

**"IF YOU CAN'T GIVE UP SMOKING, DEFINITELY DON'T START TAKING HEROIN, BECAUSE YOU'LL NEVER BE ABLE TO STOP TAKING HEROIN" - David, 40, prescribed heroin user.**

In the early 90s, David, a heroin user with a prodigious criminal record for possession and intent to supply drugs was referred to the Drug Health Unit in Widnes, where Dr John Marks gave him a script<sup>f</sup> for injectable diamorphine and diamorphine reefers. He has been receiving heroin on prescription for over ten years.

In February this year he came into contact with the Harm Reduction Outreach Team based in Shotton, North Wales, who flagged him up as a person with an interesting history and an individual perspective on life as a long term prescribed heroin user.

I asked him to tell me his story, how he first started using drugs and how drug use became such an important part of his life. He started using cannabis in his mid-teens:

*"...when I was about 16 some of my friends were leaving school. One went to work in London and was living with his uncle's family. The daughter was going out with a Rastafarian. So we scored some weed, some cannabis, grass, and that was the first time I had any kind of illegal drug. Straight away, liked it, and took to it like a duck to water kind-of-thing. Stopped drinking alcohol, almost immediately. I found local scorers where I could buy cannabis. I was a very curious kind of person. I stayed on at school and I was going to university. I was a very experimental kind of person. Within a year I think I tried every drug that was common at the time, basically everything except ecstasy because there was no ecstasy then. I'm forty years old now, so going back to sixteen is a long time ago. So yeah, within the first year I'd tried everything, but the only thing I was doing with any regularity was cannabis."*

A year or two later, lack of finances as an undergraduate and his continued drug use suggested to David, with the encouragement of a friend from home, that he start to sell cannabis to other students to boost his income. He began at this stage to also use amphetamines fairly regularly. Towards the end of his three years at college, he had tried heroin a few times, supplied by other students who were receiving supplies through the post. Although he claimed he *"had no habit"*, David was becoming increasingly immersed in drug use culture and was in regular contact with hard-core users outside the student community.

After graduation, David stayed behind to be with his girlfriend who was in the year below him. He began using heroin more and more often, funding himself by running both legitimate and illegitimate businesses.

*"I'd got involved in the local scene which was a much heavier scene than dealing with students. I then stayed on for another couple of years. I tried to run my own business which was really a front for dealing drugs... and also my girlfriend, she was a year behind me in university so I also stayed on to be with her, and then we both stayed on for another year down there. By now, I was well-known in the local scene, amongst the local people, and this eventually led to heavier and heavier drug use, heroin use, cocaine use. Travelling to Liverpool mostly. Now, the demand for money began to increase dramatically. I tried to be moral about it. I tried to sell cannabis as much as I could, rather than sell the harder drugs which the cannabis was funding, my own usage, of the harder drugs, which I tried not to sell. I have done, on occasion, but I wasn't a regular Class A drug dealer, I was a cannabis dealer. But I found myself selling to more and more risky customers to get the money together to buy enough coke and smack to keep me going."*

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<sup>f</sup> Throughout this article, 'script' refers to prescription (common usage).

In the early stages of using heroin David smoked it, but his cocaine use was increasing in parallel, and he developed a taste for heroin and cocaine together, which necessitated injecting occasionally as *"a treat"*. As a biology graduate, his training in microbiology and sterilisation procedures came in handy when dealing with injecting equipment.

*"It was very difficult to get syringes in the early eighties so we had to use glass and chrome syringes. We had to know a diabetic, and we used to have to sharpen the syringes on sand paper and things like this. Nowadays of course it's all completely different, but yes I started injecting early on but not all the time. It was like a treat. It took about two years for it to become a habit... because [injecting equipment] was glass and chrome we could boil it. I was pretty rigorous, being a biology student, because I knew the dangers of invisible germs, etc. I was quite aware of the dangers because of my scientific background."*

Compared to his drug-using acquaintances, he was scrupulous in taking measures to protect himself, informed by his training. He has not had any viral tests done himself though, and his confidence is based on his (non-using) partner being tested clean. He was critical of the risks other users were taking:

*"As for receiving information from other drug users, it was fairly slack because they were slack themselves. Observing other users didn't give me much knowledge at all really. In fact, I used to try and persuade them to alter their ways rather than me following them. I was trying to get older guys than myself to better their ways, just because I knew more about the subject of germs and infections than they did... I felt I was careful, as you know to inject brown heroin you need to boil it, therefore I thought that was one safety measure. I used to boil it as much as I could, not just a quick few bubbles and that was it. I used to give it a good boiling. My equipment was always boiled, and I never shared filters or anything like that."*

As more of David's time was taken up in dealing and travelling to buy larger quantities, his risk of arrest increased, and he was involved in a series of possession busts. Eventually, he was busted with a range of different drugs, including barbiturates, LSD, amphetamine and six ounces of cannabis. He refused to plead guilty, explaining that:

*"I didn't think they had enough evidence to prove that I had sold cannabis. Obviously, quantity was there, but it was still only six ounces, and I thought I could say that I was just a bulk buyer who was doing it this way in order to save money, because it was a considerable saving. But it didn't wash of course with the Jury, and because it had gone that far, and I'd been pig-headed and not gone to magistrates, they slapped me with a fairly hefty fifteen-month sentence."*

Although David's experience of prison was extremely distressing, crucially it made no difference to his drug use on release. However, he highlights the positive input of his probation officer who helped him secure a full-time job after he had completed his stretch.

*"Didn't have a good effect on me prison really, I found it quite difficult... they sent me to Cumbria, which was a long, long way away from my family, to a special prison for drug abusers and violent offenders. Now, I don't really see what the connection is between those two categories of offenders, but that was the situation. So it was quite a difficult stretch. I still have nightmares now, and I came out in '88. My nightmares are still the same now – being caught by the police, being sent to prison, being in prison. These are the nightmares I have – being busted, chased, getting ripped off, getting mugged. The bad things that happen in prison, and even out of prison I've been mugged at knife point, things like this."*

*Anyway I came out, and had a good probation officer who got me a job in an office. However, my drug use started the day I came out of prison. I swore I wouldn't, but my brother, thinking he was doing me a great favour, turned up with a huge*

*bag of valium and DF118s on the day I came out of prison ... I knew at that moment I'd take them and I'd be back to stage one, but I just couldn't resist taking them. I plunged back into it ... but I kept the job up for three years."*

Although he wasn't dealing, David was still having to spend a lot of his time out of work travelling to Liverpool to score heroin and cocaine. He was busted for possession a couple of times a year. He was, he admits, under a huge amount of pressure maintaining a full-time job and a full-time habit. He describes how this eventually culminated in psychological difficulties. Clearly, at this early point of contact with treatment services, the decision was taken to address his substance use.

*"Agoraphobia, psychiatric nurses coming to the house, prescriptions of various types. Originally off the GP and then I was referred to the drug health unit in Widnes by the Wrexham people ... [his CPN] took me up there first of all. That was a real eye opener when I got there. I was given a prescription for cocaine, diamorphine, probably benzos as well, I'm not exactly sure, the benzos were under pressure to be cut back rapidly because of the other things I was being given. There was no limit on what I was given, there was no pressure to cut back [for any other reason apart from contraindications regarding interactions of benzos with the other substances he was being prescribed]. Cut backs were made occasionally but the pressure was not heavy."*

He was initially placed under the supervision of Dr John Marks, who in the early 90s was pioneering heroin prescribing. The introduction of a legal heroin and cocaine supply had two substantive and positive impacts on David. Firstly, he describes a complete cessation of contact with the criminal justice system.

*"...once I had started the prescription with Dr Marks, my criminal behaviour ceased at that point and I have no convictions since. Prior to that, the convictions were coming at a rate of two a year, something like that for possession, and people were getting fed up with these possession charges. They were nearly always cannabis, with the odd heroin possession. But usually I was caught in Liverpool where it was not such a big deal, being caught in possession of heroin and I would get a fine. So my criminal behaviour stopped at that point and so did my use of illegal street drugs at that point for quite a long time."*

Secondly, he has been able to improve his work record and maintain employment on various short-term contracts after becoming stable on his diamorphine script:

*"I have worked in the meantime after I recovered from the nervous breakdown and my prescription became stable, or reasonably stable. Small cut-backs with quite large gaps between the cut-backs, and the cut-backs were fairly moderate, well very moderate ... This has enabled me to work, but because my work record is poor because of prison in the 80s and the nervous breakdown in the 90s, I haven't got a very good work record. Therefore, my degree doesn't count for a lot, it's counteracted by all this time off I've had."*

*And, of course, there are certain jobs you still have to admit your criminal record to, and because I'd been in jail that was a ten-year time period during which I had to admit. Now I only have to admit the criminal record to positions where it would be a sensitive type of job, like working with children, etc. But I don't apply for that kind of work anyway, knowing I won't get it. I've worked in laboratories since then, I've been a security guard, I've done farm work, forestry work, various things, but they're mostly all short-term or temporary contracts. Nothing that's long-term and major, although I'm looking all the time for something decent. The best job I've had is research at the local college. I get called in when they get a grant to do research... Basically I'm a technician, more than anything, instructed by professors"*

*and lecturers, then I'm left to my own devices really to vary things until I can get the right result that I want."*

He was subsequently transferred to another consultant when his county decided to stop sending clients to services outside the area. His new consultant changed his prescription, and he became free of benzodiazepines and cocaine. At that stage, his relationship with substances changed.

*"By now I was free of benzodiazepines, and I became free of cocaine at that stage as well, and ... pretty well abandoned cocaine for good. I would occasionally lapse. But every time I did it I would regret it instantly. So gradually this lesson worked itself into my mind, and I abandoned (illicit) cocaine, and I was no longer receiving a prescription either."*

I asked him what had made him regret lapses with cocaine:

*"I no longer had any appetite for uppers of any sort. I abandoned amphetamine before my nervous breakdown, even I'd had enough of amphetamines. I became more and more fond of things which tranquillized me. The main ones obviously being opiates, opioids and benzodiazepines."*

The day I spoke to David, he was waiting in the community drugs team offices for a decision to be made regarding his struggle to stop resorting to illegal benzodiazepines when things get hard for him. He was quite distressed at some points during our conversation, and his concern illustrated a potential problem with scripting heroin. He felt that due to his relapses on benzos, he had put his legal source of heroin under threat. This was the first time he had been caught, but he admitted using them regularly throughout the previous six months. During that time, he had experienced three changes of key worker and had not seen the consultant psychiatrist. His language illustrated how fearful he was of losing his script. He was desperate to hold onto it. I asked him to describe his feelings in relation to his drug use. Themes in his reply illustrate his fear of punitive action:

*"Constant fear of cut-backs... I am concerned about this benzodiazepine use, very concerned... Basically, I've been caught out... self-medicating and fending for myself... I just automatically fell back into that pattern of behaviour... this ridiculous behaviour... I'm not supposed to be using benzos in conjunction with this prescription I've got, and I have stupidly done so... I'm afraid that there'll be repercussions to my opiate script. I've been treated so well and so fairly by this organisation and I've lied to them, I feel extremely guilty about that, and I don't find benzos easy to stop taking... I'm frightened."*

He displayed an obsession with the fact that he had been given a 'holy grail' of a script, which provided him with clean supplies of heroin. I was interested in why he appeared unable to consider reducing it or cutting it down. He regularly mentioned his fear of cut-backs, and justified his position with the reason that if he requests a reduction, or tries to stop completely, the resulting impact of withdrawal on his physical health would prevent him from working.

I asked him if he had ever wanted to change, to stop or reduce his drug use, as now, at age 40 his life apart from his script is completely normal. He is stable, he lives with a long-term partner and has regular work. He described how he is *"always in a state of anxiety about my prescription"*, but likens maintaining his current usage to taking an aspirin.

The dissonance I picked up in his explanation I would suggest reflects his relationship with his drug use and the meaning for him of maintaining his connection with the surrounding culture. He is an expert on many different drugs and their pharmacological effects. During our conversation the substances he mentioned included: cannabis; alcohol; heroin (as diamorphine and morphine sulphate also); cocaine; barbiturates; LSD; amphetamine; valium; DF118s; benzodiazepines (nitrazepam, diazepam and temazepam); dicanol; palfirum;

pethidine; ecstasy; methadone. He admitted to self-medicating many times in the last twenty years.

David could be contradictory at times. He would emphasise that his physical drug use...

*"... doesn't really affect my life in any way. I've got such a tolerance to them now, that it's really just a way of life which does not affect any other aspect of my life. It's just like a routine which I do, it's like taking an aspirin, to me it's just the same as that. It's like taking an indigestion tablet or something. It feels exactly like that to me, and I don't fall asleep after taking it, I don't even feel drowsy. I can work perfectly well, you know at quite a high standard."*

However, he would in the next sentence describe his fear when his prescription had been threatened in the past:

*"We've had a couple of scares over the years that Clwyd were going to change their policy and stop prescribing diamorphine like other areas in the North West have done. But fortunately in my case I still seem to be hanging on, but I do feel as if maybe I am hanging on by my finger-nails because I realise that with every change of government, with every change of Home Secretary, people on the Health Authority things could change. I'm always in a state of anxiety about my prescription."*

I felt that as David spoke, a large part of his rationale was very clearly tied in to drug and drug-injecting culture, perhaps even more so than his tie to the drugs themselves. This was suggested by the sense he gave that he was in some way trying to redress the moral balance between the time when he was dealing to fund his own habit, and his privileged position now virtually outside the environment of regular black-market heroin users. In our discussions regarding needle syringe exchange (NSE) and outreach, he described how he functions as a one-man NSE service to individuals and a variety of (illicit) shooting galleries in his area, which itself maintains his ties with the injecting drug-user community.

*"...we tend to help homeless people a lot. They've often got drug problems or more often alcohol problems. So by helping people like that I've got to know various people who've been in quite bad states of health and homeless, etc. I pick up 100 syringes a week, which I don't use all myself. I give a good proportion to either shooting galleries or to individuals, especially individuals who are in sensitive jobs and can't really go to chemists on a regular basis to pick up syringes in case they're seen doing it. Yes, in case they're seen doing it, because they're in jobs where they just cannot admit to being drug users especially injecting drugs. And so I supply, for example, a police officer, a bank employee, people with jobs where you've got to be pretty prim and proper to continue in their jobs. They cannot take risks, so I do this for them."*

*"I try and retrieve as many [syringes] as I can. I will give out the little black tubular containers. Sometimes I pick up five or six of them, and I will give them out when I think the individual isn't going to be conscientious about bringing me the syringes back in a bag or something like that. I prefer to give them a black cylinder if I can, but that's not always possible. And the people who are in the professional jobs, they are diligent about bringing them back anyway, so there's no problem with them. In shooting galleries, some do go missing now and again, but they all know how to disable a set of syringes."*

*Just outside here today, just outside the drug centre I picked one up off the floor and put it in my pocket and I'm going to dispose of it when I get home. So I try and do my best to counteract this problem of people just flinging them all over the place. Obviously, it's going to bounce back on the rest of the drug-using community if a few idiots throw them next to a school or something like that, which*

*is the case. One of the chemists just backs onto a school, and they park in the car-park which is between the school and the chemists. As you can imagine, some needles do get discarded in the car-park very close to the fence where the children are, primary school children. That worries me a great deal."*

David highlighted several times the need for local access to NSE, which is now being provided by the Harm Reduction Team and their mobile unit in areas where provision is thin, and in the more rural areas.

*"I know people who live within half-a-mile of a chemist and yet they would still rather use a blunt decrepit syringe than walk half-a-mile to a chemist to get a new one. Now that's beyond my comprehension, but if a van was to park just outside their house perhaps we could then get them to take new needles or use clean needles every single time, and then not have the consequence of blunt needles damaging their veins. I caused a lot of damage to my veins, but mine was caused by injecting temazepam when they were still in that liquid format. That's when I lost all mine, not through lack of using new syringes, but through injecting something that shouldn't have been injected really."*

He suggested that it would be really valuable to identify illicit shooting galleries and offer NSE and harm reduction advice on the spot. David currently has a network of users who call him for new equipment. He was pleased to see that more was being invested in outreach services. In the last ten years, he has witnessed an in surge of harder drugs into even the more remote areas, negating the need for users to travel very far to score.

*"I'm glad to see that there is real work being done in this area to tackle the problems. In the nineties, I have seen a complete transformation in this area, extending as far into the countryside as Llangollen, Corwen, Ruthin ... not just Wrexham, but rural areas. Everywhere is now awash with hard drugs, and so that you haven't even got the barrier of having to go to Liverpool every day, and the pull is powerful enough that we did. Even if you've got a job, you still find time to go, even if you only get a few hours sleep after, you will still go. Now you don't have to because it's everywhere, and therefore whatever can be done in this area needs to be done..."*

*I would ideally legalise everything, and get everything under the control of people who know how to dispense clean drugs in adequate quantities, sensible quantities. If necessary for people who can't control their usage, then they would have to take the drugs on the premises."*

*"I do believe in strict measures to make sure a black market doesn't develop in prescribed medication. I realise that that's a bit draconian for some people, but there are people who can be trusted but who work and who've got commitments and maybe they could be allowed to take their drugs away. But they would have to build up a relationship of trust over time before that was allowed."*

*"Basically I would legalise all drugs and get them out of the control of criminals, because this war on drugs is not a war on drugs, it's a war on people. You can't have a war on inanimate objects. The war is on people, and certain classes of people are suffering much more than other classes of people. The so-called underclasses suffer much, much more. They have not got access to private medication, they've got un-cooperative GPs who don't really want to treat them. So any increase in personnel funding, effort I would commend it, the more the merrier. I've thought a lot about these things."*

I asked him finally what his words might be to someone who was just starting on a drug-using career. His reply:

*"Nobody has got more will-power than heroin. Everybody, everybody who's tried other drugs and has heard the propaganda, and not just propaganda but honest, factual evidence still believe they are stronger than an inanimate object, a brown powder."*

*"They still think they are stronger, just like cigarette smokers, and beer drinkers say 'I could give up tomorrow'. Heroin users start with exactly the same mentality, 'I could stop tomorrow', and before you know it you cannot stop tomorrow without being completely incapacitated. It's not like cocaine when you're going to feel a bit unhappy and miserable, but you're not incapacitated. Heroin will incapacitate you and will force you to take more if you want to get anything done, anything done, get out of bed even we're talking, even that level."*

*"So, that's the main thing, don't. You must try to persuade yourself that there is something in this world that is more powerful than your will-power. It is a very difficult thing to do, because I knew all the dangers, I'd heard all the stories and was well-informed, and yet I still thought I had the will-power, because I had the will-power to control every other drug I took. So I thought 'why not heroin?' and I did control it for two years, and I do know one or two people that do do it occasionally, so there are the rare ones. But it is very, very rare, and most people will end up with an addiction which will escalate and force them to do things that they wouldn't have considered doing prior to their addiction. It will change their personality to the extent that they can take actions and behave in certain ways that without the heroin addiction they would never consider doing. So that really is my take on it."*

*"Other drugs I can't say don't try them because I tried them all myself, but I can say be careful what you're doing, be aware these are black market substances, they can all be cut. Whatever drug it is they can all be adulterated with harmful substances. But heroin is a different category to every other drug. It should be in a category completely on its own. It shouldn't be in a category with cocaine and LSD, it should be in a category triple A or triple X, something like that. It is a different thing to everything else."*

*"If you can't give up smoking, definitely don't start taking heroin, because you'll never be able to stop taking heroin."*

**Anni Stonebridge**  
**Performance Manager**  
**North Wales Drug & Alcohol Forum**  
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