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**Book Review**  
**Romancing Opiates:**  
**Pharmacological Lies and the Addiction Bureaucracy**  
**By Theodore Dalrymple, Encounter Books, 2006**  
Reviewed by Matthew Tieu

### Introduction

Understanding drug addiction is a critical precursor to forming a sensible approach to the treatment of drug addiction. How we define “addiction” has implications for the way we treat addiction. At one end of the spectrum one might regard a drug addict as a person who consciously and willingly decides to take drugs on a regular basis. This kind of drug addict is a perfectly free agent and completely culpable in their actions. We might call this person a “willing addict” (as Harry Frankfurt has)<sup>1</sup>. At the opposite end of the spectrum one might regard an addict as a slave to their drug and can no more resist the temptation to take drugs than they can resist the beating of their heart. This kind of drug addict is no longer a free agent. One might refer to this kind of addiction as a “disease”. This is indeed what is referred to as “the standard view” or the “disease model” of addiction, and is accepted by most health professionals in the field of addiction treatment. But somewhere along this spectrum or perhaps tangential to this spectrum, is the “unwilling addict”, a person who wishes that their desire for drugs would disappear. Whether this kind of addict has a disease or is diminished in their agency, remains a hot topic for philosophical debate.

In his book, Dalrymple draws upon fourteen years of experience working as a doctor in a hospital and prison setting in a slum of Birmingham (England), where he witnessed first-hand, the severity of the heroin problem. He concludes that the standard view (that heroin addiction is a disease or a medical problem), is entirely unfounded. In the first chapter Dalrymple makes the following claims - becoming a heroin addict requires a steadfast determination; withdrawal from heroin is no more serious than having the flu; and heroin addiction does not lead to crime but rather a criminal propensity leads to heroin addiction. Therefore, a heroin addict is not a

slave to the drug, but rather a willing consumer of the drug, and instead of having access to the right kind of treatment, heroin addicts have somehow fallen into a bureaucratic trap of lies and self-deception. Dalrymple’s scepticism with regard to the standard view of addiction is expressed eloquently and emphatically in this book. For Dalrymple, the only choice that remains is to regard heroin addicts as “willing addicts”.

### The Apparatus of Care or the Handmaiden of Crime?

According to Dalrymple it is those currently in control of addiction policy and treatment that have engendered the view that opiate addiction is an illness that turns normal, responsible, rational people into mindless automatons incapable of refraining from taking their drugs. For not only does this conception of opiate addiction render an “addict” averse to taking responsibility for their own decisions, but the institutions that are supposed to help addicts recover are also unwitting participants in this conspiracy. Doctors, nurses, psychologists, counsellors and social workers would reaffirm to the addict their perceived incapacities by treating them as blameless automatons, because they are motivated by an ill conceived concept of addiction (as well as possibly moral cowardice, complacency and employment opportunities). This is what Dalrymple calls the “addiction bureaucracy”.

But Dalrymple’s aim in writing this book was not merely to expose the lies of addicts and the “addiction bureaucracy”. He also states that another aim of this book is his own “personal exorcism and catharsis”! Throughout the first lengthy chapter of this book and further on, one cannot help but notice that this is indeed the case. Drawing on his experience from counselling and treating heroin addicts in prison, Dalrymple exposes them as shameless liars and manipulators. He describes the triviality of their withdrawal symptoms, their histrionic exaggerations of those symptoms, and their child-like

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<sup>1</sup> Frankfurt, H. (1971) *Freedom of the Will and the Concept of the Person*. *The Journal of Philosophy*. Vol. 68; pp. 5-20.

tantrums which they exhibit in order to obtain heroin or any substitute for heroin. According to Dalrymple, the need to avoid withdrawal is a poor excuse for taking heroin, let alone for committing crimes to fund this need. Many of his patients had already served time in prison before they had ever tried heroin, so he views heroin addiction as a consequence of a criminal disposition rather than a cause of criminality. This also implies that methadone and buprenorphine therapies cannot treat addiction any more than they can treat the symptoms of a deeper underlying disease of character. Dalrymple is highly critical of the efficacy of methadone and buprenorphine treatments.

If the social ills associated with heroin addiction could not be cured by what the addiction bureaucracy was offering, but instead exacerbated them, then the "apparatus of care" had indeed become the "handmaiden of crime". But whilst heroin use might be a manifestation of a criminal disposition, the social pathology associated with heroin actually points to something quite profound about the human condition - what do heroin users seek to achieve by taking heroin? What purpose does heroin serve for them? Dalrymple's recollection of a sixteen year old girl, whose body was found dumped by a reservoir, was a sobering example of the kind of culture that treats people as disposable objects, but also of the sub cultural milieu that attracts the innocent and the unwitting to such depravity. It turns out that two pimps had tried to get her addicted to heroin but the quantity they injected into her was too much and she subsequently died. Having previously dismissed the excuse of "falling in with the wrong crowd" as a legitimate reason for becoming addicted, Dalrymple's point with telling this story is to acknowledge that there may be rare cases, where heroin is forcibly administered to an unwilling person.

But whilst Dalrymple argues convincingly that addiction is not something that happens instantaneously to an unwitting drug taker (but rather requires a certain discipline or determination), herein lies the matter at the heart of this debate - to what extent was that unfortunate sixteen year old responsible for her own horrendous fate? Well, according to Dalrymple "she was almost as much a victim of ideas and images frivolously propagated by magazines and advertisers as of the two pimps themselves" (pg. 15). This was a specific reference

to the fashion vogue known as "Heroin Chic" and this kind of explanation (exculpation?), Dalrymple recognises as having a "superficial plausibility". But the real heart of this matter is concerned with the question of agency. It is the question of why and how a person can willingly make decisions that conflict with what is in their greater interests. Such a person, one might call the "unwilling addict" (As Frankfurt does) and whether such a person has diminished agency is a contemporary debate in the philosophy and drug addiction literature.

What this debate is revealing is that addiction is more than just what happens from moment to moment or from one counselling session to the next. Rather, addiction exists along a temporal dimension and it is a person's lack of perspective of themselves as agents existing within that temporal dimension that renders them victims of their own short sightedness and thus diminished in their agency. This by no means renders them unable to refrain from drug taking when the moment requires, nor does it prevent them from admitting to a counsellor that they freely choose to take drugs, but to generalise them as willing participants who are fully responsible from moment to moment is to misrepresent the nature of free will and the complex ways in which it can become compromised. This is why addicts, as Dalrymple observed in his prison, can openly admit that they know addiction is not a disease and that they wish to quit, yet still be taking heroin many years later. Is it really the case, as Dalrymple seems to tacitly imply, that the "unwilling addict" is not a possibility?

Dalrymple describes his reluctance to express his views for fear of being viewed as impolite as well as "drawing the institutional wrath of orthodoxy". No wonder he needed cathartic release.

### **Romantic Clap Trap!**

The second half of the book is a diatribe against what Dalrymple claims to be a major cause of the modern drug culture - the influence of "literary romantic claptrap"! The middle chapter begins with uncovering the inconsistencies in the motives of two famous authors/drug-takers, De Quincey and Coleridge, and to point out the bickering that took place between them about whether either party was being honest about why they took opium (was it pain relief or self indulgence?). For Dalrymple the

claim that opiates enhance creativity or confer a deeper sense of meaning, or as he puts it “were midwives to works of genius and to superhuman states of mind”, was essentially a hypothesis yet to be verified. Though unsurprisingly he still claims that “common sense informs us that the worthwhile cultural products of millions of addicts have been exiguous, to say the least” (pg. 74) and that opiates were detrimental to the talents of the authors mentioned afore. Interestingly Dalrymple also goes further to state, with merely one sentence, that the use of cannabis, mescaline and lysergic acid diethyl amide (LSD) as an aid to genius and enlightenment are modelled on what he had spent most of the chapter critiquing – the romantic clap trap of opiate induced genius.

But it seems Dalrymple attributes the literary romanticism of the 18<sup>th</sup> and 19<sup>th</sup> century with too much influence. We know that the movement was essentially a rebellion against the artistic and societal values of the Enlightenment era (that of rationalism and empiricism), which were perceived by romanticists to be undesirable constraints placed upon emotion and freedom of expression, leaving humanity with a view of the universe as a cold and sterile place where humans were no more than soulless machines. The romantics wanted to recapture the transcendentalism that was lost. A very poignant remark that Dalrymple makes in his introduction is that “it is easier, after all, to give people a dose of medicine than to give them a reason for living. That is something the patient must minister to himself” (pg. 6). But if people are drawn to drugs because they have nothing to live for then the influence of Romanticism is merely a symptom of a deeper underlying desire for transcendence.

Would Dalrymple attribute the practices of shamans and other mystics as romantic clap trap? His response to this, presumably, would be to claim, firstly, that “it is not necessary for people to have read certain books for them to be influential”, followed by citing the example of “not everyone who speaks of Adam and Eve has read Genesis”, before finally concluding that therefore “the ideas first enunciated by De Quincey and then elaborated by his followers have become part of what everyone ‘knows’” (pg. 88). He does not address this in any sufficient detail at all. Claims like this demonstrate the lack of analytical rigour with

regard to some of the arguments Dalrymple makes, but then again, recall that part of the purpose of this book was cathartic release, for which analytical rigour obviously has no place, lest it spoil the experience.

Romanticism spoke to those who were looking beyond the cold and sterile rationalism of the Enlightenment in the same way that intoxication speaks to those who do not view reality with the same greatness or meaning as others do, but then so too does existentialism, postmodernism, spiritualism, religion and football. The rebellion against the Enlightenment reflects an urge that is inherent in humankind more so than it being a product of literary influence. The urge for transcendence is what drives drug use (even in the context of avoiding pain), no matter how banal Dalrymple or others may view the effects of those drugs or the motives for taking them. This is something that Dalrymple seems to affirm when he states in his final chapter that “the resort to intoxicants is a permanent and ineradicable temptation that arises from human nature” (pg. 106). But Dalrymple’s concern is why some people, despite living in similar circumstances of economic, cultural, social and intellectual impoverishment, so readily give in to this temptation whereas others do not. Perhaps the ones that do not choose to take drugs have a greater moral character and the ones that do are diminished in their moral capacities or are morally corrupt. Obviously Dalrymple thinks that they are morally corrupt and deserve to be admonished for not accepting their existential poverty with modesty and grace. The challenge for Dalrymple (and others who share his view) is to demonstrate the grounds upon which he can justify his conclusion that “addicts should therefore be stigmatised far more than they are” (pg. 109), something that Dalrymple feels is just and beneficial for them.

### **Conclusion**

To claim, as Dalrymple does, that the belief that drugs expand the mind, stimulate creativity, confer spiritual experience, traces its origins back to the Romantics, is to overstate the influence of this literary movement and/or to understate the deeply primal desire of humanity to seek transcendence, even if transcendence for some merely means the escape from their existential squalor into their salvation of perpetual daydream.

But what Dalrymple has achieved is a clear demonstration that by and large, heroin addiction is not a medical problem and cannot be adequately solved with medical interventions. The book goes a long way towards dispelling the narrow sighted conception of drug addiction as a disease that renders victims helpless, as well as demonstrating how the addiction bureaucracy has played its role in propagating this misconception. Dalrymple recognises that drug addiction is an existential problem that raises deep questions about humanity, values and human agency, but does not address any of the contemporary discussions on human agency nor does he commit to a particular view about how an addict may properly free themselves from their existential squalor.

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Southern Cross  
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### Bioethics Research Notes

1E/336 Marion Road, North Plympton, 5037, SA, Australia.

**Telephone:** (08) 8297 0022

**Fax:** (08) 8297 5738

**International Code:** (+61 8)

**E-mail:** [scbi@bioethics.org.au](mailto:scbi@bioethics.org.au)

**Website:** [www.bioethics.org.au](http://www.bioethics.org.au)

Produced by the Library and Documentation Service of  
Southern Cross Bioethics Institute  
Published in March, June, September and December,

**ISSN 1033-6206**

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Cross Bioethics Institute.

**Australia Post Print Approved:** PP535216/0015