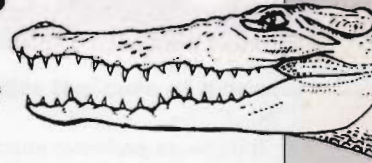


Methadone and slippers

Concluding Rowdy Yates' personal history of the Lifeline Project



“A HUNDRED YEARS AGO, it seems, I blew into the city and out of the rain. I was an angry young man. Filled with dreams. And hope. Anxious to be a part of the great changes that would alter the face of the world forever. Only the anger remains. Mostly, it's about the missed chances and blind alleys. We spent our first ten years trying to wrest the dead hand of medicine off the drug treatment industry. We argued that the response to drug use – to pain and despair – should be about caring and community action, not social control through psychiatry. But when the medical profession started cooing in our direction, we began to preen ourselves outrageously and fell off our perch.

For a short while, it seemed things really were changing. New drug services were modelling themselves on organisations such as ours. Prescribing was a very small part of what they offered. Then drug use began to rocket. Crime began to escalate. AIDS began to stalk the outer reaches of our world. Just outside the faint light of our campfire, it growled, coughed, rumbled. And services retreated once more into the safety of tried and trusted practices. Under the shelter of the prescription pad. Medicine, once again, stepped centre-stage.

I see no reason why drugs should not be used to ease the discomfort of withdrawal or to provide a period of stability in the lives of individual drug users. I do not even object to a prescription for life, *if that is in the best interests of the individual*. But increasingly this seems not to be the case. Increasingly, decisions appear to hinge on levels of crime in the community. On the risk of infection transmission into the 'wider' (read: 'non-junkie, non-scum') community.

This, it seems to me, is a betrayal of trust. We have no political mandate to interpret and manipulate social policy. It is also morally corrupt. Drug services are increasingly taking on an infection control remit which prioritises the interests of society over those of the individual drug user.

On our tenth anniversary I wrote the report *Out from the Shadows*. The penultimate page quoted Thomas Bratter discussing methadone maintenance in the USA.

“Scientifically, until the medical issues regarding the short- and long-term physiological effects are answered, methadone maintenance remains an unproven enigma. Medically, to subject approximately 100,000 human beings to a potent chemical without proper controls, is malpractice of the most insidious sort. Legally, to imprison marijuana smokers and heroin addicts as criminally dangerous while concurrently maintaining that methadone addicts are law-abiding, is a travesty of justice. Philosophically, to

confuse, deliberately, the concepts of 'treatment' and 'social control', is fraudulent. Psychologically, to convince addicts that there is a mystical metabolic disorder and that they must remain dependent on a potential poison rather than to strive for their autonomy, is a conspiracy. Ethically, any conspiracy which places people in 'no win' situations and mitigates against their growth and development, must be considered a criminal act.”

I can see no compelling reason to review my support for Thomas Bratter. In the last analysis, I believe dependence on mood-changing drugs is limiting to the human condition. In the last analysis, I hope people will stop using before it hurts too much. It has, of course, been argued that long-term prescribing of substitute drugs will result in many being bored out of addiction. Sir Humphrey Rolleston argued this in the '20s. I'm still waiting.

Time, I suppose, will tell. Many researchers have noted a widespread tendency for drug users to mature out of addiction in

their late twenties. If in years to come this process appears to have been significantly undermined, then we will know. We will know that a policy which took the dangerous street-wise runts, neutered them, and left them at home on the sofa with a bottle of methadone and pap television for company, has indeed condemned many – who might otherwise have stopped – to a life on drugs. Maybe society will feel this a price worth paying for reducing the AIDS threat and the number of videos nicked from urban households. But I don't think they've been asked and we don't have the right to take that decision without them. Even if society did approve, don't expect me to like it. It's not why I started in this business, and I wouldn't find it a good reason to continue.

In the early days, we struggled for an audience. Often, when we found one, it was hostile; usually hurling abuse; occasionally other things. They were tough times to convince an angry and frightened public that drug users deserved a place in this society of ours. Hadn't they, after all, wilfully spurned the opportunities offered?

Now, at least, we can speak and be heard. Even if what we say is derided and uncomfortable. Now, at least, we can speak the dream above the din of voices. That drug users are owed our care and compassion *as a fundamental right*. That drug users are *part* of the 'wider' community, even if that same community insists on shuffling them out to the further reaches of its periphery. That these rights and obligations remain, even without the fear which currently motivates them.

**Drug services are
prioritising the interests of
society over those of
the drug user**

by

Rowdy Yates

Until recently the author was the Director of the Lifeline Project in Manchester where he had worked for the past 21 years. This article has been edited from his book If it weren't for the Alligators (Lifeline, 1992).