RES MEDICA
Journal of the Royal Medical Society

From the Inside

Anonymous

Abstract

Letter

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ISSN: 2051-7580 (Online) ISSN: ISSN 0482-3206 (Print)
Res Medica is published by the Royal Medical Society, 5/5 Bristo Square, Edinburgh, EH8 9AL

Res Medica, Volume I, Number 1, 1990: 28-30
doi:10.2218/resmedica.v1i1.951

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We are often told, "You don't know what it feels like." This is often true, to imagine the plight felt by someone facing the consequences of a terminal illness will more than stretch empathy. Edinburgh medics face a newer, more intense form of this human misery, a cohort of young, vital people, cornered by drug addiction and threatened by AIDS. We present here a moving letter sent to RES MEDICA by a local drug user with HIV.

There is no "philosophy" behind the taking of drugs and no one with any intelligence would suggest otherwise. Therefore it is indefensible. One cannot justify a personal vice with no basis for defence.

So, as a drug addict who who has come to realise this, I am distressed to discover day to day consequences of the fact. I am a drug addict. From this I know certain likely things about my behaviour, and even mode of thought, under certain specific circumstances. Naturally these circumstances have to do with the availability , quantity etc. of drugs. So when drugs are at issue I can say reasonably accurately how I will think and behave. This is so partially because under such circumstances my behaviour and its motivation are greatly simplified.

A problem arises when I myself misinterpret, or simply refuse to see how my behaviour is changed, or even that the circumstances required for the change currently exist.

But there is another problem, more insidious and less often recognised; others, particularly the medical profession, are also aware of an addict's behavioral peculiarities, and so believe that they too can predict and somehow even control the addict because of their knowledge of typical behaviour. But they forget that any prediction is only possible when drugs are indeed the point at issue, and that outside of an addiction a drug addict is, like everyone else, complex, varied and motivated by an endless variety of variables. This later problem is particularly dangerous and widespread because it has become a mental habit which most of society as well as the medical profession share.

It is frequently forgotten that drug addiction only exists because society at large makes the drugs and distributes them. Of course the manufacture and distribution of drugs is essential to modern medical practice, but that is not the fault of the addict who is presented with drugs from the earliest possible age as commodities which will make him feel good (take away the pain, allow sleep etc.) and which are available in one form or another through millions of outlets.

Behind this is a huge pharmaceutical and research industry, both of which it is in the medical practitioner's interest to maintain

and enlarge. This is not to say that I endorse the conspiracy theory; the facts stated above may be regrettable but they are nevertheless undeniable. Nor is it my intention to suggest that the incalculable benefit derived from pharmacology is in any way morally wrong. All I would urge is that these facts create conditions for the existence of addiction and that those afflicted by it cannot be blamed for this. Such things simply *are*, and there is no point in despising the inevitable result. The problem must be seen in context and then tackled.

When AIDS came along it was viewed in the same terms, except that it was fatal (sympathy vote), and because it had already a separate, easily identifiable sector of society and so addicts could not, as homosexuals briefly were, be blamed for bringing the disease into the Western world.

The big and vocal homosexual organisations of the cities, after a long well fought and fluently articulated fight succeeded, to some degree, in convincing the world that AIDS was not of their making and that they were capable of greater restraint and social responsibility than the straight community. Drug addicts are generally not well organised, and seldom have funds. Seldom are they fluent or even capable of understanding their own predicament; whereas for "gays", AIDS *is* the predicament, for needle users, it is just another unpleasant side-effect of a malaise which will ruin their lives and kill without the addition of a fatal virus.

So, while heterosexuals continue to indulge in unsafe sex of unimaginable, though protected kinds, and almost everyone carries on drinking, smoking, hang-gliding, rock-climbing, driving fast cars (sometimes drunk), and trying to live impossibly stressful lives at work or on the dole, but receiving deep sympathy, support and practical help by legislation, drug addicts are reminded that they are at *fault*. They are wholly responsible for what they have done to themselves, that continuing financial and medical problems, including AIDS, have afflicted them because of their own criminal and despicable social perversion. The most valuable of those to whom they should turn is the medical profession, but because of the already discussed attitudes ingrained in the profession, addicts cannot rely on the one body with power to really help them.

Medical professionals are guilty of inductive reasoning in this respect. They assume that because an individual has behaved in such a manner before, then he will necessarily do so again. This reasoning is manifestly false. More importantly, medical professionals, despite real expectations and protestations of enlightenment from others, like society at large, believe that the addiction is the addict's fault alone, that it could be given up - in the same way that the 19th century fathers believed that they could make their sons give up homosexuality - and that because the addict often behaves in an unpredictable manner when drugs are at stake, then he will probably extend such behaviour into every aspect of life. For example, "addicts are liars" is axiomatic; thus one cannot believe anything an addict says - ever.

Drug addicts - from those who were prescribed pain-killers and tranquilizers on long-term prescription and who did not even know exactly what the drugs were supposed to do, to the classic junkie, are like alcoholics in that they are always drug

addicts. If they are lucky then they are not using drugs at a given time. This whole homogeneous set of people must go through the same torment with grudging, inadequate help, if any, from the very set of professionals, experts and carers to whom they ought most readily be able to turn.

Until the underlying attitudes that make the addict so despised an object can be modified, there is little hope that help for those already afflicted will be as effective as it could be, and perhaps even less hope for addicts in the making; the Wellcome Foundation and the G.P. are pushing paracetamol linctus into the same mouths which could be receiving AZT in the future.

This letter is not a condemnation. Addicts, with or without HIV, need to be separated from their illness and treated like "normal people", as far as possible. We must learn to regard injuries and diseases which spring from addiction in the same light as we now see damage caused by a climbing accident - the unfortunate result of dangerous recreation. Please let us have no more withholding of sufficient pain-killers from addicts in car-accidents lest they might enjoy the dose. Let us all get what we need.