

Phármakon & Lexicon

An Attack on the Opprobrium of Drug Use

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There are probably further errors and illegibility within.



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Preface

lou-wAnt-It—to-be-out=theRe—AnD-It-Is—= ≡ some-soRt-of-stRAnge=pAln-
behInD-louR==lls—keep-Rubblng-them—Illk=-thAt—AnD-theIll-DRop≡out—
(mumml-sAID)—It-looks—As-If-louv-been-CRIll ng—423—=-Its-woRse-thAn-lou-
thInk—AnD-even-If-loU-tRII—to-feel—ConfuseD—I oUR=skIn=-Is—hoRRIBll-suRe-
-soCket=()=skIn=-spReADIng=out—ACRoss—the-InsIID-of—=loUR=oUtsIID—
WICH-lou-CAnt-see—Due-to-the-pAln-In—=≡=—loUR=skIn-If-lou-hAve-to—
meet—CuR-It-mllt-As-well—be-now-oR-soon—AnD-loU-Do—(uD=uno≡=-)—
—...

Land

§1 – Flight

I am who I am because I am individuated by assemblages, and because I will die, a death that only I can die myself. In order to starve off this final ungrounding, my ownmost potentiality for being, I use tools and prosthesis to prolong my being. My understanding of how to use these tools is imbued in me when I am individuated as who I am by assemblages and modified in anxiety. In anxiety and in the face of my own death, when all programmed meaning rescinds, I can resolutely redefine myself ecstatically by choosing my own hero. Assemblages tell me which heroes I can choose from, perhaps, but the choice remains my existential prerogative. Perhaps.

§2 – The Stupidities of Medicine

This work groans from a space where I was initially asked to present on the question “what is the role of the physician in harm reduction?” This question, which we will seek to answer here, stems from my own disgust with the medical system, and more specifically the “addictions medicine” system. Perhaps I have a predisposed fixation to put this system, this *assemblage*, on *blast, in a vortical manner*, but this is especially so because I believe modern addictions medicine is no more of a so-called “hard” science than its siblings neuroscience, psychology, and psychiatry. What’s more, as with all assemblages of power, the purpose of medicine as an assemblage is not to be found on its surface as “a healing art”, but rather, in its relations of power, and its drive to reinforce the longevity of its *ownmost existence and purpose* and

institutional archipelago – to avoid having no *use* and therefore to avoid being *worthless*. Do not misunderstand me, there are a thousand bodies that find their existential meaning in the fact that they are part of the medical apparatus, and many of them derive meaning and purpose in their lives solely from their identification with this system and its plague. Were the system to become useless or purposeless, so would they, and thus, to avoid being redundant, medicine *creates* as many types of sicknesses as it cures. Again, understand that although medicine's stated purpose is healing, those that practice it are so forgetful, and even cruel, that they have allowed poison to be seen as a cure for many sicknesses that they classified have into infection. In other words, the medical system itself creates infections in order to feel purpose. It is in this process of entrenchment of its classificatory structure and enforcement of its own complex, in the empowerment of its community as assemblage, that medicine ceases to be a healing art, and becomes a totalitarianism. What's more, modern medicine's connection to war, industrialism, and biopower management conditioned by its historical origin in colonialist thinking, allows for its weaponization as a machination of genocide, especially when no one is driving. *The Human spirit is vindictive! Woe to those who oppose it.*

§3 – Potato Tomato Sexual Disease and Fixed Ideals

To other drug users, I ask you to understand know that a faceless and formless enemy terrorizes us and lusts after our ownness and ability to choose ourselves. Faceless and formless because of its schizoid appearance but terrifying in its neurotic drive to close-off. This enemy, that seeks to stifle our potentialities, to flatten us and steal from our toolbox, does so by exerting itself through carcerality and, by extension, institutions of carcerality (i.e. the prison, military, psychiatric, and medical industrial complexes). This enemy, formless but viral, still hidden in *nemat-space*, but systemic, is connected to the murderous policemen and to Epsteinian sadism, and its juridical, medical, sexual, and political episteme that uphold violence in the name of “purity”, “abstinence”, “doing the right thing”, “safety” and a culturally dead, indifferent mass of Wonder Bread people, of gutless puppets. This enemy has infected modalities of being so deeply that it uses its detractors as panopticon and surveillance even when they know their actions are fundamentally predisposed against their own interest, and bolster carceral destinations and trauma that last generations into their own possibilities (it is no surprise that both Angela Davis and Michelle Alexander highlight the war on drugs as a

fundamental tool of state oppression and a lynchpin in the systematic imprisonment and genocide). Indeed, the balloon effect of this enemy's prohibitions create predictable outcomes for people who use drugs – more prisons, more class and racial hatred, and more death. Perhaps a regime amongst many, but a regime none-the-less: life suckers; earth fuckers; the true rapists of all the small good things that inhabit our world; deliverers of war, pestilence, famine and death; creatives of a cultural stranglehold.

§4 – Neurotic and Schizoid

Influx; viciousness! We must contest “trauma-informed harm-reduction hotties” and face a tremendous pressure in our fight for selfhood due to the nature of “addictions medicine” and its drive to see “total recovery from drug use” as the end above all; as a destination that we all must reach as a teleological conclusion. There are stupidities that must be attacked via exploration – stratification to be exposed – and we, drug users ourselves, must lay claim to what is ownmost. If it is true that life is a process of becoming, rather than a stasis, then the idea of recovery “über alles” is a metaphysical totalitarianism which is as equally as neurotic and dangerous as its own enemy – a totally chaotic pattern of schizoid substance use – called “addiction” by laypeople. Society exists *between* the schizoid and the neurotic, and too much of either will destroy our social fabric itself. It is here I invite you into the feedback loop; here – by way of hermeneutic construction; here in my sleep deprived world of amphetamines. Of course drugs have always remained on the schizoid side of the social, but this side will exhibit itself regardless, and still, no one says nothing of the great redeemers of existence – the sublime nature of art, music, dance! I bang my pots and pans around a people say to me, “damn that’s the shittiest sound I’ve ever heard”.

§5 – Descartes is Shit

Here is one hand,
And here is another.
Here are my hands punching your fucking face.
If they hit you, hit them back.

Part One: Phármakon

When I realize that individuals are merely life stammering and that life itself isn't worth much more with regard to matter, I make for the first bistro with the notion of never coming out. And yet were I to drain a thousand bottles in there, they could never give me the taste for Utopia, for that belief that something is still possible.

-

Each of us shuts himself up in his fear – his ivory tower.

Cioran

§I – First Aside: Being-Towards-Death

One would be sorely mistaken, or ignorant to the point of bliss, were they not to understand that we will all die, and that one must live themselves out towards their death, one's own death, a death which no one else can die in one's place. One can run from the idea that they will die, but this running is in and of itself a modality of being. Running-from-death results in its own way of being-in and being-towards the world. In turn, perhaps the crux of all choice, if there is choice, and already I have said too much about choice, is that one can either approach death knowingly with resolutions and foresight or run away from it by ignoring it. In other words, as a dying thing, and in knowing that one must die, one must also choose how they live themselves out – for even not choosing and not taking responsibility is a choice. In both the circumstance of choice and flight, one still must have a hero, emulating and becoming bastardized degraded representations - *lebenswandel*.¹ Further, and even if one is capable of grabbing hold of oneself, there is no destination that is not purely the abyss itself, and although most of us are not purely nihilistic in a sense of “believing in nothing”, there is no bottom to the unground in the search for meaning and purpose because of death. The only ground, the voice of clarity that rings out to oneself on one's darkest night – only by digging through the bottom can one once again reach the top – and from there – only shattering! You get out by getting in! But already I have delineated from our enquiry and said too much about *choice* and too little about *death* – ah, we want so badly to be free.

¹ Note that heroin takes root from Greek *hērōs* for hero.

§2 – Second Aside: Tools and Techniques

Regardless of choice, and of the matter of the abnegation or acknowledgement of our own death –human beings live in both fear of death, and in anxiety – in terror of the unknown, and in the constant flux created by our mortality which removes us from envelopment in the world; shattered by the final ungrounding. From Prometheus, know this – tools, prosthetics, and their associated technical regimes and techniques of use, are paramount the extension of life, and therefore to our travel between birth and death. Tools as such, cannot exist in isolation, but rather “come into being” when we are individuated by the assembly of power, we first find ourselves within, and *only* exist as socially sorted. In other words, a tool or technical regime’s readiness for use, and it’s encoding and sorting, is given by an assemblage during the process of individuation – we learn about the world from our closest neighborhood. From this, each tool only has purpose based on the way it is mobilized by a given role in an assembly, and thus has its own conditions of access, and conditions of use and misuse. This code is functional and practical and is generally taken as given (e.g. it’s nature; it’s God’s will; that’s just the way things are). The role of tools can only be redefined by redefining one’s own role in the world in the state of anxiety caused by being-towards-death. It is only under in the mood of anxiety, with the meaning of the world evaporated, where one can choose themselves and in doing so repurpose tools. Even still, no tool is comes without the technical assemblage that supports its use, and tools ecstatically enframe us when they are taken up – that is to say that they condition our ways being, before, during, and after, we use them, as much as they allow us to live longer and perhaps even outside of ourselves. When we pick up a tool, technique, job, etc. it is only as individualized, individuated, and under an amalgamation. It is only thus that a tool is ready-to-hand such that we can mobilize it, and it makes sense to us. Ultimately, the scope of the conversation about the objective taking-up and shedding of metaphysical properties and processes of encoding tools as ready-to-hand objects (cf. Heidegger, Deleuze and Guattari, Steigler, etc.), remains outside of my inquiry, and enough has been said on this topic.

§3 – Drug, Intoxicant, Narcotic, Pharmaceutical, and Phármakon

To return to our initial line of inquiry – “what is the physician’s role in harm reduction” – we must first understand what we mean by “drugs”, and here I disagree with Derrida² insofar as I believe that the term “drugs” is both describable and certifiable. I will situate “drugs-as-such” at a later stage in this work, at such time when it is appropriate, but we must first look to our lexicon of intoxication before this is possible. In “general practice”, “drug”, “narcotic”, “intoxicant”, “pharmaceutical”, etc. are a subset of tool (i.e. ingestible substances) that have the ability to confound, confuse, distort, rearrange, corrupt, add, subtract, code, overcode, etc., and by extension, and as with every other “power-tool”, remain very dangerous. Whether used for hedonism, spiritualism, normalcy, healing, relief, coping, biohacking, overclocking, escapism, etc., these substances create a new *line of sight* – and bring their user into a new mood – but always at a cost. *Always at a cost!* I cannot stress enough that from these new heights and new sights come not only the sublime and euphoria, but also insanity, and death. As to the overarching class and phylum of these substances as tool, one must look to etymology. It is from the standpoint of their linguistic development that some semblance of ground can be found, as much as our lexicon for mood altering substances is frequently used interchangeably. The term “drug” is specifically connected to substances related to medicine and finds its modern origin in the early 14 century Anglo-French *drogge* “any substance used in the composition or preparation of medicines”; reference here the 12 century Old French *poison* as “a drink” – especially a “medical drink”. The term “intoxicant” finds its origin in the Greek *toxikon* meaning (poison) for use on arrows; note again the connection to “poison” here. “Narcotic” finds its root separately from Greek *narkē* for numbness, deadness, stupor, cramp. The term pharmaceutical is derived from the Greek source *φάρμακον*³ or *phármakon*, a word that can mean either *remedy* or *poison*, and most closely fits our purposes here to describe the subset of substances mentioned above (i.e. drugs; intoxicants; narcotics; etc.), substances that can produce shifts in mood and sight, *at a cost*. Toxic and medicinal simultaneously, the indeterminacy of *phármakon* in use as both remedy

² Derrida, J. & Hervieu, J.-M. (1989). The Rhetoric of Drugs. An Interview. Autrement. Available at: https://www.dulf.ca/_files/ugd/fe034c_d0db35e22e4aac9773848e96070786.pdf

³ Derrida’s integration of *pharmakos* is beyond our scope here.

to harm, and cause of it – as both a potential restorative and poison at the same time – makes substances classified as such unique and also uniquely situated as tools. It by analysis of *phármakon* and by situating “drugs” that I hope to proceed to answer our initial question regarding both physicians and harm reduction.

§4 – Chasing the Dragon and Self Destruction

To understand “harm reduction” in the “physicians” context, and to proceed with our analysis of *phármakon*, we must also situate the real **individual harm**, so to speak, of *phármakon*. This harm being the threat of the chaotic self-entanglement induced *by a substance’s harmful properties*; a situation in which the destructive properties of a substance outweigh a given substance’s curative properties. With *phármakon*, there is always the risk that a user creates a miss-intentioned, or suicidal, feedback loop and self-destructive modality that dominates their possibilities because they can’t survive without *phármakon*’s toxic cure; poisoned by the curative; *chasing the dragon – dope simple – “I have to scratch that itch that I can never quite reach”!* Nevertheless, the potential for this self-destructive change in modality from being-there to being-towards-fix, a type of nihilism in its own right, is conditioned less-so by a fundamental feature of *phármakon* in-and-of themselves as medicine/poison and more so by how *phármakon* are disclosed as ready-to-hand objects by amalgamations (e.g. by education regimes; social circles; etc.). This is to say that *phármakon* fundamentally are indeed curative/poisonous in such a way that any given substance can be the cure for, and cause of, many harms, and that more specifically each substance is also the cure for its own harms, and come with an inherent and exponential cost, frequently a wager of sanity. Nevertheless, the breadth of real harm that one receives from using any given *phármakon* is more-so dependent on how one’s society classifies them as medicine/poison, and thus how one accesses each substance and how one uses and relates to each as a tool in an individuated manner via a social role. Indeed, one must have the correct access-conditions and social-breeding to be able to use *phármakon* without implosion, a feature that is fundamentally derived from their function as revealed by assemblies. There is a reason that the use of *phármakon* is most closely associated with the priestly and warrior castes of any given society – because they are those most conditioned to suffering and asceticism. To take an example, heroin is fundamentally curative because it “prevents tremendous pain”, and fundamentally dangerous because it “makes one sick” in both its

ingestion and withdrawal. Still, the extent of the transcendental experience, and the sickness experienced from taking heroin, are only functions of where one experiences them from. In other words, the more substantial the positive difference in mood/affect/light-of-sight induced by use from one's day-to-day existence, the more likely one is to recourse to any given substance, even with a high cost of harm. Similarly, the more resilient one is to painful experience, the more likely one is to recourse to a substance, even given its negative consequences. It should be no shock that traumatized people are easily acclimatized to the harshest of *phármakon* and that *phármakon* have a callousing effect on the user through tolerance.

§5 – The Classification of Phármakon Under Assemblies

To reiterate, the harm generated by *phármakon* is created in their positioning within and by assemblies; *phármakon* are always socially classified and thus only accessed under a process regulated by an assembly. In this sense, they can only be *assimilated into* or *banished from society*. The general propensity for any *phármakon* to be normalized, and be less structurally dangerous to their user, or tabooed and stigmatized, and be more structurally dangerous to their user, has more to do with social relations and a given substance's position within them, than with the individuated harm said substance can cause. In this regard, given the social proclivity, and perhaps necessity, for metaphysical blunders, it should come as no shock that *phármakon* are predominantly revealed to us as at a young age only in part, with an intentional obfuscating certain substances' practicality as a curative, with little focus on education, and more than too much said about social prohibitions and moors. *Phármakon*, with the general exception of alcohol, which is becoming increasingly taboo, and marijuana and other psychedelic drugs, which are becoming normalized, are frequently positioned as solely having the property of causing a shift from being-there to being-towards-fix. The gross social misunderstanding – an idea compounded by the exponentiation of obliviousness, and by the ivory walls of medicine – prevents “drug users” from understanding *phármakon* in any sort of practical way. It is in this line of thinking that *phármakon* are revealed to us *only* as a nihilistic turn towards eternity; where taking *phármakon* always results in one blotting themselves out in inauthenticity and joylessness. This disclosure is disjunction from user end of consumption, and thus the use of tabooed or stigmatized *phármakon* creates mystical metaphysical objects with opaque

properties – a blurred understanding under which it becomes impossible to fully understand the risk and benefit of using that given substance.

§6 – Phármakon as Metaphysically Closed Off

Ultimately, a given substance becomes more harmful the more it is presented as a curative and more curative the more it is presented as harmful – “I didn’t know this could harm me!” situated against “I didn’t know this felt this beneficial!” *Phármakon* can only be polarized by creating equal metaphysical emptiness of substance. This void creates problems in repressing the use of *phármakon* because they take on the magical appeal of the unknown. Understand this, politicians, scientists, and playwrights (e.g. John F Kennedy, Paul Erdős⁴, etc.) have used *phármakon* without neglecting their duties, and alcohol remains as dangerous as cocaine, methamphetamine, or heroin. There is a social fiction that surround the harms created by *phármakon* and it is here that the so-called **social issue** of *phármakon* as tools arises – part of the greater gatekeeping of technical knowledge through discipline. Who is to have access to which tool and why? We give our armies weapons but not our school children. We bomb our enemies if they are our enemies but not our neighbors even if we dislike them. We give our junkies tainted drugs but not our soccer moms. It is at the juncture of capital and ritual that *phármakon* are disclosed, in the sense that they become an outlet for the control of humans via institutions of population management – via the military hospitals, prisons, etc. –as non-necessity consumer goods, as social signifiers. “Of course you need opiates to have surgery, but you will place in jail if you take them if your heart has been shattered”. Insanity occurs; power is mobilized, but as schizoid mess. *Phármakon* are merely a tool, and much like any tool, our relationship with them depends on the circumstance under which *phármakon* as ready-to-hand objects are revealed, and that this revealing always happens in an affected mood, and generally in our modality of being-other and being-with-others. The given purpose of any substance is

⁴ Paul Erdős is one of the most prolific and successful mathematicians in human history, pursuing and proposing problems in discrete mathematics, graph theory, number theory, mathematical analysis, approximation theory, set theory, and probability theory. Erdős took amphetamines throughout his early career and he began taking them daily at age 58, when a doctor prescribed them to him to allay the depression associated with his mother’s death; he didn’t stop until his death at age 83. Erdős’ friend once bet him \$500 that he could not stop taking amphetamines for a month and Erdős won the bet but complained: “You’ve showed me I’m not an addict. But I didn’t get any work done. I’d get up in the morning and stare at a blank piece of paper. I’d have no ideas, just like an ordinary person. You’ve set mathematics back a month.”

coded by proximity, stratification, and assembly. The inscribed code is not the result of a single layer of coding that can in-and-of itself be the entirety of the thing, but rather the result of the interplay of various amalgamations and assemblages of power. We look to overcoded intersections to find how harmful harm can be. We, howling nodes of neurosis in a sea of schizophrenia, driven forward by the insatiable appetite of consumption and mired the swamp of purity.

§7 – Ritual Administration

A final note on the analysis of *phármakon*: all *phármakon* connect to assemblages primarily via ritual and administration, and administration both in sense of “route of use” and “social management”. This is to say the way in which one uses *phármakon*, and which *phármakon* one uses, is always a social ritual – and signals modalities of being. Any given *phármakon*’s status in regard to its acceptability or stigmatization is dependent on its management in the domain public affairs of a given assemblage, and the process or activity of using the substance in performance according to a prescribed order. Alcohol owes a great debt to both religion and to the circus in this regard, wine during communion, and during the football game!

Hallucinogenic drugs have been affiliated with folk healing and shamanistic ritual; opium and its ceremonial use akin to traditional tea ceremonies; amphetamines to force alertness during war. The devil is in the detail; the contact is in the context! Puritanical neurosis against schizoid consumption and hunger. One social assembly vilifies what another celebrates, one places importance on a substance another sees as caustic. We breed our own criminals, and type of criminal assemblages, including toolsets. Ah, the vindictiveness of Humanity and it’s inability to remember or hold promises!

Part Two: Mnemonicide and the Mobilization of Phármakon

The anti-drug laws have only benefited the medical, journalistic, and literary pimps, who have built reputations of shit founded on a righteous indignation leveled against this inoffensive sect of dope-fiends. [...] These are the apostles, the descendants of priests. One can only wonder at the source of such indignation, how much money they've pocketed as a result of it, and what other goodies they've raked in on the side. [...] All the laws, restrictions and public relations gestures against narcotics, assuming their success, will only succeed in depriving the most destitute elements of humanity—who have inalienable rights—of medicine for their pains, of a nourishment more splendid than bread, and of an ultimate method of resurrection. Better plague than morphine, the medical profession howls, better hell than life! These imbeciles pretend that it's necessary to let the addict stew in his own sickness. In such pronouncements, the boors give themselves free reign on behalf of the common good.

Artaud

§1 – Schizo-Pilled

It's the 90s, Peewee Herman is telling you crack is wack, video games are blitzing your reason babbling at you that winners don't use drugs while Lance Armstrong wins the Tour de France after injecting the blood of 72 infant children. The Ninja Turtles are telling you to "pop pizza, not pills", and your brain on drugs is being compared to a circuit shorting out; an egg in a frying pan. Layer upon layer of historical jingoism and general ignorance to the reality of phármakon has creates a tangled mess of jurisdiction, bureaucracy, over bureaucratization, and schizoid flows of desire. Carceral and disciplinary institutions which are enmeshed into racist imperialism and the machination of industry are tasked with preventing the social harms that they perpetuate through laws based on half constituted Truths. Martini sets are desirable, rigs are undesirable; they both can be used to kill you, but neither do without being used as tools for administering phármakon. How we have gotten here seems to be taken as given; the sleep of the unwashed masses; the sour roots of prohibition forgotten about, as if the memories of generations have crusted over the anus from which it was projected. The inability to think *maybe opium isn't that bad!* Alcohol has been the dominant drug since the turn of the 20th

century. The inability to remember that alcohol is *phármakon*. *Alcohol is intoxicant. Alcohol is narcotic*. Even Nietzsche loved Dionysus. *Rife contradiction*.

§2 – Phármakon as Commodity

To return to our analysis of *phármakon* in the search for the role of the physician in harm reduction, we must understand the *why* of ritual administration. Given the dual nature of *phármakon* as both curative and poisonous, they can be sold, in the loosest sense of the term, as either – both as cure for, or cause of, social ill. As tools are not coded in isolation but rather with their affiliated social role, *phármakon* are mobilized and coded in order to create superior and abnormal or outcast groups, specifically via the ritual of their consumption and the affiliated role of those that consume any given *phármakon*. Prejudicially, the use of certain *phármakon* is affiliated with a certain user or outcast group – and they are framed as somehow making life in general less healthy – “heroin addicts are a scourge on society”. *Phármakon* are also mobilized in self-affirming ways – to create stratification of class and type – “martinis have class”. In our being-with-others as individuated by an assembly, *phármakon* are both assimilated and banished – endorsed and prohibited – and socially stratified both in terms of accesses and their availability. As mentioned, different assemblies bring forth their actors cast for different roles, and the answer to who has will be granted the temperance for a given substance shifts accordingly, but only as a function of the regulation of those substances under assemblages. Under the modern assemblage of totalitarianism, the answer to “who has stomach for it” seems frequently to be “nobody”, which is an idea as stupid as it is useless, and leads to the production of heroic outlaw drug users. This question of which substances are consumed by, and are allowed to be consumed, by our heroes, is in this way another tangential existential problem.⁵

§3 – Temperance and Purity

“In the name of purity of the species! In the name of the salvation of humanity! We, *the pure*, must kill them, *the impure*, because they will cause contagion!” What society fears most from the use of *phármakon* is the potential for a total transmogrification of being from their use – “you’ll

⁵ In a didactic example of this, Marvel Comics heroes were “banned” from smoking in comics in early 2000s.

become a junkie if you use opiates! You'll become a zombie if you take LSD! Your face will get stuck like that!" The stupidity in the classification of *phármakon* because of their nature to create schizoid flows is thicker than the fog of war in Poland or Afghanistan. Indeed, the development of any *phármakon* is the reckoning of that substance as a consumer good (i.e. it's stability as a fungible commodity), and the created tumult and schizoid growth affiliated with the creation of new ways of being. Coca to cocaine; periods of reckoning follow by the temperate and neurotic before leaving for their schizoid origins again – wine with bacchian orgies which become supplanted by the highest tables and the Eucharist; opiates with rococo dandies and tea ceremonies supplanted by the sterility of the operating theatre; amphetamine with soldiers gnashing in fervor for war and action supplanted with the classroom; cocaine with self-obsessed egoists and vortex jazz supplanted by its own conclusion as nosebleed preventative; etc. As with any schizoid growth, a revealed line of flight and escape can draw power from existing assemblages of power. A leak: we outlaw flux in the name of stability and purity. When the American senate finally sided with the prohibitionists, it was because the policy was a tool exploited by Protestants against Catholics, as much as when the Daoguang emperor finally sided with the prohibitionists, it was because the policy was exploited in court politics by Han Scholars against Manchu diplomats. It should come as no shock that walls are put up in favour of nationalist puritanism and come down in the face of the demands of the hunger of schizoid desire.

§4 – The Carceral-Medicalization of *Phármakon*

I hear you curl in disgust at the suggestion that our entire understanding of *phármakon* is dog shit, and perhaps this thought isn't for most, but It seems we have forgotten where we came from! All this world makes great blood, and one must tread in the flood. I like Noah have built an ark and am banging sheep to repopulate the earth, or whatever... And now! We must dive into one last cavern, for up until the turn of the 20th century *phármakon* were seen as the most basic commodities, a raw material or primary agricultural product that could be bought and sold like most else. The question of the commodification of *phármakon* is outside our scope, but it is important to understand that the commodification of *phármakon* places them in direct inheritance of the 19th century. In fact, it is in the extension of the 19th century into the turn of the 20th century's movement of power, by which the carceral, military, and medical industrial

apparatus take hold of the body that they also lay claim to the use of *phármakon*, each institutional archipelago punishing for improper application of use, while simultaneously sanctioning proper use. It is here at the intersection of the prison, barracks, and hospital, that “drug use” and the consumption of *phármakon*, takes on a totalizing regimentation and organization in and of itself, and under the guise of science, no less. This is reflected by both the growth of prisons and prison as a punishment for drug use, and by the growth of the temperance movements and the residential treatment center. The carceral-medicalization of *phármakon* becomes enmeshed in local, national, and global politics, and the use of *phármakon* takes on extra metaphysical dimensions for administrative social classification under assembled scrutiny.

§5 – 1884-1911: Phase I - Imperium

During the early turn of the 20th century, *phármakon* are mobilized in the carceral, medical, and military systems, weaponized against the other, and the social ordering of *phármakon* becomes primarily xenophobic. Excavating the history of the state of Canada’s juridical frameworks as example, the mobilization of racism, xenophobia, and fear of the other remains the primary driver of the regulation of *phármakon* by state assemblages from the turn of the 19th century onwards. This motion towards punishment, carcerality, and war, begins with the 1884 Indian Act, under which it becomes a felony for Indians to purchase or consume alcohol, or to enter a licensed establishment; a law based on the racist presumption that Indigenous people are more prone to alcohol dependency. The Indian Act was joined in prohibitionist unity by the 1908 Opium Act which punished those who imported, manufactured, or sold opium for non-medical purposes; a law encouraged by a racist characterization of Chinese opium use and so called “opium dens”.

§6 – 1912-1960: Phase II – Internationalism and Panopticon

The intertwining of the medical and prison systems and the consumption of *phármakon* is compounded and internationalized during the turn of the 20th century, specifically under the first international narcotic prohibition, the *International Opium Convention (1912)*, which was

signed by Germany, the United States, China, France, the United Kingdom,⁶ Italy, Japan, the Netherlands, Persia, Portugal, Russia, and Siam. The Convention provided that, “the contracting Powers shall use their best endeavors to control, or to cause to be controlled, all persons manufacturing, importing, selling, distributing, and exporting morphine, cocaine, and their respective salts, as well as the buildings in which these persons carry such an industry or trade.” Although largely without teeth, the first international law prohibiting the manufacture of drugs coincides the growth and use of “drug users” as panopticon. Although Canada went through a failed period of alcohol prohibition during the mid-1910s, the prohibition of other drugs continued strong, and by 1922, the Opium and Narcotics Drug Act had supplanted other Canadian drug legislation. Under this act Canada’s drug regulation began to centralize and strengthen under the Narcotic Division, a newly created department within government. The Royal Canadian Mounted Police (RCMP) also assumed the role of enforcing the punitive drug laws, which were connected to a system opposing drug maintenance programs in favor of abstinence and jail. In the late 1920s, the Narcotic Division intensified its surveillance of pharmacies and people who use drugs, a trend continued in the following decade, and by 1938, 11 different groups of drugs were criminalized, and significant prison sentences were enacted for most drug offences.

§7 – 1961-2023: Phase III – Totalitarianism

With the creation of the “United Nations”, which had claimed to stabilize the field of “international relations”, the Single Convention on Narcotic Drugs (1961) appears as the so-called standard for international drug policy globally – a totalizing metaphysical monad that all nations are expected to follow – a document that inscribes the carceral-medicalization of *phármakon* globally along geo-political lines. This international convention rationalizes several hard metaphysical facts about the consumption *phármakon* under a global framework of prohibition. Paradoxically, and first, the documents preamble states “the medical use of *narcotic drugs* continues to be **indispensable for the relief of pain and suffering** and that adequate

⁶ Note: It isn’t until 1931, with the Statute of Westminster that England gives its dominions “legal freedom and equal standing”. However, Britain still had the ability to amend the Canadian constitution, and it’s not until 1982, that Canada adopted its own constitution and became an “independent country”.

provision must be made to ensure the availability of narcotic drugs for such purposes". Second, articles 1, 2, 4, 9, 12, 19, and 49 contain provisions relating to "medical and scientific" use of controlled substances, which in almost all cases, only parties to permit dispensation and use of controlled substances under a prescription, subject to record-keeping requirements and other restrictions. Third, and finally, the Single Convention unambiguously condemns drug addiction, stating that "addiction to narcotic drugs constitutes a serious evil for the individual and is fraught with social and economic danger to mankind", and in this way it takes a prohibitionist approach to the problem of drug addiction, attempting to stop all non-medical, non-scientific use of narcotic drugs. The Convention was endorsed primarily by Western industrialized nations, the key players being the United States, the United Kingdom, Canada, Switzerland, the Netherlands, West Germany, and Japan; these are states that had no cultural affinity for organic drug use and were faced with the effects of drug abuse on their citizens. These countries advocated stringent controls on the production of organic raw materials and on illicit trafficking. Further, as the principal manufacturers of synthetic psychotropics, and backed by a determined industry lobby, they forcefully opposed undue restrictions on medical research or the production and distribution of manufactured drugs and favored strong supranational control bodies as long as they continued to exercise de facto control over such bodies. The convention was opposed primarily by producers of organic raw materials for most of the global drug supply, these countries had been the traditional focus of international drug control efforts. With India, Turkey, Pakistan and Burma taking the lead; the group also included the coca-producing states of Indonesia and the Andean region of South America, the opium- and cannabis-producing countries of South and Southeast Asia, and the cannabis-producing states in the Horn of Africa. The dissenting parties favored weak controls because existing restrictions on production and export had directly affected large segments of their domestic population and industry. Although essentially powerless to fight the prohibition of philosophy directly, they effectively forced a compromise by working together to dilute the treaty language with exceptions, loopholes and deferrals. It is in this Loopy Loop, meeting Daffy Dilute, that the crystallization of the global metaphysic of phármakon takes place.

The amphetamine pills are making me sick.

Part Three: The Physicians Role and Harm Reduction

It is through survival (the incapacity of the solid to reject the void) that solid participates in ungrounding itself [...] The solid surrenders itself to the plague from the very moment that it begins to cure itself. For solidity, the 'Will to Cure' is the 'Will to Mess'. [...] Every action of solidity in the direction of becoming more solid is equal to augmenting its interactions with the void. [...] Although the void devours the solid, the solid feasts on the void, i.e. its outsider. In compositions, the solid becomes hysterically gluttonous for the void. [...] Holey space is nothing but a composition (of solid and void) [...] In any composition, the solid narrates the anomalies generated by the void, [...] Once we realize that [...] the solid is the possessed narrator of the void, it will be but a short analytical step to see that the solid works as two different entities overlapping with each other and functioning concurrently.

Negarestani

§I – Physician as Judge of Whole

Now that we have laid out the nature of *phármakon* as remedy/cure and the history of its regulation, we return to the question of that brought us here – namely “what is the physician’s role in harm reduction”. From the standpoint of etymology, the word physician, which finds its root in the old French *fisique*, or the “art of healing” – referencing the root of art as a *technical skill* (passed down via techniques). The word *fisique* finds its own root from *physica*, Greek for “to bring forth, produce, make to grow” (related to *phyton* “growth, plant,” *phylē* “tribe, race,” *phyma* “a growth, tumor”). *Physica* originates in the proto-Indo-European root *bheue-* meaning “to be, exist, grow”. In other words, a physician is one who has *technical skills relating to the growth of being*. To add to this definition, if we excavate the cavity of medicine, which comes from the Latin prefix *med-*, “to measure, to give advice, to heal”, and the Latin root *-icus* “belonging to”, we can see, from the standpoint of a combined etymology, that a physician as one who is belongs to those who simultaneously measure/advise/heal.⁷ Pointing here to the

⁷ It is the hypothetical source of/evidence for the existence of a connection here provided by: Sanskrit *midur* “I judge, estimate;” Avestan *vi-mad-* “physician;” Greek *mēdomai* “be mindful of,” *medesthai* “think about,” *medein* “to rule,” *medon* “ruler;” Latin *meditari* “think or reflect on, consider,” *modus* “measure, manner,” *modestus*

root of heal from Old English *hælp* "wholeness, a being whole, sound or well," from Proto-Germanic *hailitho*, from the Proto-Indo-European prefix *kailo-* "whole, uninjured, of good omen." Ultimately, and rreferencing our initial definition of we can now see a physician as someone with "technical skills related to the growth of being who belongs to those who can simultaneously measure, advise, and make whole".

§2 – Physician as Practitioner of Physic

To add to the aforementioned definition, a physician is also, at base, a practitioner of physic, which, archaically, is one who uses a medicine or drugs, especially cathartics or purgatives, to make well (i.e. whole). In the archaic lexicon, the physician as practitioner who treats with medication sits in contrast with the practitioner that treats with surgery (i.e. with their hands). It is thus that we arrive here, physicians as those with "practical skills related to the use of drugs/medicine to foster growth and wholeness".

§3 – Medicine as Technical

At this point, I raise a caveat, as medicine is technical, and is thus simultaneously skill; work; method; system; art; a system or method of making or doing. Medical knowledge is handed-down technical knowledge, and has the disciplinary character of other technical skills, as, in its handing-down, which is most frequently done by the university (and in a general way, all teaching systems which appear simply to disseminate knowledge), there is the maintenance of certain assemblages; and the exclusion of the instruments of power of other social assemblages. Institutions of knowledge, of foresight and care, such as medicine, also help to support certain political assemblages. This should be obvious, even to the point of scandal, in certain cases related to psychiatry. As technical, this professional assemblage, does not remain neutral.

§4 – Physicians as Gazing

In the genealogy of medicine, the term **medical gaze** identifies the doctor's practice of measuring the body of the patient, so that they can advise, and heal, that is, make whole. The

"moderate," modernus modern," mederi "to heal, give medical attention to, cure;" Irish miduir "judge;" Welsh meddwl "mind, thinking;" Gothic miton, Old English metan "to measure out."

process of clinical examination separates the patient from their personal self-identity, so to speak, and “objectifies” them. In the treatment of illness, the intellectual and material structures of the hospital make possible the inspection, examination, and analysis of the human body, and the cataloging of its various illnesses and afflictions into indexes.⁸ However, as this index is in itself a tool, as is the medical system itself, it remains part of the socio-economic assemblage of power. What is seen by the medical gaze as a “hole-in-the whole” is thus encoded by this assemblage of power and is transmitted through technical learning. In other words, when both the physician and the patient’s body enter the field of medicine, they also enter a field of power. This field of power is such that the patient can be manipulated by the professional authority of the medical gaze, and the physician can be manipulated by the authority of the discipline of medicine.

§5 – Phármakon and Drugs

We now return to the group of *phármakon* with have been stamped with “medicinal use only” – and this subset of *phármakon* bears the name “Drugs”. Drugs are poison/remedies (*phármakon*) that are to be consumed under the direction of a physician. Not well, that here it is only through medicalization, and assimilation through medicalization, that society can deal with the schizoid spillover of desire vis-a-vis *phármakon*. In this way, and ironically, many prescribed substances have the most pressing current prohibitions around *them*, specifically depressants (1700-present) and stimulants (1920s-present). Although it remains outside the scope of this work to interrogate the entirety history of prohibitive policy beyond what we have discussed, other types of *phármakon*, including the hallucinogen and dissociative varieties, have also been mobilized by power. Under every social modality, certain *phármakon* are given a free pass under the supervision of the someone or some institution. In the West, the physician has the learned technical skill of providing “Drugs” to their patients in order to foster growth. “Drugs”, in turn, are thus consumable substances that foster growth when measured and taken under the advice of a physician. As a population management strategy, the coding of drugs in the political sphere bleeds into the system of medicine because the majority of those who receive disciplinary credentials to practice putting together whole people are sanctioned by the state. The state

⁸ Think the DSM

itself has coded drug use as undesirable as a schizoid mechanism of xenophobia; outdated prohibitionist rhetoric bleeds into modernity, your aunt Joan at Thanksgiving. LSD good, cocaine bad. Crazy bus.

§6 – Harm Reduction, Pain, and Penalty

With an understanding of the physician as one who can prescribe drugs under prohibition, we now turn to the concept of Harm Reduction. Ask any social worker, and they will tell you without knowing precisely how, that “harm reduction” is a technique for reducing preventable danger that comes with an inherently dangerous activity. This is because harm reduction has always been driven by the people who are at risk themselves and is only successful in this form. Nevertheless, and from the standpoint of medical genealogy, harm reduction insects medicine as a population management strategy to prevent a population from contagion and morbidity in a population. For example, condoms to reduce rates of HIV, or clean needle distribution to reduce the spread of HIV. Note the need for ambassadors and heroes of harm reduction here. Further, and etymologically, if we examine the phrase “harm reduction”, we will see that Harm finds its origin in *kormo*, a Proto-Indo-European word meaning “pain”. Pain finds its origin in the prefix Proto-Indo-European *kwei-* “to pay, atone, compensate”, through the Greek *poinē* “retribution, penalty, quit-money for spilled blood.” Reduce, in turn, from the Latin prefix *re-* meaning “back”, and *deuk-*, a Proto-Indo-European meaning “to lead”. Thus, from the standpoint of etymology we see harm reduction as “leading back from penalty”. Via the relationship of penalty to penal, “of or pertaining to punishment by law”, it is clear that penalty that drug users must be led from paying is one **enforced by the law**. It is thus that **the physicians role in harm reduction is to lead back from legal penalty by directing the consumption of a poison/remedy that makes their patient whole**. In other words, to prevent an individual from interacting with the legal system by prescribing them a substance that makes them feel “whole”. But what say we to this concept “whole”?!

§7 – The Mirror Breaks

The entire idiocy of medicine is exposed by the failure of western metaphysic in answering the question as to who gets to judge what is “whole”, what a “whole-being” is, and what a “hole-in-being” is. Judgement in this case is a function of power and nothing further, and wholeness, in

the sense of complete, in the sense of *being-complete*, is literally death. Here the train runs out of track, as none of the terms that describe the concept of “whole” in the context of medicine or being a physician (i.e. unhurt; uninjured; safe; healthy; sound) are metaphysically straightforward or easily digestible. Worse still, the framework of “addiction” as “disease”, misses its metaphysical origins by placing the “addict” away from their Latin origin of “assigned” and into the framework of “without ease”. Of course, chaotic use is an existential problem, but drug use is not a “medical issue” of sickness or disease in any way, shape or form. It is a social issue of assignment and harm in the face of law – an issue of the placement of *phármakon* by any given assemblage. This should be apparent in the nature of stigma, a word that finds its origin from Greek *stizein*, meaning “to tattoo”. The use of *phármakon* inscribes drug users’ bodies; and they become destroyable assemblage if they do not engage with the carceral-medical assemblages properly. How fucking preposterous is that. Who sets the horizons here. The real political task in a society such as ours is to criticize the workings of these assemblages, which appear to be both neutral and independent; to criticize and attack them in such a manner that the harm which has always exercised itself obscurely through them will be unmasked, so that one can reduce this harm.

“Sprintin’ through a big dollar, that’s a Miller Lite.”

“Ok.”

Part Four: We're All Gonna' Sing the Same Song

Farming is now a motorized food industry,
in essence the same as the fabrication of corpses
in gas chambers and extermination camps,
the same as the blockade and starving of the peasantry,
the same as the fabrication of the hydrogen bomb.

Heidegger

§I –The Question of Poetry

I made a mistake in the last exploration of this subject by invalidly etymologically connecting the term physician to the Proto-Indo-European root *sengwh-*, proposing foolishly that a doctor must *sing* to their patient about wholeness. Noting the connecting between singing and poetry, my initial inquiry tangentially took flight, and I was brought to Book X of Plato's *Republic* where Plato states that we “can admit no poetry into our city save only hymns to the gods and the praises of good men”, and that poetry “has a terrible power to corrupt even the best characters with few exceptions”, eventually concluding that “we really had good grounds then for dismissing [poetry] from our city”. The connection between poetry, heroes, myth, censorship, prohibition, are paramount to politics, and are such that the question of *phármakon* intersects the question of being-whole in every age. Our societal fabric has more to do with the coding and answering to *phármakon*, than one would think, and, as discussed, how *phármakon* are allowed in circulation becomes more connected with the question of *phármakon*-as-tools as disclosed by an assemblage than the real medical question of drugs – i.e. *phármakon* as tool for growth. To date, the social encoding of *phármakon* as tools always placed them as prohibited or opaque metaphysically, and in this way, *phármakon* always come from outside as *xeno*. I agree with Žižek in this regard when he states that “true unconstrained consumption (in all its main forms: drugs, free sex, smoking...) is emerging as the main danger. The fight against these dangers is one of the main investments of today's ‘biopolitics.’” *Phármakon* as seated in each assemblage of power as stratified – a tool under a map that is imposed overtop of all else – all that is *other* and all that is *selfsame*. Our assemblage as xenophobic!

§2 – The Song is Called “Bang! Bang! Bang! I Bang All My Teeth Out”

Too long didn't read; poets corrupt everyone in the republic, and physicians give you poison/medicines to help you become whole – the process of prescribing such substances is a type of poetry and song in its own right, perhaps. In the process of singing, interests of power overcode knowledge, foresight and care, the medical apparatus sings its own power hungry songs. Singers are slaughtered and when they sing a different song they are punished, but maybe the singers just don't know any other songs. We're not even sure if the singers can sing their own songs. But not only not for your sake, not even for truth's sake either do I speak out what I think. No: I sing as the bird sings that on the bough alights; the song that from me springs is pay that well requites. Gebrauchen brauche; DNA to bodies with hands and mouths to language. I sing because – I am a singer. But I use [gebrauchen] you for it because I – need [brauche] ears. To conclude, you have a weird policeman living in your head, and to quote Foucault, its “carceral apparatus has recourse[s] to three great schemata: the politico-moral schema of individual isolation and hierarchy; the economic model of force applied to compulsory work; the technico-medical model of cure and normalization.” The whole nature of modern Man – especially Man as created as the end result of the punitive apparatus: people put into a social exile where they forced pursuit of “Good”, specifically in the face of an “Evil” they have committed. A suspicion when people police aesthetic boundaries, recognizing that aesthetics are political. And I guess, in general we are obscene profane / irreverent / whatever; and don't like church, and don't like school...

Schizoid, schizoid...