Halperin's *Saint Foucault* and *How to Do the History of Homosexuality*; and Davidson, "Foucault, Psychoanalysis and Pleasure."
12 See Rasmussen, "Making the First Anti-Depressant."
13 See Foucault's *The Use of Pleasure*; and *The Care of the Self*.
14 Here I have in mind Lauren Berlant's recent elaboration of the concept of "lateral agency." Berlant, "Slow Death."
15 The formulation "cultural dupe" appears just as frequently in the literature, but I've retained Hall's phrase to suggest a connection with popular constructions of drugs (see chapter 3). Pleasure is not a central focus of Birmingham cultural studies, but becomes nearly synonymous with the concept of resistance in subsequent literature that draws from this school.

1. Pleasure Consuming Medicine

1 K. Young, "Disembodiment."
2 See, for example, Merrilyn Walton, *The Cosmetic Surgery Report* (New South Wales: Health Care Complaints Commission, 1999). Interestingly, gender reassignment is classed in this report as a reconstructive rather than a cosmetic procedure.
3 This question inspires a growing amount of work in the sociology of science and medicine. A neat framing of it exists in Rose, "The Politics of Life Itself."
4 Kramer, *Listening to Prozac*, xvi.
5 Ibid., 247, 246.
6 Moynihan, "The Making of a Disease."
7 Ibid., 45.
8 I refer to the rapid response entries for this article on the BMJ website (http://www.bmj.com).

9 There are parallels here with the political strategies necessitated by identity politics. See Brown, *States of Injury*.
10 Shere Hite, "Try a Little Tenderness," *Sydney Morning Herald*, 27 January 2003.
11 Germaine Greer, "Viagra: A Soft Option?" *The Guardian*, 24 January 1999.
12 It is only *some* bodies that are routinely consigned to the sphere of "lifestyle," that are excluded from counting in any "necessary" or public way.
13 Mark Harrington, "'We Don't Need Another Venue': Meeting on Global Treatment Access, or Industry Sideshow?" (New York: Treatment Action Group, 2001), www.aidsinfonyc.org (accessed 14 June 2002).
14 See Rose, "The Politics of Life Itself," 15.
15 Trouiller et al., "Drug Development for Neglected Diseases."
16 Quoted in Britain, "On Drugs," 4.
17 Olmo, "The Hidden Face of Drugs," 10.
18 Daniel Kevles, "A Culture of Risk," *New York Times*, 25 May 1997.
19 Greer, "Viagra: A Soft Option?" In this instance, this move involves exploiting the cultural fears and misconceptions surrounding certain classes of its users: "teenagers of both sexes, aware that Viagra is a drug to be abused like any other, are following the trail blazed by gay men."
20 First reported in James, "Protease Inhibitors' Metabolic Side-Effects." In clinical discourse, lipodystrophy is now broken down into *lipodystrophy*, which comprises the former cluster of symptoms, and *lipoatrophy*, which comprises the latter wasting effects.
21 Kane Race et al., *Adherence and Communication: Reports from a Study of HIV General Practice* (National Centre in HIV Social Research, 2001).
22 Hardt and Negri, *Empire*, 92. They are referring to the "posthuman humanism" of the later volumes of Michel Foucault's *The History of Sexuality*.
23 There are inevitably risks in delivering up for collective determination the most nakedly vulnerable bodies, but these are precisely the risks the capitalist consumer context reproduces in new and more nonchalant forms.
24 Evans, *Sexual Citizenship*, 7. Evans's otherwise rigorous and incisive study is hampered by a tendency to construe sexual minorities as somehow more fully identified with the market than their heterosexual counterparts. This is a tendency I try to contest in this chapter. But in fact any familiarity with the intensive marketing aimed at new parents and their babies should be enough to disabuse anyone of this view.
25 Ross, *No Respect*, 203.
26 Paola Totaro, "Drug Campaign Not Hard Line Enough for P.M.," *Sydney Morning Herald*, 7 July 2000. The title was later modified to the slightly milder, *Our Strongest Defence Against the Drug Problem . . . Families*. I analyze this campaign in chapter 4.

27 Recent operations carried out as part of Thailand's War on Drugs and its Social and Moral Order campaign bear striking correspondences, for example. See Phongpaichit and Baker, *Thaksin*. The use of antidrug provisions to police queer social spaces is a feature of many recent operations in North America, but could also be considered continuous with the use of liquor licensing provisions throughout the twentieth century to do the same. See Chauncey, *Gay New York*.

28 Berlant, *The Queen of America Goes to Washington City*.

29 I am thinking of work that considers how heteronormativity naturalizes certain political economic arrangements. See for example Duggan, *The Twilight of Equality?*; Berlant, *The Queen of America Goes to Washington City*; Berlant and Warner, "Sex in Public"; Butler, "Merely Cultural"; Povinelli, *The Empire of Love*. I discuss how these forms of privatization play out in antidrug discourse in chapter 4.

30 Southgate and Hopwood, "The Role of Folk Pharmacology and Lay Experts in Harm Reduction." I discuss some of these practices in greater detail in chapter 6.

31 See chapters 6 and 7. See also Race, "The Use of Pleasure in Harm Reduction."

32 O'Malley and Mugford, "The Demand for Intoxicating Commodities."

33 In all the drug searches involving drug detection dogs carried out in NSW over a two-year review period, illicit drugs were found in only 26 percent of the searches conducted. Meanwhile, among the 10, 211 indications made by drug detection dogs, only 1.4 percent yielded "traffickable" quantities of drugs, and only 19 people were successfully prosecuted on this count in the two-year review period: 0.2 percent of all indications. In addition, the inquiry received "various reports suggesting that drug users were engaging in risky drug-taking strategies in an attempt to avoid detection. Such strategies included: the consumption of larger amounts of drugs at once instead of taking smaller amounts over a period of time; consuming drugs at home and then driving to entertainment venues; purchasing drugs from unknown sources at venues to avoid carrying drugs; and switching to potentially more harmful drugs such as GHB in the belief that these drugs are less likely to be detected by drug detection dogs." New South Wales Ombudsman, "Review of the Police Powers (Drug Detection Dogs) Act 2001" (2006).

34 I discuss how the moral climate produced by such enforcement practices plays into the current shape of gay uses of crystal methamphetamine in chapter 7.

35 Jano Gibson, "Dance Party Shut Down after Drug Crackdown," *Sydney Morning Herald*, 26 February 2007.

36 Agamben sees the exposure of bare life as an inbuilt component of sover-

eignty in the making of a biopolitical body. Agamben, *Homo Sacer*. But Agamben casts little light on why particular social and historical domains or activities become subject to states of abandonment. For my account of how drugs have come to feature for these purposes, see chapter 3 of the present volume.

37 Henderson and Petersen, *Consuming Health*.

38 Rose, *Inventing Our Selves*, 162.

39 Clarke, *New Times and Old Enemies*, 131. He references Friedman and Friedman, *The Tyranny of the Status Quo*.

40 Sedgwick, "Paranoid Reading and Reparative Reading," 19.

41 Morrison, *The Explanation for Everything*, 144.

42 For example Simon, "The Emergence of a Risk Society"; Rose, "The Politics of Life Itself."

43 An important and lucid history of the early governmental response to AIDS in Australia exists in Sendziuk, *Learning to Trust*. See also Ballard, "The Constitution of AIDS in Australia"; Bartos, "The Queer Excess of Public Health Policy."

44 Commonly referred to as the beginning of the modern gay rights movement in the United States, the Stonewall Riots involved a series of violent clashes between homosexuals and police in response to police harassment of gay bars in New York in 1969.

45 To give some sense of the scale of this event, at its height the parade saw crowds in excess of six hundred thousand people lining the Sydney city streets, while the main dance party had been known to attract over twenty thousand people to an event whose proximity to the parade made it more widely accessible and diverse than the regimented conditions of the North American circuit party might suggest. However, I don't think my analysis of the Mardi Gras dance party, which follows, is irrelevant to that context.

46 See Green, "Chem Friendly." Of course, substance use has been a feature of many of the urban places in which a gay sense of belonging and pleasure has been elaborated historically, including bars, discos, streets, and nightclubs. See for example Holleran, *Dancer from the Dance*; Chauncey, *Gay New York*; Ford and Tyler, *The Young and Evil*.

47 Delany, *The Motion of Light in Water*, 174.

48 Ibid.

49 Scott, "Experience," 34–35, quoting Karen Swann and Samuel Delany respectively.

50 In my view, the reference to the production of *affect* in the policy phrase "communities affected by HIV/AIDS" is a better formulation than notions of collectivity based on sexual identity or HIV status. The community I am referring to here was not delimited by sexuality or serostatus, but mate-

rialized through a set of affective responses to the epidemic and through the cultivation of different sensibilities. See further my discussion in chapter 5.

51 Sylvester/Wirrick, *You Make Me Feel (Mighty Real)* (Fantasy Records, 1978).

52 Gatens, *Imaginary Bodies*.

53 Saunders, *Ecstasy and the Dance Culture*, 36.

54 Michael Hurley raises the idea of "designer drugs" as "a primary inducer of tribal belonging" in gay and lesbian Sydney in Hurley, "Sydney." Further sociological analyses of the significance of drug use in this context include Lewis and Ross, *A Select Body*; Southgate and Hopwood, "Mardi Gras Says 'Be Drug Free.'" And internationally, Bardella, "Pilgrimages of the Plagued"; Westhaver, "Coming out of Your Skin"; Green, "Chem Friendly."

55 The AIDS educator Alan Brotherton has remarked on a time when it was not unusual to find "promote community attachment" listed as an objective in health intervention outlines. Alan Brotherton, paper presented at the HIV/AIDS, Hepatitis, and Related Diseases Social Research and Education conference, University of New South Wales, 17–19 May 2002.

56 David Menadue, "How I Got Tied up in Knots at Mardi Gras!" *Positive Living*, May–June 2002. The shared nature of Menadue's experience is suggested in one of the few other commentaries to acknowledge the effect of the AIDS crisis on the experience of the dance party: Geoff Honnor, "Looking for That Rush," *Sydney Star Observer*, 27 June 2002. Further support for the proposition that the "AIDS crisis" was a significant condition of the experience of the dance party can be found in Bardella, "Pilgrimages of the Plagued"; Lewis and Ross, *Select Body*.

57 Benjamin, "The Work of Art in the Age of Mechanical Reproduction," 222.

58 For a theorization of queer dance-party practice along these lines, see Bollen, "Sexing the Dance at Sleaze Ball 1994."

59 Honnor, "Looking for That Rush," *Sydney Star Observer*, 27 June 2002.

60 McGregor, *Chemical Palace*, 27–28.

61 For a critical discussion of such conceptions of community, see Iris Marion Young, *Justice and the Politics of Difference*, 226–36. For an alternative conception of community that lives in difference, see Diprose, "The Hand That Writes Community in Blood."

62 Benjamin, "The Work of Art in the Age of Mechanical Reproduction," 227–28.

63 Thornton, *Club Cultures*, 144.

64 Benjamin, "The Work of Art in the Age of Mechanical Reproduction," 233.

65 Again, by fabrication I don't mean that it was false, but that it was actively made through particular techniques and practices.

66 "We have to avoid nostalgia for what was and what has disappeared while creating a new formulation for future spaces and architectures." Delany, *Times Square Red, Times Square Blue*. But perhaps nostalgia has a more

critical part to play than Delany acknowledges, even in his own analysis. For a thought-provoking argument on the relation between nostalgia and sexual politics in neoconservative society that suggests that this is the case, see Castiglia, "Sex Panics, Sex Publics, Sex Memories."

67 See generally the final chapter of Halberstam, *In a Queer Time and Place*. Halberstam draws on the work of Jean-Luc Nancy to discuss the nostalgia of community.

68 On purification, see Latour, *We Have Never Been Modern*. The political romanticization of the natural and the organic is powerfully contested in Haraway, "A Cyborg Manifesto."

69 Keane, *What's Wrong with Addiction?*, 29.

70 I have in mind here Donna Haraway's notion of embodied vision. See Haraway, "Situated Knowledges."

2. Prescribing the Self

1 The passage from David Menadue quoted in chapter 1 offers evidence of this. He discusses how the introduction of HIV treatment combinations produced a different sense of the future for him, leaving him to ponder "supposedly normal things. Like: what am I doing sauntering around Mardi Gras dancefloors in my fiftieth year?"

2 Given the might of the United States in pharmaceutical regulation, biomedical and evidential paradigms, and international drug policy, any analysis of the regulatory effects of drug discourses finds itself grappling with the predominance of U.S. imperialism and influence. Thus my analyses in the next few chapters can be read as enabled by, and attempting to mobilize, an alternate geohistorical positioning.

3 Foucault, *Use of Pleasure*, 11. For an influential sociological adaptation of this concept, see Rose, *Inventing Our Selves*.

4 Sackett and Haynes, *Compliance with Therapeutic Regimens*, 9.

5 Ibid., 1.

6 Ibid., xiii, note 2.

7 Armstrong, *The Political Anatomy of the Body*.

8 Haynes, Sackett, and Taylor, *Compliance in Health Care*, 4.

9 Ibid., 4. James Trostle notes this dramatic increase in an article that argues compliance is "an ideology that assumes and justifies physician authority." His target is the medical profession's view of its own centrality to health care. Trostle, "Medical Compliance as an Ideology," 1299.

10 Trostle, "Medical Compliance as an Ideology."

11 See for example Berridge and Edwards, *Opium and the People*; Temin, *Taking Your Medicine*.