The waltz of addiction

The treatment industry is perpetuating addiction by colluding with drug users to cast them as helpless victims rather than people capable of taking charge of their lives. **John B Davies** on the downside to just going through the motions

THERE are two kinds of dancing. The first is based on pattern reproduction, where a group of people all do the same thing at the same time, like Michael Flatley's River Dance. The second is the type where two people or two parties perform different routines that complement each other, like Torvill and Dean. Drug agencies and their clients, it is suggested, perform this second type of dance.

While a few people doing a dance is impressive, Michael Flatley has shown us how it can be better when there's lots. In the same way, 500 clients is obviously better than six. Over the last two decades the need, for most drug agencies, has become not primarily to produce clients who 'get better', but instead to get as many into the dance as possible and keep them there.

This is how performance is now evaluated. It requires agencies to recruit as many clients as possible, put their names on a database, and keep them there whether they 'get better' or not. This approach to health service provision should be compared with the situation existing in hospitals, where maximising the client list and retaining as many people in treatment as possible are the opposite to what is required. Your local hospital wants you in and out as quickly as possible, fully recovered, and hopes by the grace of God never to see you again, hopefully for all the right reasons.

DIALOGUE DISCO

Drug agencies and their clients engage primarily in a language dance, the rules of which are understood implicitly by both, even though they are never explicitly articulated. The dance requires the drug-using client to offer up 'the story' in a form the agency can recognise in return for services. Every story is slightly different, but the 'core' narrative always has the same shape.

There has to be a sympathetic attribution for first using drugs in terms of personal history, misfortune or existential malaise, a gradual transition from fun-use to using 'just to keep straight', increasingly awful consequences for oneself and loved ones, a dizzying fall from grace, the violation of personal moral principles, helpless addiction and finally a desperate desire to quit, but perhaps not just yet. It's also helpful if there are changes on the horizon, such as a new partner, a new job, or a new belief system. Methadone, or more methadone, is the only way that the user can stabilise his or her life and make a start at recovery.

Provided the story has these features, the agency can take the appropriate dance steps in response and grant social absolution accompanied by a prescription, while the user then feels that the therapist or counsellor 'has listened to them' and 'understands them'. So the user gets his or her prescription as reinforcement for attending, and he or she thereby becomes a valuable asset to the agency for KPI (Key Performance Indicator) purposes.

The point is not whether the story is 'true' or 'lies', since from a Wittgenstein point of view language is always functional. True or false, it has strategic value and achieves a goal. Any story can be narrated in a variety of ways with differing emphases. We all do it. Not just drug users. And if we tell the same story often enough, we eventually come to believe it ourselves.

Extracts from two contrasting stories taken from our own research are given below.

The 'helpless addict's' tale

Drug worker (DW): ***Are you on a script now?***
Drug user (DU): *Yes. 45 ml of methadone. But I think I need it updated, cause it's just not enough at the present moment*
DW: ***Do you get any other prescriptions with it?***
DU: *No, but I have to score on the streets. I score smack. I score Valium. I score whatever's there, whatever I can get my hands on.*
DW: ***When you buy it in the streets are you buying it for pleasure?***
DU: *I'm buying it for a necessity, to actually cope with life because my life is going absolutely nowhere. I'm doing nothing, I'm just getting into more bother all the time. That's the first time in ten years that I've been in bother with the police, and I've got two cases to go up for, because he'll not put up this script.*
DW: ***So you're committing crime to get money for drugs?***
DU: *Because I only get £45 a week and I've got two teenagers, so I can't afford to use housekeeping money to buy drugs and my husband doesn't help.*
DW: ***Is he also a drug user?***
DU: *He's a heavy user.*
DW: ***Heavier than you?***
DU: *Yes, definitely, really bad, he's over in Amsterdam just now actually, meant to be looking for work, but all he can talk about is brown and white.*
DW: ***Do you want to stop taking drugs?***
DU: *At the present moment I don't feel as though I can stop, maybe in a couple of months when I've got things sorted out and things together, get a change of house, get a change of environment completely, because that was the only thing that helped me before I was moving to (name of town) … a complete change of environment and a complete change of people, when you're in amongst them what else can you do? I got caught at (name of agency) with heroin and when they asked me why I had done it, I said I had done it because it was there, not for any other reason other that it was there. What did they want me to do? I'm a drug addict. Say no to it? That's just daft.*
DW: ***Do you still enjoy taking drugs?***
DU: *I think the enjoyment went away years ago. I think it's just a dependency. I'm not here to enjoy drugs.*

This is a powerful personal story, of the type that permits an agency to liberate the methadone. But there's a different type of story which can be told, that we don't encourage, that the media hates and consequently that we hear less often.

The 'quitting addict's' tale

Drug worker (DW): ***Do you still think of yourself as an addict?***
Drug user (DU): *No, not now. I know that I have been a heroin addict and when I decided I wanted to come off I felt like an addict. But as soon as I started, you know, reducing the methadone and things like that I felt different. When I hadn't had methadone for a whole week and I was completely straight and clean I thought, 'well I'm not an addict any more, I've done it'. A girl I was talking to just a couple of weeks ago, she said 'I'm ill and I will always will be'. Yeah she was saying that she has got this illness for the rest of her life and it's like she can't have a joint or whatever because she thinks that'll be it, she'll be straight back into the heroin.*
DW: ***Do you think places like [name of agency] make it worse? The way they define people as addicts?***
DU: *I think what, to me, what's happened is instead of saying your addiction is selfish and its self-abuse, they've said your addiction is an illness and I think people have used the illness thing to, you know, be easier on themselves and say 'I'm ill' instead of 'it's my own fault'. But maybe, you know, that works with people, but it's such a taboo subject. I think you've really got to be straight and hard with people and say 'well yeah it is your own stupid fault', you know, 'cause it is. Nobody says you have to stick a needle in your arm or you have to take this, you know. It's your own choice. So if it works, if people come off thinking that it was an illness then fine … but I mean we all know really it's not an illness.*

This is a story about personal control, quitting and becoming an ex-addict. If you prefer to think this is denial, ask yourself, 'who's denying what?'

The function of the client-agency dance (let's call it the 'Clancy') is to provide services for people with drug problems from a particular philosophical standpoint. So that clients get the services they need to support their drug habit whilst reducing the harm associated with it and agencies get what they need in terms of increased recruitment and retention. Both parties thereby reinforce each others' behaviour in order to achieve those outcomes.

'The dance requires the drug-using client to offer up *the story*'

THE CAN-CAN

There is nothing necessarily wrong with this dance, so long as we realise that there are other dances possible. Perhaps the simplest way to stimulate discussion is to imagine a dance based on a different core story. Such a dance would stress ability to cope (the Can-Can?) during difficult times, see actions as based on decisions rather than pharmacology and employ a number of volitional attributions instead of the blatantly self-handicapping 'helpless addict' explanation. Success for agencies might then be assessed in terms of clients who attend for a while before 'getting better' and never coming back, with retention becoming a sign of relative failure or a second-best outcome. And of course, left to their own devices, 'getting better' is what many drug users achieve all by themselves without doing the 'Clancy'.

Let me be clear about one thing. Harm reduction is a good dance and a necessary dance. I believe there is an obvious need for it, but its applicability is not universal. There are other dances we ought to be doing; and that needs a more flexible approach to outcome and audit. •

***John B Davies** is Professor of Psychology at the University of Strathclyde, Glasgow.*