



Romancing Opiates: Pharmacological Lies and the Addiction Bureaucracy

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For hundreds of years, addiction to drugs has seemed dangerous but with a hint of glamour. Addicts are a mystery to those who have never been one. They are presumed to be in touch with profound enlightenments of which non-addicts are ignorant. Theodore Dalrymple shows that doctors, psychologists, and social workers have always known these drug addictions to be false! They have created these myths to build lucrative method of expensive quasi-treatment.

Romancing Opiates: Pharmacological Lies and the Addiction Bureaucracy Details

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From Reader Review Romancing Opiates: Pharmacological Lies and the Addiction Bureaucracy for online ebook

Charity says

Wow, so I now I know what it would be like to read a book by the curmudgeonly old man who sits on his front porch and yells at kids to stay off his lawn. You can deduce, said neighbor, has no friends and/or meaningful relationships because his life is completely devoid of any and all joy. THE AUTHOR IS THAT GUY! I picked up this book without knowing much about this author which was my first mistake; a short web search would've let me know that he's the British equivalent of an amalgamation of any or all of the talking heads on American Fox "News." Lesson learned.

I thought he would, perhaps, use his medical/psychiatric expertise to speak to the crisis in America of rampant opiate addiction fueled by doctors and pain clinics that in their heyday, about a decade ago, handed out opiates (and refills upon refills) to patients they knew nothing about by the handfuls. Those opiates provided a high, along with a smooth mania that allowed "productivity," that many people who hadn't taken illicit drugs had ever felt before! And? It was PRESCRIBED! Certainly it was SAFE! Right?

Thomas De Quincey, author of "Confessions of an English Opium-Eater" shed some light on the euphoria he felt when he discovered opiates: "Oh! Just, subtle, and mighty opium! that to the hearts of poor and rich alike, for the wounds that will never heal, and for 'the pangs of that tempt the spirit to rebel,' bringest an assuaging balm; eloquent opium! that with thy potent rhetoric stealest away the purposes of wrath; and to the guilty man, for one night givest back the hopes of his youth, and hands washed pure from blood; and to the proud man, a brief oblivion for wrongs unredress'd, and insults unavenged....Thou only givest these gifts to man; and thou hast the keys to Paradise, oh, just, subtle, and mighty opium!"

It's no wonder, given it's addictive nature and response people have to taking it for even a short amount of time that users find themselves in search of more, when the prescription runs out. It's not such a long distance from Point A: a housewife who had knee surgery and is prescribed Vicodin as needed for pain to Point B: that same housewife finding herself in the wrong part of town trying to score heroin, which is, for the record, much cheaper and easier to get a hold of than prescription pills.

Never mind all that though, because Dalrymple, who has never suffered at the hands of addiction (although boasts loudly and often that he doesn't need to feel addiction to come to his conclusion), tells us this: Addiction is all in the head of the addict! Withdrawals are nothing more than what a little flu might feel like. Withdrawal is simply an excuse for dirty, weak addicts to continue using a drug that has, in most cases, caused them to lose everything they once loved. What would he say to that? Addicts who lose everything they love deserve to because if they do heroin, they were miserable and never really loved those things anyhow. Addicts do NOT need treatment, it's a waste of government money, because they can kick it themselves, if people would just GET OVER treating them like SICK PEOPLE!

This is true then, of any kind of addiction, in his estimation. You're an alcoholic? Scrap all that nonsense you've heard about genetics because you are CHOOSING to be an alcoholic. You're too fat? Well, you better not expect someone to help you pay for your bariatric surgery because all you need to do is put down the fork, push yourself away from the trough and get some exercise! Eating disorder? PLEASE! Just eat a burger! And so on and so forth.

While I believe in a healthy, reasonable amount of personal responsibility, I also firmly believe that an

untold number of traumatic events, both big and small, are behind every decision to shoot up, knock back a handful of pills or walk away from loved ones to seek out that next high.

If you are suffering from addiction or love someone who is, this is the ABSOLUTE last book you'd EVER want to pick up. However, if you're looking for a gift for your crabby, hard-of-hearing uncle whose stream-of-consciousness complaining takes up 99% of the Thanksgiving dinner conversation? LOOK NO FURTHER!

Sarah says

Only read the first third of this one, the part that actually dealt with the author's take on opiate 'addiction'. The other two parts held little interest to me (start breaking down opium literature from early 19th century authors, and you're gonna lose me ...), but I did enjoy the author's dry, witty humor that was laced throughout.

Overall, I loved the portion of the book that I focused on. I want to pass out copies to all the docs and PAs at my job, and lay some copies around the nursing stations for people to enjoy. Reaffirms my own observations and opinion of methadone!

Douglas Wilson says

eye-opening

Jen says

Eh. The first half was interesting. Sorta. The last half was drivel. Goes to show that you can be a total douche and still be right half of the time.

Eric Cheven says

Dalrymple's thesis is that drug addiction is a choice, a bad choice. He contends that it is not an illness, but a characterologic failing, an (apparently) easy out from ennui and lack of purpose. That raises the very thorny question of nosology itself, which he did not address in his book, and which I do not address here. He argues that the co-incidence of criminality and addiction is because people who are criminally inclined become drug addicts, not that drug addicts turn to crime. He notes that most of his addicted patients in prison, where he worked, committed multiple crimes before becoming addicted.

He shows that the "torments of withdrawal" are largely exaggerated. Certainly that is right physically. I have seen patients die of alcohol withdrawal, but never from opiate withdrawal. I think he fails to adequately examine the question of craving and abstinence-associated dysphoria. But he is right to challenge the concept of "irresistible" when it may simply be "not resisted."

This book is a refreshing dose of iconoclasm. I recommend it.

Sandra says

3.5 rounded up

Mary Catelli says

A rather grim book. Dalrymple worked for years as a prison doctor and at a hospital in some of the worst slums in England. So he knows whereof he speaks.

And there's no denying that the addicts he sees live grim lives. He observed to many of them that it was clear that freedom was to them a concentration camp: whenever they were sent to jail, they would be miserably malnourished, even starving, and in jail they would recover their health -- only to return months later in the same condition. None of the addicts disagreed.

But -- both the ease of addiction and the pains of withdrawal are commonly grotesquely exaggerated, and he marshals an impressive array of studies to show it. To be sure actual, physical withdrawal has some symptoms, but none serious. He objects to the standard description of withdrawal as like a bad case of flu, because in fact flu kills people, which opiate withdrawal doesn't. He also points out the wickedness of justifying the crimes the addicts commit on that ground; how many people would commit burglary to avoid a standard case of flu? Also, he took to asking addicts when they first went to jail, and at a different time, when they had first used heroin. Sixty-seven out of a hundred had taken heroin later, and eight had taken it for the first time while in prison. Given the number of crimes it takes to get to jail in Great Britain, they were hardened criminals by that time.

Then he discussed the literary works on which the romanticized view of heroin rests, and the flaws in it. Coleridge, for instance, was describing not opiate withdrawal but alcohol withdrawal, which is much more serious. (But being a drunk sound so much more romantic.) Others were lying, about how they started, and may even admit that it takes time, and regular daily injections, to get addicted, while in other places claiming it was easy.

This leads into the impact of such romanticized views on the bureaucracy to deal with the addicts, and the damage it does. Which is not pretty. He recounts having tried to bring up the problems only to be charged with trying to undermine the consensus.

Grim stuff. Interesting reading, still.

Bianca says

An interesting perspective on pharmaceuticals and addiction. Not sure I agree with everything that was written but it is good to know what the range of views on this topic are.

Jeremy Thomas says

Fantastic book. Unfortunately I'm not sure the extent to which I like it because it plays to my prejudices.

Dfordoom says

In *Junk Medicine* Theodore Dalrymple argues that everything we know about heroin addiction is wrong. Or at least, everything that is taken for granted about this subject is wrong.

Dalrymple spent many years as a doctor in both an inner-city hospital and a prison in a major British city so he's had ample opportunity to see the problem at first hand.

The fact that addicts tell outrageous lies will come as no surprise to anyone who has ever actually met an addict, but far more shocking is the fact that the same lies are not only believed but actively propagated by doctors, nurse, therapists and counsellors working in the field of addiction.

The truth is that physical addiction is a trivial matter. Withdrawal from heroin is infinitely less dangerous than withdrawal from alcohol. Addiction is not something that just happens to people. You have to work hard to become a heroin addict. Addiction is no accident. It's a choice.

Dalrymple also explodes the myth that addiction forces people into crime. He argues that the reality is quite the reverse. People start off by becoming involved in criminal subcultures and then become addicts.

Addiction is not merely a choice, it's an attractive choice. It absolves the addict of all adult responsibilities.

Treatment methods such as the use of methadone are entirely useless. In fact any kind of treatment that starts from the proposition that addiction is a medical problem is bound to fail. Dalrymple's prescription is simple - we should close down all drug treatment clinics. The only purpose they serve is to provide employment for doctors, nurse, therapists and counsellors. A bloated taxpayer-funded bureaucracy has come into being that exists only to perpetuate itself.

Dalrymple also takes aim at the drug-fueled literary tradition that has given opiate addiction a false glamour. He suggests that poets such as Coleridge and Baudelaire might well have produced a good deal more worthwhile work had their brains not been addled by drugs. He reserves his especial venom for William S. Burroughs, and rightly so.

Dalrymple is always provocative but given the fact that the growth of the addiction treatment industry has coincided with a spectacular growth in the number of heroin addicts one has to admit that he has a point.

Jerry says

Dalrymple is an excellent writer, and his experience and research about opiate addiction is convincing. Not only is the physiological addiction model false, the treatment we provide drives opiate use. Timely stuff

given our current opioid epidemic.

Megan says

Dalrymple should be congratulated on his original thinking. He busts through myths surrounding opiates and the people addicted to them with vast amounts of research and anecdotes to back him up. i didn't quite make it through the whole book, but even if you read the first chapter it's worth it.

Sunbonnetsioux says

I like Dalrymple and have read one other of his books. I wondered if this one might be somewhat dated since it does not address narcan at all, nor suboxone. However, I think his underlying premise, that heroin addiction has been gradually transformed into a "medical problem" is plenty relevant.

Notable passages:

p 99: "The distorting hall of mirrors in which everyone deceived and half-deceives everyone, including himself, everyone lies and half-lies, raises expectations and then dashes them, pretends to feel what he does not feel, says what he does not think and thinks what he does not say, and yet gives no sign of the slightest awareness of any of this while being aware of it all the time, is the Romantics' legacy to the world, at least with regard to opiate addiction."

If there is one thing I have seen at work in the "overcoming addiction machine" it is this. Lots of saying the right words, expressing the right emotions, nodding in the all the right places, and averring new behavior in the future, while all the time not intending any of it. Or, if intending in the slightest, not aware enough of self to begin to comprehend what they mean.

More on p 105: "Man's life is a permanent disappointment to him. His state of dissatisfaction, or, at least, awareness of imperfection, is a permanent feature of his existence. But in addition to his existential anxieties -- What is it all for? Is there a transcendent purpose to our sojourn in this vale of tears? -- he has usually added his mite to ensure that his life contains more wretchedness than it need do. No wonder he seeks that "sweet, oblivious antidote" of which Macbeth speaks to the physician:"

p. 106: "[The class from which the great majority of heroin addicts now come] have no interests, intellectual or culture. The consolations of religion are closed to them. As for their family lives, loosely so-called, it is ally of an utterly chat nature, a quicksand of step-parents, step- and half-siblings, and quite without an orderly succession of generation. Their sexual relationship are a kaleidoscope of ephemeral couplings, often with abandoned offspring as a result, motivated by an immediate need for sexual release and often complicated by primitive egotistical possessiveness leading to violence and conflict. Their emotional life is intense but shallow, and their interactions with other governed by power rather than any kind of principle. Life is a matter of doing what you can get away with.

Other great points on p 108. 109, 111. 114.

Amy Curtiss says

This book opened my eyes to the power of fiction to shape reality. How many times have I seen people in movies or on TV SUFFERING HORRIBLY for weeks on end trying to "kick" heroin? And here's this awesome doctor saying, hey, it's not that bad, really. And I totally believe him. We make jokes about the real killer, alcoholic's delirium tremens, and assume, because we saw it on tv, that it's MUCH worse to be sweaty and vomit for a few days while you stop shooting up. I agree with the author that it's also a pit for the users because they may lose hope without ever trying to get away from their addiction, and some will die from an overdose before they know that there is a future after heroin. I have read some of this author's other books of essays, he is a treasure, a medical professional unaffected by politically correct thought police.

Gineke says

A good book, based on personal experiences of the author and literary examples. Though this book provides a new perspective for the debate, it tends to be rather onesided.

Davy says

The first time I read a book from Dalrymple (about the underclass) it enerved me a lot, because of the lack of scientific and historical correctness, but this time I couldn't stop laughing. Such rubbish. Yes, you can probably loose your fysical heroïn-addiction in a few days, but should a psychiatrist not know the psychological addiction to drugs is much, much more harder ? Take tobacco - probably one of the most addictive drugs - for example, it's probably very 'easy' to quit smoking, you won't get sick, you won't have a 'cold turkey' but if the fysical abstinence is so easy, why then is it so hard for people to stop smoking (I'm not a smoker, my wife is, she's been quitting for 10 years now but everytime she's stresses from work, she grabs a cigarette) ? The most effective way to stop people using drugs seems to be the Chinese way: just shoot the addicts....

Ari says

Dalrymple is cranky to the point of being almost reactionary. However, he might not be wrong. The author's claim is "opiate addicts take drugs because the drugs are yummy and the rest of their lives are lousy. They wildly exaggerate how serious the withdrawal symptoms are, as a way to manipulate doctors into giving them drugs and to manipulate society into forgiving them for their addiction. Moreover, addicts have been talking in this dishonest way since the early 19th century, with Coleridge and De Quincey."

The claim about withdrawal symptoms is maybe the most startling. However, Dalrymple backs it with extensive citations to the medical literature, and everything I've been able to dig up confirms this. Opiate withdrawal is unpleasant, but it just isn't dangerous. When patients don't realize they are opiate dependent, it can be mistaken for the flu. (In contrast, abrupt alcohol withdrawal has a high risk of death or permanent brain damage.)

The claim that patients want the drugs, and aren't compelled by their addiction seems to me more

complicated than the author credits. Part of the horror of addiction is how people's desires shift. It might be that the addicts do want the drugs, but also that taking the drugs caused those desires.

Dalrymple is a right-winger and his point about how people use drugs to escape unpleasant lives is made in a somewhat condescending judgey right-wing way. But it's not a distinctively right-wing point. I often hear progressives making the same point about drugs as an escape from the misery of urban poverty. I think the point is plausibly correct.

Bob says

In *ROMANCING OPIATES*, Dalrymple explodes the entire mythology of opiate (heroin) use. It is a penetrating, very skeptical look at the addiction treatment world, exposing it as a conspiracy of vested interests all around, from doctors to addicts, who all want to perpetuate the myth that opiate addiction is a "disease".

Far from being near-instantly addictive, it takes not only time but conscious effort & even intent to become hooked on the stuff. As Dalrymple points out, narcotics are regularly used for legitimate pain relief after medical procedures & rarely lead to addiction & the downward spiral into squalor.

The Dr.'s major point, which he demonstrated clearly, is that opiates are not physically addicting & more than that, the physical withdrawal even from heroin is trivial. This is a salient point, & one that if true (& he makes a strong case for it) should be far more widely disseminated.

So what is opiate use? It is not a medical condition, as many would believe. Dr. Dalrymple convincingly argues it is a moral weakness. Indeed, many opiate users themselves have stated to him such things as a willingness to quit after a child is born. Yet what other disease could be cured in this way? Not cancer or the residuals of a heart attack. Clearly users themselves realize that their opiate use is a substitute for a deeper meaning in their own lives.

This book is an eye opener & should be read by many. More doctors working with addicts are now writing more clearly about addiction & a majority of the newer works are in agreement with this book. Hopefully this will give you a hunger to discover more

Noah Graham says

While this is the best book on drug addiction I read this year; it's light on science, lacking indepth character studies and some of the authors opinions demonstrate a cynicism about human nature beyond what the facts justify

Rob Dewitte says

Dalrymple thoroughly refutes the widespread myth that the vast majority of addiction to opiates--heroin, morphine, and opium--is any sort of medical danger or disease, and thereafter effectively criticizes the

addiction bureaucracy as not only ineffective but ultimately an amplifier of the addict's problem. In TD's mind (he's an MD), the doctor-patient relationship with regard to opiate addiction is a complex kabuki dance of addicts pretending to be sick, and doctors pretending to help them. He traces the dramatization of heroin withdrawal from 18th-19th century literary figures De Quincy and Coleridge. Dalrymple has dealt extensively with addicts in his work as a prison doctor, and seen, among other things, the way addicts with employ dramatic histrionics to procure more drugs (like methadone), and instantly stop doing so when told they won't get any drugs, implying that there is no real pain associated with heroin withdrawal. He notes that alcohol withdrawal is far worse and far more dangerous. Good read, if a little heavy on the literary impact--though he does maintain that opium / heroin literature has actually done real harm to people.
