

How to refrain from intoxicating mind and body of self or others

During the past year, an estimated 10,322 people in the United States were killed in motor vehicle crashes involving alcohol impaired drivers, drivers who had a blood alcohol concentration of .08 g/dL or higher. Alcohol impaired driving deaths are one of the most visible harmful consequences of using intoxicants such as alcohol. These deaths teach us that such intoxicants not only impair our ability to drive a motor vehicle; intoxicants can impair our ability to remember and uphold our ethical principles, including **the first grave precept** *no killing life* and the next three grave precepts *no stealing or taking what is not given, no abusing sexuality, no lying and illusory speech*. Since the heart of **all our ethical principles** is our vow to live for the welfare of all others, it is essential that we learn how to refrain from intoxicating mind and body of self or others.

To intoxicate means to poison. Intoxicants such as alcohol can damage our internal organs and ruin our ability to uphold our ethical principles by intensifying our mental distortions and illusions. Under the influence of intoxicants, our mental activity can come to be so clouded that we are unable to protect ourselves or others from our own intensified stupidity. The more intoxicated we are, the more blind we are to the dangers of killing, taking what is not given, abusing sexuality, or lying and illusory speech.

Alcohol and drugs are the most obvious intoxicants, but anything can be an intoxicant if we use or ingest it without care and reverence for all life. Conversely, by using or ingesting only what will benefit all our ancestors and benefit all present and future generations of living beings, we can refrain from intoxicating mind and body of self or others. How can we practice this precept?

1. IDENTIFY INTOXICANTS YOU HAVE ALREADY USED

First, we see and acknowledge the ways that we have already intoxicated ourselves or others. Different people may react differently to potential intoxicants, but anybody can identify what has intoxicated them by asking: Has a substance or activity damaged internal organs of self or others? Has a substance or activity impaired the ability of self or others to remember and uphold our ethical principles? Has a substance or activity disrupted the intention of self or others to make every effort in each moment to live for the welfare of all others?

Although usually we cannot see damage to internal organs, research has shown that alcohol and many other drugs can cause internal organ damage and even death when a sufficiently high dose is ingested or when high doses are ingested repeatedly over a prolonged period of time. A number of signs and symptoms including sleep disturbances, extreme mood changes, tremors, pain, bloodshot eyes, nausea, vomiting, fever, or diarrhea may be clues that we have already ingested damaging doses of alcohol.

But not all intoxicants damage internal organs, and not all symptoms of intoxicants are unpleasant. It is the pleasurable symptoms of potential intoxicants, or the expectation of pleasurable symptoms such as stimulation, satiation, sedation, or enchantment that can be most challenging to recognize because they masquerade as a sense of well being. This sense of well being is a sham. True well being is accomplishing our full present capacity. Capacity means the ability to see clearly, understand deeply, or act effectively. Many intoxicants produce pleasurable symptoms together with incapacity, which is the inability to see, understand, or act effectively in accord with our ethical principles. When we see that a substance or activity is producing such incapacity, we know that we are dealing with an intoxicant.

Many substances and activities other than drugs and drinking may produce incapacity for certain people and at certain doses: high fat or high sodium or high sugar foods, sexual activity, sleep, electronic media, gambling, overworking or underworking, and so on. We are wise to take a complete inventory of everything that we have allowed to intoxicate and incapacitate ourselves or others, and to make sense of why we have allowed this to happen. Our past intoxication has causes and conditions that we can explore and understand with patience and compassion.

2. EXAMINE YOUR IMPULSE TO USE INTOXICANTS

Second, having identified the intoxicants that we have used in the past and why we have used them, we recognize that we do not want the incapacity they produce, because that incapacity prevents us from remembering and upholding our ethical principles. Therefore we pay close attention to the emergence of any mental impulse to use these or any other known intoxicants. If we notice an impulse to use an intoxicant, then without acting on that impulse we closely examine the causes and conditions that led to the emergence of the impulse: Where does that impulse come from?

Our aim is not only to stop “acting out” such impulses but ultimately to transform any deeper mental activity that may be generating those impulses. This deeper mental activity happens automatically and out of awareness, without language, and it includes our ability to tacitly infer the needs of self and others, and to act so as to meet those inferred needs. Our ability to tacitly infer our needs can be impaired when we are intoxicated. But even when we are not intoxicated, this ability to tacitly infer what we need is not always reliable; it is guided by many learned emotional schemes that help organize what we perceive into internally coherent meaning, and although this meaning may be internally coherent, it also may be biased, distorted,

or illusory. When we notice an impulse to intoxicate ourselves or others, we can attentively inspect our mental activity to explore what needs we have tacitly inferred and how our meaning of the situation is biased, distorted, or illusory as it must be, since intoxication is not a way to realize our vow to live for the welfare of all others.

The incapacity produced by intoxication can be either *functional* or *functionless*. It is *functionless* when it is a purposeless side effect produced when we use intoxicants for some other purpose. For example, in an instance of “social drinking” we may consume an alcoholic drink because we think that if we do not drink it, then we will not be accepted or highly esteemed by the other people who are drinking it, although we are not at all seeking the intensified stupidity that happens to us as a consequence; we have a purpose for drinking, based on our tacitly or deliberately inferred need for social acceptance and our coherent meaning of the situation, but the incapacity is not part of that purpose. To refrain from intoxication in such a situation, we must limit the dose of alcohol we ingest to a small amount that will not incapacitate us, but we’re not obliged to transform the inferred need for social acceptance unless we find that inference to be faulty in other ways.

In contrast, the incapacity produced by intoxication is *functional* when we purposefully but often without much awareness of our purpose intoxicate ourselves or others because the incapacity produced by intoxication seems necessary to have. In such a situation, it will be difficult to refrain from intoxication unless we transform our deeper meaning of the situation and our tacitly inferred need for incapacity. For example, we may purposefully seek intensified stupidity by drinking alcohol because that state of stupefaction seems necessary to protect us from awareness of unbearable emotion such as anger or sadness ; or because we think that an incapacitated condition and not merely the act of drinking is necessary to make

us more attractive or acceptable to some other people; or because we fear certain consequences that we expect would follow from the ability to act effectively, so it seems necessary to use intoxication to sabotage our ability to act effectively; or because, after a long history of habitual drinking, incapacity has come to feel like a necessary stability, security, or happiness.

Functional incapacity is functional not only for many people who drink alcohol, but also (in a different way) for people who sell alcohol, since those who sell alcohol effectively profit from their customers' inferred need to intoxicate themselves. Hence this precept is traditionally called the precept of not selling alcohol. This does not just mean no selling alcohol; it means no intoxicating mind and body of self or others.

3. COMMIT TO A NON-INTOXICATING “DIET” AND PRACTICE

Third, having identified what has intoxicated us in the past, and having learned to notice and examine any impulse to use these or any other known intoxicants, we prescribe for ourselves a non intoxicating “diet” and a practice of helping others understand and refrain from intoxicants.

Our “diet” is not a temporary change in what we ingest, but an ongoing commitment to meeting our true needs and realizing our full capacities, free of the intoxicant induced impairment that destroys our minds and bodies and poisons our social and ecological relationships. It is not enough to avoid the acute intoxication that results from high doses of intoxicants; we also want to avoid the subtle intoxication that can follow from false inferred needs, distorted and illusory meanings, and a lack of appreciation for life. Insofar as our mental activity is still clouded by these, we are still mentally intoxicated and our “diet” is incomplete. The antidote is an ongoing practice of close attention

to what is, as it is; complete devotion to what is, as it is; and friendly conversation with all others about what is, as it is. Through this close attention, complete devotion, and friendly conversation, what is, as it is, transforms our inferred needs, our meanings, and our appreciation for life. We are changed by what is, as it is: we learn. We accomplish our full present capacity, together with all others.

Our practice of helping others understand and refrain from intoxicants may involve acting to reduce the harm caused by intoxicants throughout the world. We may search for ways to teach this precept skillfully to others, in such a way that many people are encouraged to actually practice it. We may advocate for laws and policies that emphasize treatment rather than imprisonment for people who intoxicate themselves, since those who intoxicate themselves or others need help in realizing this precept, not punishment. We may develop educational programs, especially for young people, about the dangers of intoxication and the wonders of the many non intoxicating, refreshing, nourishing, invigorating, and healing substances and activities available to them. We are not trying to change self or others. Through close attention, complete devotion, and friendly conversation, we are allowing what is, as it is, to change us, to teach us how to settle into clarity, appreciate all life, and live for the welfare of all others.

SOURCES

This guide to how to refrain from intoxicating mind and body of self or others was rendered by Nathan Strait nathanstrait.com on the 28th of August of 2014. It is a meditation on the fifth grave precept of [the ethical principles of bodhisattvas](#). The writing was inspired by Reb Anderson's book *Being Upright: Zen Meditation and the Bodhisattva Precepts*, Berkeley: Rodmell Press, 2001; and by Thich Nhat Hanh's book *For a Future to Be Possible: Commentaries on the Five Mindfulness*

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