



The Pure Joy of Heroin

By: Dr Jan Lester

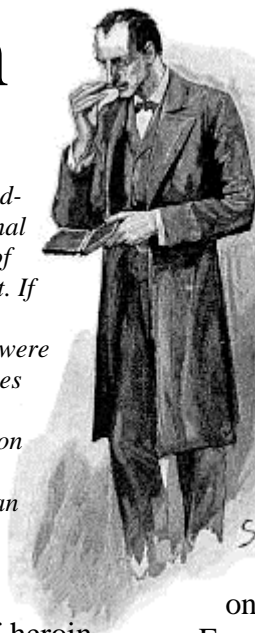
This article was first published in the mid-1980s in the Libertarian Alliance's journal Free Life. Since then the legal position of recreational drugs has changed not a jot. If anything, the 'war against drugs' has intensified. For instance, in 1991, there were 47,616 people dealt with for drug offences of which less than 3,000 were for trafficking. 38,457 were for the possession of cannabis. This would seem to suggest that the clamp-down is on soft rather than hard drugs.

The media's latest spate of heroin-bashing started, as far as I can tell, with a piece in *Time Out* (March 1984). What is remarkable about this report is that the evidence for the supposed harmful effects of the drug is almost entirely absent - there were no deaths or even accidents on the South London estates investigated - despite the obviously disapproving tone of the reporter. Since then the evidence against heroin has become less and less alarming in proportion as the rhetoric of the media has become more and more hysterical.

However, truth and good sense will out; if not from the reporters and leader writers of the popular press then from informed people in their journals (such is the virtue of free speech). In the *Star* and the *Mirror* Mrs Jackson, wife of the actor Gordon Jackson, told us of her son who had kicked his heroin habit: "I can't see what all the fuss is about. My son was

just having some fun. It's the fashion these days." As if to emphasize this no-nonsense approach, Pinklon Thomas won the World Boxing Council heavyweight title - six years after ending his heroin use. Pinklon had enjoyed heroin for seven years (from the age of thirteen to twenty) before he decided to box. He achieved a strapping 15 stone six pounds to fight with. By the time of his title he had notched up 25 wins, no defeats, one draw and 21 knockouts! Anecdotal evidence though this may seem, it certainly knocks out the theory about heroin users being on a fast and certain road to death. Eventually two doctors, independently of each other, baldly admitted (in *The Sunday Times* and *The Observer*) that they knew of no evidence that heroin causes bodily or mental damage. This observation was repeated by the only General Practitioner allowed to prescribe the drug, and who has customers of a couple of decades' standing (*Newsnight*, BBC TV, 30 Jan. 1985). Heroin is not a poison and that is that.

Though the moral right to take risks with one's own life and even to certainly damage oneself is the key issue, it is still worth clearing up a few empirical matters. Heroin is not a disease, it is simply a habit. Heroin users start and stop by choice. If one wants to emphasize that it can be physically addictive one should remember that many addictions are enjoyable and often even widely approved of: tea, chocolate, sport (the chemical effects on the brain of



regular vigorous exercise are similar to the effects of taking opiates).

DHSS Reassurance

It is true that all physical addictions have withdrawal symptoms; that is what being addicted means. As the dear ladies of the *Good Housekeeping Family Health Encyclopaedia* tell us:

"Opiates bind to special receptors on the surface of the nerve cells in the parts of the brain and the spinal cord dealing with the processing of information about pain. These receptors interact with enkephalins, chemicals manufactured by the brain which are released when pain impulses pass along the spinal cord to help suppress the sensation of pain before it becomes intolerable ... opiates taken habitually ... gradually cause production of enkephalins to cease. If the supply of opiates is cut off, pain returns, since there are no enkephalins left to deal with it. The body craves for more opiates as a result and withdrawal symptoms make their appearance" (p. 103). But it is now widely reported that heroin withdrawal symptoms in most cases are no worse than flu or a bad cold: "After several weeks on high doses sudden withdrawal results in a variable degree of discomfort generally comparable to a bout of influenza." (from the DHSS information booklet *Drug Misuse*, ISDD 1985). Even this is rare for most users. It has been shown by placebo tests that some users believe that they are addicted when they are not, and - it was claimed on *Diverse Reports* (Channel 4, 26 Sept. 1984) - only one in seven US users are addicted.

It is clear that the main reason that people continue this habit is not avoidance of withdrawal symptoms but desire for the bliss of the drug. Toleration cannot fully negate the pleasure. In recognition of this the latest anti-heroin drug 'cure', *Naltrexone*, is specifically

designed to block the euphoria that heroin causes. It is admitted that this killjoy won't stop addiction unless the user decides to stop. Yet the possibility of giving up at any time one chooses already exists, as is well evidenced by the case of US soldiers in Vietnam: 70% of them used the drug when at war while very few used it when they returned home and had better things to do. The carnage of war left a mark on many of the men - not heroin. (It is quite possible that this self-prescribed medicine did a lot to protect them from the horror of war.)

Another myth is that regular heroin users have to end as down- and-outs. There are many professional people who take drugs and still do their jobs properly. In the case of heroin one of the most interesting examples is that of doctors in the US who prefer heroin to golf when they want to relax. It seems they not only do their jobs but keep up with technical reading and generally function no differently from other physicians (see Waiter Block's *Defending The Undefendable*, Fleet Press, p. 48). Judging the effects of heroin by the living conditions of the worst cases is like judging alcohol by the alcoholics who choose to live rough.

The only problem with heroin is that it is illegal. This has several bad consequences usually attributed to the drug itself. Prohibition causes a scarcity which keeps the price far higher than it would otherwise be. If it were allowed to be manufactured plentifully it would cost but a small fraction of its present price. There would be no need to steal to pay for the habit if that habit were legal. Impairment of quality occurs because scarce heroin is adulterated, by dealers who cannot be sued for this practice, to get a better price; if easily available and legal this would be as likely as the adulteration of aspirin. This would prevent sickness caused by the presence of impurities and the deaths caused by

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overdosing due to an unexpectedly pure batch (for one can overdose on heroin as one can overdose on almost anything one ingests - such as aspirin, salt or even water; similarly heroin can be dangerous in combination with other chemicals as is common with many accepted drugs). The dirty needles that cause hepatitis - the most common cause of death among users - would be replaced by easily available supplies of clean ones. ". . . Laws can increase certain risks for those who do take them - risks of adulteration, uncertain purity, poor hygiene, high costs, inadequate or misleading information (p. 9) ... The physiological effects of long-term opiate use are rarely serious in themselves. But physical damage, associated largely with repeated, often unhygienic injecting, and with the injection of adulterants, is common amongst addicts." (p. 12, *Drug Misuse*, ISDD, 1985). If legal, the innocent buyers and sellers of the good would no longer be harassed, arrested and imprisoned. The hapless public wouldn't be forced to pay for this vicious anti-social behaviour.

But even if the heroin habit were as risky as Russian roulette - so what? Should taking such risks be illegal? What about the risks involved in smoking, eating fatty foods, not taking regular exercise, sexual intercourse, or crossing the road? (As all people take avoidable risks, all deaths - except completely unforeseen ones - may be viewed as forms of suicide.) Why point at some level of risk-taking a little higher than our own and say that it should not be allowed? One reason that people do it is simply intolerance of different lifestyles. Another reason in this case is the cultural prejudice against certain chemicals even though other pastimes, such as hang-gliding, might be demonstrably far more dangerous. There are no good moral reasons. These things are partially caused and reinforced by the law. Intolerant prejudice against this innocent pleasure

would fade if state witchhunts stopped. In the free market people learn that it is cheaper to tolerate the voluntary behaviour of others.

All these problems can be cured by legalisation, but there is another suggestion that is becoming increasingly popular: nationalising the heroin industry. The 14 *Observer* (2 Sept. 1984) tells us that the Amsterdam City Council "is developing an alternative, based on the insight that the drug is not itself harmful to the bodies and minds of those who use it ... its dangers stem directly from its illegality. . .", so they are supplying users "With a legal source to remove them from the black market's dangers." This is not enough for the '*Junkiebund*' (the junkies' union) who want it available free from their own doctors.

This is not a new idea. In the *New Statesman* (4 Jan. 1985) the reporter suggests the possibility that the dominance of the illicit market and the present uncontrolled situation might have been avoided if the British government had continued with the policy of the 1950s and 60s when heroin was manufactured legally and prescribed by doctors. He suggests a debate about a return to this system. Similar suggestions were made by the editor of the *New Statesman* in *The Times* (5 Feb 1985) and on Channel 4's *Diverse Reports* (26 Sept. 1984). But it seems that it was fashion that caused heroin to spread in the 1960s and it is fashion and low prices that are causing it to spread even more rapidly in the 1980s. Heroin on the NHS is not the solution to the problems caused by its illegality - legalising heroin is the only solution; not merely a little more of the good stuff available at public expense, but rather, plenty of the good stuff manufactured for profit in a legitimate industry. The present anti-heroin legislation is a menace to health as well as depriving us of liberty.

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Many drugs are a great pleasure and solace in life. Contra the pristine *Utilitarians*, pleasure is only one of the things that humans value, though it is an important one. Nobody wants to be entirely without pleasure, but nobody wants to devote their lives to pleasure exclusively - certainly not the average heroin user: they have friendships, hobbies and ambitions like the rest of us. If the use of certain drugs, or any activity, is likely to risk shortening life or damaging us, then the individual is best placed to decide how much risk or damage is worth paying. In this case one would do well to remember that a life without any pleasurable drugs would not generally be that much longer or safer - but it certainly might seem a lot longer.