

FROM MEAD TO MDEA

Written by Gary Sutton
Sunday, 22 December 1996 00:00

FROM MEAD TO MDEA

by Gary Sutton

One day late in the 21st century a teenage social science student will read on his computer, as part of a degree course incorporating life and law in the Euro-states at the turn of the Millennium, how people who used psycho-active drugs were sent to prison. There may even be the odd case history available on disc like Tommy from Glasgow who was sentenced to nine years imprisonment for supplying £30 (in 20th century sterling) of heroin to two friends in his council flat in Possil. Our student looks back through the press of the time, learns about baby Gavin and the 'Skag Kids' from the Daily Mirror, and reads headlines from the Times and the Guardian like 'Home Secretary urges tougher sentencing for rapists and drug offenders'. Our student pauses after finishing an archive article on the abolition of maximum remission for addicts and the introduction of recommendations that place addicts with murderers and child molesters when calculating earliest release dates on sentencing tariffs. He makes a mental note to ask the course tutor who was only a child back in those days how ordinary people, good people, could accept such ignorance, prejudice and blatant cruelty.

Although I live in such times I would be at a loss to provide a satisfactory explanation on how things became so fucked up. I do not know how a state-funded public health service can effectively exclude its natural patient load by maintaining drug treatment protocols that offer a virtual contradiction of the symptomology of patients with addiction disorders. The idea that a patient is in a position to sign a contract when they enter treatment is too absurd for a Joe Orton farce! In précis:-

"I promise not to take any drugs and my behaviour will become ordered overnight. I will keep appointments, I will not buy, sell or swap drugs with other addicts at the unit and I will not react to the ignominy of being entirely in the care of someone whose real experience in the field might equal a tenth per cent of my own. I will not be diverted away to practical assistance from classical emotion-based work on my using patterns. I will provide urine on request and understand I can be expelled for non-prescribed use, lateness, non-attendance, non-compliance or losing my temper and threatening staff or furniture in the unit." The more

FROM MEAD TO MDEA

Written by Gary Sutton

Sunday, 22 December 1996 00:00

chaotic, desperate and needy patients are consequently outside a system designed to treat them. They are 'force-outs', not drop-outs.

"If I want to detox (and I understand that I will constantly be told that I cannot function properly on drugs, an observation that will be upheld by the dual effects of a methadone or abstinence based treatment philosophy and the criminal justice system working in tandem) then I must be prepared to find \$3,000 or wait four to six months, maintaining my determination on a daily basis." Any addict's circumstances and motivations may fluctuate to extremes in a day - addicts do not think six months ahead.

"If my drug problem is non-opiate based then I will drink deeply of herbal infusion, bask in aromatherapy, and use Shiatsu and acupuncture, because nobody has seen fit to commission an experimental cocaine or amphetamine prescribing trial in the UK (despite the legal possibilities) which would have made such monitored treatments merely a question of clinical commitment." Why has nobody even tried to evaluate a smokeable heroin trial in the UK?

It seems to me that the treatment services in this country are finally beginning to stir from the apathy and abstinence that has characterised the clinic system, the medical equivalent of the 1960's tower block - very utilitarian, a good theory on paper and hated by every human being that has ever been subjected to them. As Freud said, life is too hard for us. As long as these illegal substances are kept from people, it becomes impossible to learn how to use them responsibly. I need to know why I have been prescribed half a pharmacopoeia of anti-depressants since I was 15 that at best achieved nothing and at worst lobotomised me. It is important to understand that for many addicts, heroin (or other opiates) are bona fide anti-depressants.

During the 1980's the forces of law and control in this country instigated by transatlantic pressure joined in 'The War on Drugs'. This made great headlines for the newspapers and fodder for the politicians to fatten their egos. It also meant, as in all wars, that truth became the first casualty and the young and underprivileged suffered the bulk of 'collateral damage'. The leaders and luminaries planned strategy and reassured the populace in platitudes on punishments. The drug barons and cartels developed their responses and for every 'mule' intercepted and imprisoned, they recruited another by offering (especially to women from the economically disadvantaged classes and countries) inducements too tempting to refuse. Many were duped into believing drugs were not involved.

FROM MEAD TO MDEA

Written by Gary Sutton

Sunday, 22 December 1996 00:00

Interestingly America plays a historical role of great importance in the development of the notion of a state in conflict with its cultural customs over their citizens' rights to freely indulge in any activity involving recreational and/or dependent drug or alcohol use. Morphine addiction was, after the American Civil War (the 19th century one), known as the 'American Disease'. McCoy's epic *Politics of Heroin in South-East Asia*, while at times asking his readership to accept that covert CIA policy did no more than facilitate a thousand-year-old trade for politically expedient ends, exemplifies the pragmatism behind the public outrage. There is that wonderful scene in *The Godfather* (where the family is a metaphor for America) when the old Don is out-voted on whether the 'families' should get involved in drugs. He sees, as many of our parents do, that alcohol, gambling and prostitution (all of which were illegal at some point in US history) as human vices. Drugs however are different, he declares. The other capos disagree and decide to push heroin into the ghettos with the paradoxical decree that "the blacks are animals anyway, so let them lose their souls".

Lamour and Lambertis' *The Second Opium War* argues: "It is by no means fortuitous that rather than promote a policy of full employment, the American government should prefer to hand out the dole to be unemployed ghetto dwellers knowing full well that these underprivileged people will squander the better part of its on drugs". This theory is remembered as standard Marxist dogma in the Thatcher years in Britain. Addict scapegoating is the explanation why only recently have commentators grasped that 'the better part' of a dole cheque is insufficient to keep an addicted jobless 'ghetto-dweller' (or the son of a Surrey stockbroker for that matter) stoned for an afternoon.

Both Don Corleone in *The Godfather* and Joe Kennedy Snr, the patriarch of the American royal family, built a considerable part of their empires on providing alcohol to a demanding public during the Prohibition years. The tales of the type of alcohol dedicated drinkers would resort to under total temperance echo the quality of substances like 'speed' today, which can contain just four per cent pure Amphetamine Sulphate (Home Office Statistical Bulletin, 1995).

In Britain in the early 1950's the Home Office had just over 300 persons addicted to opiates or cocaine. One in three of these was a doctor, dentist, veterinarian or nurse. It is probably fair to assume another third were the friends or family of the first group. They were middle class, professional and with access to their drug of choice. Under recommendations made by Rolleston (1926), the governmental inter-party committee on drug misuse, it remains a uniquely British option to adopt a position of neutrality in this trans-global madness. Today Rolleston stands out as a shining example of a conciliatory and compassionate document. As Westermeyer has shown in his study, *The Pro-Heroin Effects of the Anti-Opium Laws in South-East Asia*, ill-conceived meddling by politicians for political ends in medicine and local culture can be disastrous. In the case cited by Westermeyer the knock-on effect of the repression of opium trading was directly responsible (among other undesirable consequences)

FROM MEAD TO MDEA

Written by Gary Sutton

Sunday, 22 December 1996 00:00

for the growth of a heroin injecting population.

Drugs and drug use are now so much part of our culture that even the Home Office recently conceded, appropriately enough in a recent report on rave culture, which I reckon our future social science student will find out was the movement which normalised drug use, and decided that the goal of a 'drug-free society' was unattainable.

So where does that leave us veterans of the conflict? We pause briefly to remember all our friends, acquaintances and peers who are no longer with us. We look with sadness at those whose lives have been ruined by their conflict with the criminal justice system and the medical establishment. Plus the years wasted in jail and the re-enforcement of their status as failures to conform to the psychiatrists' or epidemiologists' preconceptions of what addiction is.

Those of us who are lucky enough to still be here need to help end the war. We need to tell people that most addicts are damaged by a trick of fate or preyed upon by sick people as infants and children and made to feel guilty for our instinctive response. We need to point out that drugs can be recreational or habitual, depending mainly on the psyche of the user at the time in question. We need to promote harm reduction, peer-education and get into prisons in order to help prevent addicts filling up a social instrument for punishment (as if an addict does not punish his or herself enough) and correction (as if a couple of years in a cage will change a person's negative perception of themselves). We need to inform the treatment services that they are (with honourable exceptions!) complacent and career structures for their employees. We need to push for the right to be treated as human beings, to be consulted about decisions that affect our lives. We need to use our experience to heal the war wounds. We need to organise. Ourselves.

Gary Sutton works at Dr Adrian Garfoot's London clinic and is a freelance writer.