

Gary Sutton

# Remember me?

**There's one person it's all about – the drug user. We forget that at our peril. Here, Gary Sutton gives the user's perspective and warns us all against over-zealous nannying: addicts are people, and no one can force them 'to come to terms' with their reasons for using or think that stopping the drugs stops the hurt**

The government says we should start educating our children about drugs from the age of five. Well, when I was five, I wasn't actually intending to become a drug addict. I had a football which I smashed round the yard and dreamed of playing for Chelsea. Other than the merry revelling of the Church Sunday Club, I don't remember seeing grown ups being transformed from pious pilgrims to raucous giants by the rites of Sunday lunchtime.

When I was eight, the parish allocated a lonely alcoholic pensioner to our house for Christmas dinner. He smelt rank and dribbled. I would never ever drink, I said to myself. I believed in the Virgin Mary, Santa and found girls of little or no interest.

Much, much later, after the dreaming, I ditched my youthful beliefs, my religion and grew bitter, blank and embroiled in legal and personal problems. And so, I was to find myself faced with the option of surrendering to inpatient detox followed by an indeterminate spell in a therapeutic community or a jail sentence.

On my first day at rehab, I was astonished to learn that many others faced with the same decision, had chosen imprisonment. On my third day, I began to realise why. This was not a soft option. Every resident was



struggling with deep emotional problems, the vast majority revisiting childhood trauma. It was here where I learnt that 'addiction' itself was not an illness – it was merely a coping mechanism.

Education? I wonder how learning the difference between a drug and a medicine would have helped 'Emma'. Let me tell you about 'Emma'.

## Secrets and lies

When she was six, she inherited a new 'uncle', one of a blurred series who played 'male role model' during her

childhood.

Evening time, cold winter. Her newest uncle paid a visit to the small room Emma shared with her baby brother. Uncle woke her up and lifted her to her knees. He unbuttoned his trousers – you know the rest. After a couple of episodes she tried to 'just say no' by gritting her teeth, so he twisted her feeble arm until she cried out in pain. When she hid under the bed he dragged her out and carried her into the back garden, pushing her face into the freshest pile of dogshit he could find in the half light.

**Gary Sutton** is a freelance writer and drug user

So Emma learnt a little about choice. Her mother, scared of the repercussions did nothing. Her 'uncle' said no-one would believe her if she told tales and they had special homes for dirty little girls like that. Besides what did she think mummy did to keep him happy?

Ten years after I heard Emma's story, I met her again while working at a treatment centre. She was totally chaotic, on the game, on heroin and cocaine. She'd arrive late, declare her intention to turn her back on the black market, take a moderate substitute script and disappear until another dead-end persuaded her to return to us. During one of her absences, I attended a lecture entitled 'Methods of monitoring compliance'. Suddenly Emma invaded my mind – young Emma, guileless, trusting; today's Emma, knowing, sad and brimful of self-hate. As the presentation considered 'appropriate protocols' I thought of Emma's perspective, of Emma's 'choice'. Treatment or the street? Doctors or dealers? Heads or tails?

And so I began to see the gulf between hedonism and self-hatred, between recreation and escapism, between buzzing and blocking. I became politicised by watching these deeply hurt, dysfunctional people summon up the courage to face the carnage, evil and indifference they had been subjected to in their formative years. And I began to learn about 'our history'.

### The garden of Eden?

Back at the rehab, during the less gruelling sessions, veteran addicts spoke nostalgically of the days before 1968's *Dangerous Drugs Regulations*. In those halcyon days, heroin and cocaine were available to addicts under certain criteria from GPs.

But by 1968, the year the clinics opened, the seachange was palpable. Eight years earlier, under a quarter of one per cent of addicts known to the Home Office – one person, in fact – was under 20 years old.<sup>1</sup> By '68, this figure had leapt to an incredible 27 per cent.<sup>2</sup> From then on, the spiralling numbers began to dictate a new philosophy which crystallised around 'abstinence' and a multi-disciplinary response, with the dual diagnosing psychiatrist at its very centre.

The problem with psychiatry's involvement is that most drug users I have encountered either as a street addict, a recovering patient or a drug worker are no more mentally ill than the man who delivers my post. And no amount of 'psycho-surgery' will convince Emma and the thousands like her that oral methadone is the key and a positive mental attitude the door. Quite frankly, I don't see why she should be expected to come to terms with a past that, through no fault of her own, scarred her life. If heroin and cocaine help her cope, why not give her those drugs at cost to call a halt – once and for all – to the prostitution and imprisonment that have followed her tragic childhood?

Treatment is meant to help problematic drug users, not give them something else to fret about. But the daily struggle of acquiring quality heroin is as nothing compared to the gulf between 'them' and 'us' – resulting in the ludicrous situation of a London health authority having difficulty filling the places on an experimental (and free) heroin prescribing trial.

This contradictory dynamic between the clinic and street is often overlooked, but it is central to the failure of most forms of treatment. On the street, for a variety of reasons ranging from straight commercial exploitation to a sense of camaraderie, users become habituated to the dependence lifestyle. But once in treatment, even in the 'caring' nineties, abstinence is invariably the only acceptable goal. This, after an average of say, six years as a street user turns the simple matter of treatment itself into a culture shock, let alone the various other problems recognised as barriers to success.

What may well be fine in origin can end up corraling an increasingly damaged and marginalised underclass within a ever-decreasing set of personal using boundaries, while also inculcating a deep resentment for the institutions of a society from which they have become totally alienated. I've said it before, and I'll say it again: if people can't get their drug of choice legally, they'll come up with a new one illegally.

### Reality check

If you need an example, look no further than crack. Between 1926 and 1967, cocaine was seen as an

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appropriate drug for maintenance treatment. From '68, it was available only from licenced practitioners, but by 1993, the Home Office was only issuing five such licences. So what do you think happens?

It would have been around Christmas 1985 that the dribble of free-base cocaine which appeared on friends' coffee tables started to be accompanied by serious ritualistic paraphernalia. Gradually, I also became aware that my friends' flats were getting larger. Luckily for me, this was not a severe distortion of reality. In fact, all the domestic appliances were disappearing. Then the furniture and fittings – to be replaced by guns and lashings of paranoia. Soon everyone was an undercover police officer. Old ladies with shopping trolleys, joggers padding round the block, council workmen, everybody. No-one seemed to sleep anymore and old friendships disappeared with 'extreme prejudice'.

All of which is immensely depressing, especially with the 'news' that 'smack is back'. We don't seem to have learnt much in the last 30 years, still shoe-horning people into completely inappropriate treatments. OK, treatment in 1998 is a rather more complicated beast than in 1968, but the professionals are still fighting over petty jealousies, the users still tapping the system for as much as they can get. *Plus ça change . . .*

It is a sunny morning in early summer, and I call on a friend who has been on a carefully monitored and structured prescribing programme. My friend is slightly late for his daily pickup at the dispensary. He hurries into the kitchen to put on the kettle. "I didn't think we had time for tea," I say. "We don't," he replies. "I'm just heating up the urine sample I got off my mate." So we stroll off to the bus stop as happy as larry, laughing at the sheer bloody madness of it all ■

1. Home Office. *Report to the United Nations for 1960*. Home Office, 1961.  
2. Home Office. *1968 Statistics for Drug Addiction and Offences*. Home Office, 1969.

Thanks to John Marks for making everything possible, and to Liz for everything else . . .