Consumerism & Drug Addiction:
Coping with Suffering

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Introduction

In this paper, I will argue that drug addiction is an artifact of a consumer-oriented society. For the purposes of this paper, I will confine myself to the use of methamphetamine, since I am better informed about this drug than any other. There are two reasons for my interest in this topic: first, I have been through the drug addiction / recovery process myself. Secondly, I am currently working with someone who is still in her addiction but thinking about quitting. In the paper, I will deal first with the desire for instant gratification that has been imbued in our society over the years. In other words, “If you use our product, you will be instantly beautiful / sexy / rich / able to leap tall buildings at a single bound…”

This worldview has promoted a prevailing sense of universal entitlement to happiness. If one does not feel happy, she feels cheated. The church is a part of this consumer society geographically, and is forced to at least acknowledge the existence of the problem, but we need to do more than that. We need to actually help people to break out of the false existence of drugs (trust me, they are not inhabiting the same world that we are) and begin to live a better life.
Consumerism

Capitalism – not democracy - dominates our American society.¹ With the growth of industry, people have moved away from the family farm to the city where jobs were available.² Products moved into mass production, and marketing and advertising became a vital part of the economy. Conspicuous consumption was born. In order to sell this large quantity of products, people had to know that it was available, but they also had to be convinced that they wanted it. If one’s only knowledge of new products came through other people, we would not buy enough. To produce that increased pressure to buy ever more products, first newspapers and magazines, and then television were employed to shape the ‘wants’ of America.

Workers have progressively earned more money over the years from 1820 to 1970, allowing them to spend more on the products of industry. At the same time, the worker produced more and more for the employer, widening the income gap between the worker and employer. At least, this was what happened up until the 1970’s. Since then, real wages have been falling rather than continuing to rise, but the consumer, imbued with the

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ethic of consumption, has been buying more and more even though he can afford less. As Rick Wolff states,

“A fundamentally unequal society emerged, one that forever mocked, challenged, and undermined the ideological claims of the US to be the land of equality and opportunity. The working class labored ever harder, consumed more, and yet fell ever further behind the minority who lived off the growing difference between what workers produced and their wages.”

We have grown up into a world where consuming is a virtue, and the more and the bigger, the better we like it. But we are less and less able to sustain this high level of consumption. At the same time, we see through the media and advertising that we “should” have it all, and that if we don’t, we are failures. After all, we have the right to have it all. A moment’s thought would reveal that with the speed that each new product becomes obsolete, it is impossible to keep up, even if we had the financial means to do so. Yet the tension between what we want to acquire and what we actually can acquire produces an ongoing anxiety.

Advertising is aimed at us from the time we are children to inoculate us with the idea that we must have what we want, right now. Television is there not to entertain us or to teach us, but simply to tell us what we want. It is our avenue of discovering what new products are available, and what they will do for us. This instant gratification culture has produced

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generations who are basically children in their desires, lacking the ability to
delay gratification long enough to use their adult faculties in making
decisions. Our formative years were spent more in front of the TV than in
interacting with family members, so we lack the ability to skillfully deal with
emotions internally. Going shopping is therapy for us. Purchasing new
products produces a sense of fulfillment and eases anxiety, at least for the
moment.

Further, we believe that along with our right to material goods, we
have a right to happiness. Every fairy tale ends with the phrase, “And they
lived happily ever after.” Even though life clearly teaches us that this is not
ture, there is always something deep in our soul that tells us that it should
be true. Each new commercial on TV promises happiness, contingent on
one’s consumption of the advertised product. Drive our car, use our
toothpaste, drink our beer...and you will be instantly suave, debonair, and
irresistible. We rarely (never?) question the validity of that claim so implicit
in advertising: that transformation can be attained through external
experiences. We keep trying new products, and keep failing to find true
happiness. Nothing delivers the goods. We still are not happy. What now?

**Addiction**
For someone who can find no contentment, regardless of how he tries, that first line of methamphetamine is a revelation. All of a sudden, the colors are brighter, his mind works quicker, and he can carry on three conversations at once. The world is a wonderful place. Now he finally has what it takes to be happy, and all of those advertised items on TV are not required. Why did no one show him this before?

“Regrettably, drugs have become the most prominent coping mechanism that people use to deal with life’s problems. There are many reasons why people begin using drugs. They are looking for a way out – an escape – a way to forget life for just a little while.”

The problem is this: that first wonderful meth high is never repeated. You may come close, but each successive high is a little less powerful than the previous one. It was caused by the drug dramatically increasing the levels of dopamine (the “feel-good” neurotransmitter) in the brain. This unnatural level of dopamine causes damage to the nerve endings in the brain, even while the user is enjoying this new high. Each time he uses, more damage to nerve endings ensues, and the high is progressively less intense. At the same time, the body is “learning” that it does not need to produce as much dopamine because it is getting it from outside. There is damage to motor speed, verbal learning, emotion and memory. Chronic users will have damage “in areas of the brain associated with emotion and

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5 David Collins, Drug Addiction, There is Hope: Life can be Crazy. Life can be Stressful. Life can be hard to take. The time to take action is now!! (Kindle edition, 2010), location 40-47.
6 Ibid. location 94-100.
memory.” This helps explain why meth users show cognitive and emotional deficits. They are brain damaged.

While all of this is taking place, the user is just trying to get back that feeling that he had the first time he used, but he cannot do it because his brain is not the same as it was when he began. Even worse, each time the drug wears off he is in a worse emotional space than when he began. His body no longer produces enough dopamine to be “normal” so he is in a state of depression without the drug. This is the insidious nature of methamphetamine. Soon he is taking the drug just to bring him up to “normal,” never mind getting high.

More immediate consequences of methamphetamine use in high doses can include,

“...irregular heartbeat, dangerously high body temperatures, and/or the potential for cardiovascular failure or seizures. Taking high doses of some stimulants repeatedly over a short period of time can lead to hostility or feelings of paranoia in some individuals.”

Long-term consequences of methamphetamine use can include paranoia, anorexia, memory loss, aggression, and hallucinations, but one of the most glaringly obvious symptoms is severe dental problems, otherwise known as “meth-mouth.” All of those toxic chemicals that make up meth end up in the mouth. The user inhales (snorts) the drug through a straw or other tube into their nose. This causes the nose to run externally as well as

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7 Ibid., loc. 100-104.
8 Ibid., loc. 432-438.
down into the mouth, where the chemicals eat away the teeth, and thence down the throat. If a person has been a long-time user, they are highly unlikely to have all (or any) of their own teeth left.

*Who may be an addict?*

There is a list of twenty-seven questions that is commonly used to help people determine whether they have a drug problem. It includes items such as, “Have you ever felt you should cut down on your drug use?” and “Have you ever used more of a drug than you intended in a given period of time?” If you answer yes to four or more of the questions, it is pretty certain that you have a drug addiction. If you answer ten or more with yes, head for the nearest treatment center.

There is a genetic component involved with addiction, but it is far from being the only factor. If you have a family member who is addicted to substances, your likelihood of becoming addicted is definitely higher than average. Some people simply have a physical make up that causes them to have a greater predisposition to addiction. It is often true that the addicts come from that subset of people who are more sensitive to drugs, and get more of a high off of it. If you smoke pot one time and feel nothing, or do a line of meth without getting anything out of it, you probably will not become

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9 Ibid., loc. 470-506.
10 Ibid., loc. 265-275.
an addict.

It could also be that someone in your early life exposed you to – set the example of – the use of drugs as a coping mechanism. In other words, it is family culture – learned – as opposed to genetic inheritance. Research indicates that both are factors, though one or the other may weigh heavier in the life of any one particular person. Just as each of us has a unique physical makeup, our life experiences are also different from anyone else’s. Every story is different.

Suffering

Our emotional susceptibility to drug use seems to be connected to our unwillingness to accept suffering in our lives.\textsuperscript{11} Life is full of suffering, for everyone on this earth. The secular world rarely acknowledges this. We get more messages as children about how to live “happily ever after” than we hear about perseverance through trials. The message is loud and clear that the guy gets his girl or wins the race or discovers the solution to the mystery before the last commercial spot ends. It makes it seem that any problem can be resolved in moments.

But we as Christians hear about suffering a lot. Suffering is one of the hallmarks of the Christian life. It is not an option, but a necessary facet of our earthly experience. We need only look at the lives of biblical characters

\textsuperscript{11} Ibid., loc. 658-670.
to see that suffering is a condition that has existed ever since Adam and Eve first bit the apple. Jesus himself provided the ultimate example of suffering (Mat. 16:21; Mar. 8:31; Luk. 9:22, 17:25, 22:15, 24:26, 46). We are called to follow his example, as have the disciples of Christ from the earliest days, when the apostles were flogged and castigated for speaking in the name of Jesus (Act. 5:41).

It seems as if it is usually those people who are trying hardest to follow God’s direction in life in spreading the word “to the ends of the earth” (Rom. 10:18) who suffer most. Stephen was stoned to death, the first martyr for preaching the good news of the gospel, but we have the best record of the sufferings of Paul (2 Cor. 11:23-33), a theme running through the book of Acts, and all of the epistles that Paul wrote. If these suffered, so must we. If our faith is never tested, we will not grow. We should not be letting children grow up in the expectation that they will – or can – live happily ever after.

**Implications for the Church**

We live in a fallen world. It is the nature of this world to impose hardship and heartache on believers. We cannot change those facts, but we can control how we deal with them. We need to acknowledge our own struggles more openly. Church should not be a place where you have to
wear a smile and hide all of the turmoil in your life. It should be a place where you can share your heart and feel supported, rather than people turning away from you in awkwardness. Small groups can be a good venue for this type of interaction. This should apply to drug addiction as well as the rest of our shortcomings.

To develop such an atmosphere in the congregation, the best place to begin is in the pulpit. The pastor should be exhibiting an attitude of gentle acceptance, a willingness to join others in their walk regardless of their warts. We all have imperfections that we are working on. If we were finished products we would already have gone to be with Jesus.

Most importantly, we need to accept that suffering is going to be a part of our lives. That message needs to be loud and clear. As counter-cultural as it sounds, we are not going to live happily ever after. It is not only our own people (our fellow Christians) who need to hear this. Those on the outside, those people who keep working every day, trying to get everything they are “supposed” to have, but don’t have God, and are slowly slipping into a dissatisfied despair, they need to know that their happiness is not going to come from material goods or wealth. Nor can they truly assuage the suffering that comes from living in this world by buying the newest model car or plasma TV. It simply is not possible to be happy all the time, but it is possible to be content in all circumstances as Paul was (Php.
4:11). He suffered much more than we are likely to, but learned to tolerate all things for the sake of the prize, the “upward call of God in Christ Jesus” (Php. 3:14).

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