

# Romancing Opiates

Monday 12th November 2007

Theodore Dalrymple's commentaries, compassionate and witty, provide the most penetrating account of poverty in England since Orwell's 'Road to Wigan Pier' and surely place him in the top echelon of social commentators. Behind the *nom de plume* is Anthony Daniels, a psychiatrist, a doctor who in his professional life travelled and worked in some of the world's most challenging places before most famously working a 14 year stint at hospital and prison in a slum area of Birmingham. By his own account, he has listened to the life stories of literally thousands of young people. And certain themes emerge.

## Junk medicine

Speaking at the Gladstone Club he took one of those themes, the subject of his most recent book 'Junk Medicine' published in the States under the more elegant title 'Romancing Opiates'. In point of numbers, heroin addiction is 'a minor social problem', but riven with misconceptions in the popular perception and the public administration of remedies. In this, he says, it exemplifies a climate of self-deception in society which pervades also on the more significant problems. By minor he means that heroin addiction is confessed by only 250,000 persons, but as an evolving phenomenon the rise from only 75 recorded cases in 1960 testifies our failure to address the causes.

## What we know about heroin

Dr Daniels opens with the general perception. Here, it is understood, a vulnerable youth – one perhaps in whom is a sparkle of curiosity and daring – falls into bad company. Presently, under peer pressure and curiosity he meets heroin and tries it. Very soon, perhaps on the first use, he finds himself addicted. The drug is expensive but such is the power of the cravings that he is driven to crime to sustain a supply. His drug-taking likely renders him unable to maintain an income through employment. Withdrawal entails a level of suffering that no one could contemplate without help. To 'go cold turkey', to stop without other assistance, so-called for dimple effects arising on the skin, is a brutal and possibly dangerous process. In short, opiate addiction is a medical condition and requires medical treatment, applying prescribed substitutes such as methadone.

## Agonies and ecstasies

This account meets broad recognition while, Dalrymple says, being wrong in almost every particular. Profuse sweating, rocking and trembling of withdrawal depicted in films like 'Trainspotting'

resemble a genuinely dangerous condition – delirium tremens – that can occur in withdrawal from alcohol but never from heroin or opium. There is a tradition ultimately from the writings of Coleridge and Thomas de Quincey, of romanticising the ecstasies and the agonies of opiates contradicted in 150 years of medical evidence. In fact the worst withdrawals resemble 3-4 days of flu-like symptoms.

There are compelling case studies. He instances 10,000 American soldiers addicted to heroin in Vietnam. Within two years of their return addiction among veterans was no more common than among recruits who stayed at home. They simply stopped. Earlier, up to 1950, opium addiction was rife in China. Mao told millions of addicts they would be shot unless they stopped. They knew he wasn't joking and they did.

So much for the hazards of withdrawal. Of course the taking of heroin is itself highly hazardous. Malnourishment, HIV and death by overdose are common outcomes. Hence also the treatments are more hazardous than the cold turkey. Death by overdose of methadone is not unknown, for instance where the 'patient' continues his heroin alongside or sells his prescription to one who does not have his acquired level of tolerance to the drug.

Had Mao ordered pneumonia sufferers to be well he would not have got the same results. Addicts pretend to be ill, doctors pretend to treat them. In prison they can often be seen laughing with friends in the anteroom then adopting the classic pose on entering the doctors surgery; hunched, arms wrapping stomach, rocking and shaking. Some admit 'it was worth a try'.

## Criminality

It is proven that addicts' rate of burglaries reduces markedly while on prescription of methadone. Yes, Dalrymple says, it would, to the same degree that free quality autos given to a car thief would 'treat' his condition. The truth is, most heroin users commit numerous crimes before finding heroin. While in contrast medical use of heroin never causes addiction or turns God-fearing citizens into criminals. Methadone does not treat addiction, those who stop do so because they find a reason to or they find religion.

## No choices

Under the circumstances of life of a typical drug addict it is not true to say he has no choice? "None of his choices are very attractive" Anthony Daniels answers, he has no employment, no interests and



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no culture to speak of, not even 'pride of survival' as his material needs are met by the state. His expensive education has entirely failed to equip him with such resources nor with marketable skills. True, there are perfectly honourable employments available even to the unskilled. But these have been sneeringly termed menial and he has learned to consider them beneath him. Criminals, Dalrymple notes, do not lack self esteem.

## Thrills and spills

In these circumstances, the heroin lifestyle has its attractions. Even when the blissful *ennui* of the drug wears off, the criminal activity itself has its rewards. It demands a level of application and discipline which may be otherwise absent. And occasional scrapes with the law are more exciting than working in a factory. Heroin addiction is a moral malaise but it is being treated as a medical condition.

## Liberal instincts

Of course this has its genesis in the generous liberal instinct to forbear blame and condemnation. Dr Daniels observes that while liberal commentators, care professionals and prescribing doctors thereby relieve the discomfort of feeling 'judgmental', they engender and support self destructive life-styles, and the debilitating belief in lack of choice. Thus both the spread of addiction and the pain of withdrawal – most of which is apprehension – are nourished.

At every stage society tells itself a story of victimhood. The language of passivity in terms like 'getting hooked', 'falling into company', 'driven to crime' denies the conscious agency of the individual. This philosophy may have started in art and academia but it percolated thence to the clinics and agencies, to the police, to the street and to the user himself.

"Doctor" his patients say, "I am easily lead". Asked were they easily lead into mathematics they laugh, in recognition of what they always knew to be true. Here is reason of hope, redemption, even dignity; that humour should persist in perdition. And more vitally, that reason does.

[Books by Theodore Dalrymple link](#)