

# DRUG ABUSE: APPEARANCE REALITY AND 'TREATMENT'



PAUL ANDERTON

# DRUGS



The subject of drug so-called abuse arouses a good deal of strong feelings and can cause people of liberal disposition a lot of genuine doubt and heartsearching. On the one hand there is the liberal belief that anyone should do as they please with their own time and their own body, and on the other hand there is 'evidence' that indulgence in some drugs leads to 'dependence' on the drugs, and their suppliers, with consequent complete loss of 'freedom' in the usual sense of the term.

I hope I can draw your attention to some facts and rational considerations which show that the liberal approach to the problem is actually more likely to solve it — insofar as it is solvable — than the repressive and authoritarian methods currently employed. The real reasons for the current hysterical attitude of the authorities are somewhat obscure, but I'll suggest several possibilities. Some of these observations are a consequence of my direct involvement with some aspects of the 'problem' and are therefore not easily appreciated by people who have not experienced such circumstances. I shall consider heroin among the illegal drugs and alcohol as representative of one used legally, but the general significance of the conclusions should be obvious.

## PROPAGANDA AND TRUTH

I suppose the posters which have been around for a year or so showing a devastated looking youth with the names of diseases such as 'Skin Infections', 'Mental Problems', 'Aching Limbs', 'Blood Diseases', 'Wasted Muscles', 'Liver Complaints', and 'Constipation' written on his picture with the suggestion that these upsets are caused by taking heroin are typical of commonly held ideas about heroin and that is quite worrying, isn't it? It worried me when I first saw these posters, as a friend of mine was having large doses of heroin because she was terminally ill, and it seemed rather unkind to impose these other discomforts on her, as well as terminal illness. Of course, the heroin was called 'diamorphine' as I suppose that looks better on a district nurse's requisition.

Fortunately for my peace of mind I happened to read an article in the *Yorkshire Post* (January 17th 1985) by Professor Alec Jenner, Head of Dept. of Psychiatry, Sheffield University. It was called "Heroin: Why not make it legal?". A couple of quotes, which I assure you are not out of context, will show why it helped my peace of mind.

Some doctors and nurses, and others, have lived respectable lives while using drugs daily. (The drugs Jenner

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**FOR LIFE, LIBERTY AND PROPERTY**

means are morphia/heroin.) Further much that addicts suffer medically is from dirty syringes and poor black market drugs, hence the abscesses, AIDS, damaged joints, etc.. The addict suffers too from social rejection, partly because he had 'voluntarily' joined an estranged social club, broken our rules and cocked a snook at us.

Some professionals feel it strategically unwise to assert that heroin is medically less dangerous than cigarettes or alcohol. But heroin as such, however addicting, does not cause cancer of the lung, heart diseases, dementia, blindness, liver disease, peripheral neuritis, gastritis, etc., etc.. Obscuring the truth must at least be questioned in an informed democracy ...

So the explanation of the curious behaviour of supposedly caring people such as nurses and doctors in giving dangerous and disease producing substances to people already terminally ill was simply that we were being misinformed by official sources — lied to it might be said — and professionals found it "strategically unwise" to correct any such misunderstandings.

The purpose of drawing attention to these observations is not to suggest that so-called 'hard' drugs are completely harmless. It is to get some sort of balance into the discussion. At present the only attitude allowed, from both government agencies and the tame media is the equivalent of a mental knee-jerk. Shock, horror, something drastic must be done before civilisation as we know it collapses.

Another quote, from Professor Szasz, who is an American 'office psychiatrist' — that is to say he does not depend on any government money for his position or income — throws a little more light on the situation. This is referring to New York in 1973, after describing some so-called drug control activities particularly a programme called TIP — turn in a pusher — that is giving a monetary reward (bribe) to anyone engaging in the ancient art of denouncing 'heretics' to the authorities.

The more brazen and bizarre the methods of the persecutors (persecutors of drug pushers, Szasz means) became, the more enthusiastically were the persecutions embraced — as the unselfish acts of 'concerned' public servants. Colleges (schools) had visiting lecturers talk about drug abuse and drug control. Medical schools mounted 'crash programmes' in drug abuse and its treatment. Most people — laymen and professionals — agreed with all that the authorities told them. Some knew better but kept their peace, fearing, usually rightly, for their own position, good name, and financial security. A few voiced dissent. generally to be ignored.<sup>1</sup>

In fact it is clear that the effects of heroin have been persistently misrepresented and exaggerated by bureaucratic agencies and this has been mostly accepted uncritically by the media.

## THE REAL CAUSES OF THE DRUGS PROBLEM

But anybody who is not duly mesmerised and 'horrified' by all the official hysteria might well wonder why every effort at control, and the escalation of penalties for possession and supply of drugs, apparently only makes the so-called problem worse, and leads to demands for yet more draconian penalties. There are several reasons for this — all of them so far studiously ignored.

The first should be clear to anybody with business experience, or who has managed to understand the first few chapters of any serious economics textbook. Increased risk implies larger profits for the successful entrepreneurs. The big profits attract more traders hoping to make big money and that increases the supply of the goods in demand. The 'problem' gets worse from the supply side because repressive measures in fact increase the supply.

Secondly the high price, induced by restrictions and repression, forces the less prosperous users to finance their habit by selling supplies to others. These supplies are usually adulterated (or 'cut') and, as Professor Jenner pointed out, it is the substances used for adulteration which really cause the diseases attributed to the drug. Children are seen as an easy market and the habit is spread down the age range — only to produce yet more horror stories and yet further stimulation of supply. Those are two reasons for supply side escalation of the 'problem'.

Thirdly, the persistent scapegoating of the supplier or 'pusher' gives the user, or potential addict, a ready-made excuse for his own weakness or self-indulgence, or whatever you like to call it. The "Please sir it wasn't my fault — he made me do it" excuse is officially endorsed. A peculiar type of instant morality has been invented for application to this problem — and there are not many other areas where one person is held responsible for the predicted results of another's actions. In fact we are told quite often, in other contexts, that it is time for everybody to take charge of their own affairs and become responsible for their own lives. Are we to take it also that publicans and brewers are responsible for the effects of alcoholism, or motor cycle manufacturers for hell's angels — another group of 'outsiders', like drug addicts — and the injuries and deaths resulting from 'misuse' of motor cycles? If so we are going to need a much bigger prison building programme for even more lifers when legislation catches up with them as well as the drug traders.

Fourthly, the provision of so-called cure and rehabilitation facilities at public expense also reduces the effect of the inevitable natural penalties — such as they are. This evidently accounts to some extent for the high relapse rate from such 'cures' which again often stimulates shock horror comment and demand for yet more facilities at public expense.

## SELF-RESPONSIBILITY VERSUS PATERNALISM

There are some compensations for alcohol not yet being subject to hysterical repression, in spite of its producing dementia, blindness, liver disease, peripheral neuritis, gastritis. etc., which heroin doesn't. One is, of course, that alcohol can be consumed in one's own home without risking having the front door broken down by policemen at four o'clock in the morning. Perhaps more important, the problems resulting from any excessive consumption can be discussed openly. This has resulted in a substantial amount of practical experience, and a considerable literature on the subject of addiction management, for both 'victims' and their associates.

Here is some advice directed to families of alcoholics. For 'alcoholic' one can just as well read 'drug addict' because alcoholism is generally even more difficult to overcome than drug addiction according to multiple addicts, psychiatric specialists, and my own observations for what that is worth. The style of writing is accounted for by the fact that most alcoholics are men and most of the main sufferers from it are women:

Wise words from an AA who counsels with families of alcoholics: “Yes the alcoholic *can* be forced to get sober.”

The Spouse: “But I’ve tried everything. He won’t listen to reason. I’ve yelled and complained, paid the bills, threatened to leave — nothing works.”

“Of course not. This is *you* applying the force, and it never works. I suggest you stop taking action. The only force that can change the alcoholic’s pattern is the pressure that builds up inside him when the family refuses to react any longer. When he can’t count on your helping him, when you *won’t* assuage his guilt by fighting with him, and you refuse to get him out of trouble — then he’ll be compelled to face up to things. In other words, try *inaction* instead of constantly figuring out *something to do* about him.”

“It is not easy to restrain ourselves from reacting to what others do that seems to affect us. A healthy detachment brings about the very changes we were powerless to make by continually fighting the problem.” (emphasis in original)<sup>2</sup>

This amounts to what is known in the trade — the anti-addiction trade, that is — as ‘tough love’. Whilst *not* haranguing and criticising and trying to force the addict into cure and rehabilitation, you also don’t protect him from experiencing the full consequences of his own behaviour. For instance, a typical description of a wife’s reaction to her husband’s drinking bouts, before she knew better, is that she would deal with it by getting him to bed, tidying up the house, telling his friends and business associates either that he was unwell or had other urgent affairs to attend to, and generally covering up the situation. Of course, she would make sure he knew how much trouble he had caused and what a liability to everybody he was as soon as he had recovered enough to be made to feel guilty and anxious — and so be set up for the next bout. From AA she would learn to leave him where he was, let anybody who was interested know he’d had too much to drink, leave the house for him to clear up, get on with her own life so far as possible, and let events speak for themselves when he recovered. That way the number of bouts was cut down, even if he was not ‘cured’ completely, and at least life was a lot easier for everybody. Examples of successful action on these lines are indicative of the way to deal with addiction — and that includes my own experience over many years. Yet the present policies exactly reverse this approach. The hype and hysteria increases the anxiety of addicts and their associates which will only make resort to the drug, to alleviate the anxiety and guilt, more likely. ‘Tough love’ is the only way with any chance of long term success.

Now this way of dealing with so-called addiction problems is the result of fifty years of *experience* — not theoretical speculation. And the organisation (Alcoholics Anonymous) has what should be to us (i.e. to libertarians — ed.) quite impeccable credentials. It is entirely self-supporting, never having had any government money at all, which is no doubt why it doesn’t get much government publicity either.<sup>3</sup> The conclusion is just what is pushed by our government as so desirable in all other areas — responsibility for the consequences of one’s own actions and individual initiative to get out of trouble.

In pursuing the present policy of attempted repression and scapegoating of suppliers instead of insisting that ‘addiction’

is the addict’s own responsibility, it has been conceded, by implication, that there are important areas where such principles do not apply, and that paternalistic interference is the only way to solve the problem. This is particularly ironical because there is very good evidence that individualism actually works in this area whereas paternalism has conspicuously failed and has in fact contributed massively to worsening the problem.

## THE EFFECTS OF STATE INTERVENTION

More quite tangible evidence of the effects of punitive and interventionist government activities is provided by both history and geography. Before there were any anti-drug laws — in the era of ‘Victorian Values’ for instance — ‘addiction’ was hardly known and was certainly not a ‘problem’ — in fact until 1960 it was legal to buy heroin in London, but not New York, and there were only about 200 addicts in London and around 14,000 in New York. We know how big the ‘problem’ is now in both places. Also if you actually believed all the stories about how general availability of drugs would make ‘addiction’ endemic — and is it so difficult to get drugs in spite of all the efforts at control? — we should surely expect the streets of places such as Pakistan, India and Laos, where heroin is actually manufactured, to be blocked with heroin soaked corpses, but in fact their ‘problems’ are slight, if any. On the other hand in Malaysia, where the government makes up for any lack of heroin soaked corpses of ‘addicts’ by producing its own from the suppliers, it still complains of serious addiction problems.

There are two parts to the argument I have given. The first is that the ‘official’ attitude to so-called dangerous drugs is unrealistic in the direction of hysterical exaggeration of the harmful effects, including the tacit assumption that problems are caused by drugs rather than users. There seems no recognition of elementary logical considerations such as non-availability of drugs merely transferring people with addictive personalities to other substances — possibly legal, but quite likely with even worse effects. A regrettable side-effect of this government obsession is that practically all specialists are either ‘persuaded’ to keep quiet about the truth or simply ignored.

The second and really much more important part is that the present policies have in fact made the ‘problem’ worse and actually impeded any solution on the lines of both prevention and self-help for addicts — the one way in which experience with the commonest and most serious addiction — alcoholism — shows is most likely to be effective.<sup>4</sup>

It is perhaps interesting to note that some elements of reality and ‘tough love’ have broken through into official publications — but not, of course in anything likely to be widely publicised or noticed by anybody with only a casual interest in the subject. Most publications available in clinics and doctor’s surgeries for instance contain statements such as “Most children grow out of it, or simply decide they don’t like it and then stop. But a few go on to have a serious drug problem.” (In other words ‘addiction’ is not a property of the drug — it depends on the user.) And: “Point out the dangers of drugs, in a caring and protective way rather than in an authoritarian, bossy manner.”<sup>5</sup> Unfortunately some publications also contain reminders to parents that it is illegal to allow any drugs to be consumed or offered on their premises, so in practice any sort of ‘tough love’ is also illegal. There are some self-help groups, analogous to AA, in existence for drug users, but

they are no doubt inhibited in producing analogous literature or advice, even if they thought it appropriate.

## THE REAL CAUSES OF THE ANTI DRUGS HYSTERIA

Now, a fairly obvious question is: What is the real reason for the official attitude if it is not a sincere, dedicated, caring etc. attempt to save weak individuals from themselves and civilisation from destruction? There are several possibilities.

First there is the problem of taxation. Drugs, being fairly easily produced and very portable, are very difficult to tax, certainly at a high rate. It is therefore necessary to concentrate consumption of addictive materials onto those which are taxed — i.e. alcohol and tobacco. The solution here, though perhaps a somewhat forlorn one, is to reduce the government's need for tax money by drastically reducing its involvement in unnecessary expenditure.

Second, there is the possibility of cultural defensiveness and even a sort of covert racism — now that overt racism is very much out of fashion. Whilst alcohol and tobacco are seen as quite 'normal' other drugs are not, and their users could be taken as 'cocking a snook' at us, as Professor Jenner remarked, by deliberately seeking 'alien' ways of indulging disreputable tendencies. The drunk is a familiar figure in both real life and literature, but the 'junkie' is an exotic character — being traditionally sinister and oriental. We don't really like foreigners and other oddballs, but daren't say so directly these days, so we attack their 'culture' instead.

Thirdly there is economic self-defence by the medical profession and 'legal' (i.e. prescribed) drug manufacturers. Obviously, easily available alternatives are not good for their business so they do whatever they can to discredit them.

Fourthly there is the influence of those people whose aim and satisfaction in life is to influence and organise others. They are convinced that they 'know' how other people should lead their lives and what is good for them. Often their enthusiasm, dedication, and single mindedness makes them and their activities very difficult to ignore (though that is probably the best way of dealing with them). Having recently lost the legal right to reform and/or persecute homosexuals, abortionists, and pornographers (though there are some signs of attempts to reinvade the latter area), it is at least plausible that the full force of their wisdom is now directed at drug users and their suppliers as substitutes.

Then there is Szasz's theory. Part of this is that every civilisation, no matter how apparently enlightened, needs scapegoats of some sort (among other devices for social cohesion, of course) to expiate any widespread feelings of guilt about the apparently 'less fortunate' and to explain embarrassing failures. So nowadays drug addicts/pushers (particularly pushers) fulfil the same functions as witches, counter revolutionaries, Jews, infidels, spies, etc. have done at other times. When politicians have promised easy and almost instant solutions to a wide range of social problems such as unemployment and inner city deprivation, and the solutions are infuriatingly elusive, then it is necessary to divert attention as much as possible. It doesn't need much intelligence to suspect that if drug addiction and social problems are found together, it is the social problems that precipitate the drug addiction, rather than the other way round. But the other way round is politically more convenient. Or, in Szasz's words:

... as formerly the most faithful Christians favoured the most un-Christian ferocity against witches, so now the most faithful capitalists recommend the most anticapitalist ferocity against the entrepreneurs who trade in "dangerous drugs".<sup>6</sup>

Whatever the real reason, or combination of reasons (there are 31 possibilities from the five above) honesty about it would be of considerable assistance in facing the problem constructively and ultimately actually 'solving' it.

## NOTES

1. Thomas Szasz, *Ceremonial Chemistry: The Ritual Persecution of Drugs, Addicts and Pushers*, Routledge and Kegan Paul, London, 1975, ISBN 0 7100 81227 7, p. 70.
2. *One Day At A Time*, Al-Anon Family Group, New York, 1978, ISBN 0 910034 21 4, p. 196.
3. To be fair AA also shuns publicity on its own account and this can lead to misunderstandings. Even Szasz seems to suspect that AA requires some sort of confession of personal 'inadequacy' (op. cit. p. 166). This is not actually correct, but it is easy to get a false impression from the 'outside' — such as by an untutored consideration of the '12 steps to sobriety'. AA specifically declines any opinion on outside issues (Tradition 10) or involvement in public controversy, and the quotation above must not be taken as in any way suggesting that AA has an opinion on drug so-called abuse.
4. For a wider-ranging analysis of current and historical legislation and attitudes to drugs, including the House of Commons Select Committee report on the subject, see Terence DuQuesne, *Illicit Drugs: Myth and Reality*, Libertarian Alliance, 1986, ISBN 0 948317 07 8. (We also reproduce from that publication a "Note on Further Reading", by Libertarian Alliance Secretary Chris R. Tame. See below — ed.)
5. From *Drugs: What You Can Do As A Parent*, issued by the DHSS through HMSO Dd8933693JO216NJ(HSSH)3000M June 1986.
6. Szasz, op. cit. p. 73.

## A NOTE ON FURTHER READING

Libertarian Alliance Advisory Council member Dr. Thomas Szasz has written a penetrating study of the whole subject in his *Ceremonial Chemistry: The Ritual Persecution of Drugs, Addicts and Pushers* (Routledge and Kegan Paul, London, 1975). Although it is now out of print, second-hand copies are frequently available at The Alternative Bookshop, 3 Langley Court, Covent Garden, London, WC2). Terence DuQuesne's *A Handbook of Psychoactive Medicines* (Quartet Books, London, 1982) is invaluable (and is also available from The Alternative Bookshop).

The libertarian approach to social and moral freedom can be found outlined (albeit relating to a different topic) in Chris R. Tame, *Prostitution, The Free Market and Libertarianism* (Libertarian Alliance, London, 1985). A forthcoming LA pamphlet entitled *The Case For Moral Freedom* greatly amplifies the comments made therein. A good brief account of the libertarian view of civil liberties can be found in Chapter 6, "Personal Liberty", of Murray Rothbard's *For A New Liberty*, (Macmillan, New York, 1973).

Nick Elliott's *The Perversity of Government* illustrates its theme in relation to the counterproductive effects of the 'welfare' state, consumer protection legislation, and anti-drug laws. In 1984 the Libertarian Alliance also gave evidence to the Department of Health and Social Security, the Department of Trade and Industry and the British Medical Association in a report entitled *Why the Government Should Stop Harassing The Tobacco Trade*. This report will also be published this year and is obviously germane to the issues discussed in this pamphlet.

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