nowadays to go into these things in great psychological depth. And for some poor souls, I dare say it is all too necessary, but not in my case. Besides, the pain had practically gone and I suggested that all it needed now was a day's rest with the aid of a private certificate. We agreed to put 'muscular strain' as the diagnosis and I advised her that she was entitled to charge me a fee of £10. She said perhaps I should give the money to the receptionist, but I said no, my dear, you tuck it into your purse and buy yourself some chocolate or whatever for a little treat. And I do appreciate your concern. Then I was out of there like a shot from a gun. It was good to feel the cool fresh air on my face as I hit the street.

*We are grateful to John Salinsky for these extracts from Norman Gland's diary.*

Mike Fitzpatrick

# Drugs — facing facts

After a 2-year review of the drugs problem in the UK, a prestigious commission established by the Royal Society for the Arts (RSA) has come up with a 'radical rethink' aiming to influence the impending major government review of the National Drugs Strategy.[1] Unfortunately, the only radical measure it proposes is a determination to coerce all GPs into 'treating' drug addicts with heroin and methadone. As a measure of its commitment to this proposal, the RSA report declares twice in its five-page executive summary that GPs should not be allowed 'to opt out of providing drugs treatment'.

In other respects the radicalism of the *Facing Facts* report is reflected in its insistence that the Misuse of Drugs Act 1971 should be repealed — and replaced by a new Misuse of Substances Act. This sort of dogmatic insistence on non-judgmental and politically-correct terminology is a characteristic feature of the world of drugs policy — together with a childish delight in familiarity with the argot of the drug culture. Apart from forcing GPs to resolve the drug user's eternal problem of ensuring a ready supply of quality product, the RSA report's familiar response to the universally recognised failure of current drug policy is more of the same.

'Drugs education' — a concept scarcely less mind-numbing than heroin addiction — has failed. The answer — never mind that 'there has been too little evaluation for anyone to be certain what works', we need more of the same, with the heart-sinking rider that it 'should be focused more on primary schools'. Why not teach children something interesting and inspiring, that could give them the idea that culture and society have more to offer than drug-induced oblivion — though perhaps their teachers and their political leaders now doubt this.

The 'treatment' of opiate dependency with methadone — the mainstay of medical management of heroin addicts for decades — has been associated with a spectacular expansion of heroin use (and a large number of deaths from methadone overdoses). The answer — more, but 'better and more consistent' methadone prescribing, and — the ultimate badge of radicalism in drugs policy — 'heroin prescribing wherever appropriate'. It is difficult to think of a measure more likely to increase both the scale of heroin abuse and the mortality and morbidity associated with it.

The RSA report proclaims as the essence of its innovative approach its emphasis on 'harm minimisation' as the central theme of drugs policy. Of course, 'harm minimisation', the mainstay of official drugs 'guidelines' since at least 1991, has been another spectacular failure.[2] As Theodore Dalrymple observes, in his genuinely radical critique of drugs policy, depriving self-indulgent actions of their worst consequences is likely to encourage them to spread.[3] He is also alert to the wider implications: 'if consequences are removed from enough actions, then the very concept of human agency evaporates, life itself becomes meaningless, and is thenceforth a vacuum in which people oscillate between boredom and oblivion'.

The concept of harm minimisation assumes that the authorities take over responsibility for the consequences of individuals' behaviour. It is, as Dalrymple observes, 'inherently infantilising'.

The dogma promoted by the RSA report, that drug addiction is a chronic disease, is both absurd and irresponsible. Turning the drug user into a blameless patient also turns them into 'something less than a fully responsible person, an automaton effectively without choices, intentions are even weaknesses'. Drug addiction, as Dalrymple unfashionably insists, is 'a moral or spiritual condition that will never yield to medical treatment'. The medicalisation of drug abuse is a combination of 'moral cowardice, displacement activity and employment opportunity'.

I would heartily endorse Dalrymple's radical first step towards tackling the drugs problem: close down all clinics claiming to treat drug addicts. Addicts would then have to face the truth: 'they are as responsible for their actions as anyone else'. This measure might help to set them free — and it might also help to release doctors from the corrosive deceptions underlying current drug policies.

## REFERENCES


1. Royal Society for the Encouragement of Arts, Manufactures and Commerce. *Drugs — facing facts. Report of the RSA Commission on illegal drugs, communities and public policy.* March 2007. www.rsadrugscommission.org/ (accessed 12 Mar 2007).
2. Fitzpatrick M. Methadone: an ethical imperative? In. Fitzpatrick M. *The tyranny of health.* London: Routledge, 2001: 103–105.
3. Dalrymple T. *Romancing opiates: pharmacological lies and the addiction bureaucracy.* New York: Encounter, 2006.