

The Unhooked Outsider

A perspective by William Pryor

Most addicts are outsiders, in that they don't fit in, they disdain how insiders deal with pain and pleasure, life and work, purpose and ambition, private and public. An outsider is alienated, as both Albert Camus and Colin Wilson made clear, not part of the social glue that sticks 'ordinary' people together, someone whose worldview is at odds with any consensus. The outsider finds the social community of the world around him uncomfortable and threatening, and, in his addiction, creates his own, safer, more knowable and predictable reality.

The medical, addiction treatment and criminal justice establishments seek to annex these realities, to bring addicts in from their outsider status by fitting them into their illness story, locking them up when their behaviour is unacceptable and prohibiting their sacramental substances. We have to have standards, the mythologies of addiction tell us, and addicts are either sick or crooks or both; definitely a danger to society. We must cast out their devilish practices.

Confronted by the obvious suffering, chaos and criminality that imbues and surrounds addicts, the various establishments are compassionately and politically driven to react, to wring their hands, to do something, anything. Anything but understand that addiction is, in part, an expression of the dysfunctions of families, communities and whole societies. Indeed addiction is a dramatic way of saying you don't fit in, and is fast becoming the route of choice to becoming an outsider. Societies and families will accommodate your needs – they will despise, misunderstand, patronise, criminalise and medicalise you to your hearts content – all you have to do is adopt the addict position. The big problem is that the micro-climate the addict creates for himself is even less sustainable than is the world humans have, more generally, built for themselves; they both contain the seeds of their own destruction.

The big question is why would anyone want to adopt such an uncomfortable outsider status; why would they want to be criminalised, patronised and medicalised? It doesn't make sense – they must be ill, poor things; can't know what they're doing. But it is a symbiotic relationship: to maintain a coherent idea that it works, that its goals are worthwhile, its morals worth fighting for,



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society has to have a clear example of what it is not. So the mass of insiders need the odd outsider to confirm it is a good thing being on the inside, that it is worth overlooking the moral ambiguities and contradictions of society. Anyway it's not a question of the outsider wanting to cast himself out, but that he feels himself to have no choice: he condemns society around him for its shortcomings.

Take the psychiatric, medical and addiction treatment professions: they find it useful to describe addiction as an illness. They also find it useful to 'discover' 57 different varieties of depression, all of which require medication. To remain insiders they must overlook the fact that this medication is what they would otherwise call addictive, in fact more devastatingly so than many banned substances. It's enough to drive one to become an outsider!

www.unhookedthinking.com



I work in a rural area and am trying to think of ways of interesting local youth in drug safety messages. Many of the young people in our county are spread out without easy access to a youth centre. Can anyone suggest how to get drug and alcohol messages across to young people in rural areas?
Hugh, Cumbria

Those in the know

Hi Hugh

Ask your local schools for advice. That's the one place that (most) kids will turn up to regularly. Schools I have approached have usually been only too pleased to share thoughts on how to make drugs education more meaningful – particularly of there's anything you can contribute.

In my last job I often visited local schools to take part in lessons with Key Stage 3 (11 to 14-year-old) children. It can be quite rewarding to be directly involved in changing misconceptions.

Tim, Warwickshire

We're all individuals

Dear Hugh

Find ways to get information to local young people without having to round them up to meet. It's notoriously difficult to get them to meet regularly outside their chosen peer groups, unless you're offering some flash (and usually expensive) activity.

Distribute messages where they will see them – cards with website addresses on, where they can explore drug safety messages for themselves. As well as the more obvious ones such as the government's www.talktofrank.com, you may find there are sites for local organisations that can lead young people (or their parents) to get in touch with local services if they need more help with a particular issue.

If you search on the web you will find all sorts of excellent websites that offer advice and the chance to ask confidential questions. Barnet DAAT's www.wotzdafactz.co.uk is a good example of a comprehensive local

initiative. See if there's anything that would be relevant to your area.

Good luck!

Cheryl, London

Hanging around

Dear Hugh

You could ask local doctors and dentists if they'd be happy to put some leaflets in their waiting rooms. You could also approach schools, although that would have to be done with some sensitivity. Why not try and place posters in any places where young people are likely to go – try asking bus companies and the owners of internet cafes. Finally, what about suggesting to topical local radio programmes and local newspapers that they do a feature on drugs?

Ian Wheeler, patient services manager, Harrogate Clinic.

Useful connections

Dear Hugh

One way to get the drug and alcohol message to young people would be to liaise with your local Connexions Office and ask if there is any education work they can deliver in schools across the area. You could also consider setting up community sessions. Where I work in Fareham, Hampshire, we use community sessions to work with young people and their parents, and this has been positively received by the local school, community and community Police.

I am also aware of a project that took place in the Yeovil area whereby a mobile unit was sent out in the evenings to outlying areas to deliver interactive drug and alcohol sessions. This had a positive impact on substance usage in rural areas.

Simon Defty

**Connexions personal adviser
South Central Connexions**

Reader's question

Tobacco smoking is one of the deadliest addictions, yet seems to be largely ignored by the substance misuse field. Do any treatment providers give advice on stopping smoking while treating other addictions?

Jodie, smoking cessation co-ordinator

Email your suggested answers to the editor by Tuesday 24 January for inclusion in the 30 January issue of DDN.

New questions are welcome from readers.