Chapter 10
Addiction and Drug Dependence

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RECONSTRUCTING AN IDENTITY:
STUDYING THE RATIONAL USAGE
OF DRUGS FOR DE-ADDICTION

Patient Narrative by Marjorie Kirkpatrick, Open University, UK

The following narrative describes what the author discovered about addiction while studying psychology. The first part describes her illness and recovery. It examines why the author was driven at age fifty to fight chronic fatigue, and overcome a range of disabilities to achieve her goals and become a scientist. The reader will share the ten year journey as the disabled identity is replaced by a strong identity that is geared toward achievement. The second part describes the problems the narrator experienced when the diamorphine that she uses for pain relief became unavailable in the UK. For over six months she was obliged to use methadone, which seemed to have a disastrous effect on her grades. Part three is written in the style of a Literature Review and examines what the narrator has learned about addiction during her journey around the human brain. The fourth part describes the sociological and political changes that have taken place over the last one hundred and fifty years. It examines how these changes have affected the narrator and many thousands of addicts and their families, not only in the UK but worldwide.

In the early 1990s, after over twenty years as a legal diamorphine addict I was struck with a mysterious illness. By 1998, I had lost the use of both hands and could not stand up straight or walk more than about 25 metres. I had developed osteomyelitis, and chronic fatigue (I would wake up exhausted and get more tired with every movement). In early 1999 the cause was finally diagnosed as hepatitis C., and my liver was barely functioning.

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Following recovery I spent ten years in higher education attempting to find the answers and understand more about the causes and progress of addiction. I was put on amphetamine slimming pills at age 12 to 17. It was almost a direct consequence of the amphetamines I suffered a highly traumatic adolescence. My addiction to heroin developed from that. In order to consider a cure for addiction it is essential to understand why people take drugs initially. Only when the problems that caused people to turn to drugs are understood and dealt with, will there be any chance of a fulfilled and productive life. I always believed I would need to get free of diamorphine before I could achieve anything worthwhile but after my illness I needed it for pain, and probably will for the rest of my life. There was no point waiting any longer. I have two bachelor degrees, two diplomas, and I am half way through MSc. It was not through higher study that I finally began to find some of the answers, but through talking to addicts.

In 1999 the liver clinic specialist told me I was far too late for a new treatment that was being tried (Interferon). My liver was bound to be too damaged (this had not been tested). In any case, I would need to get off diamorphine and stay off for six months to prove I was worth wasting the thousands of pounds the treatment would cost. I was informed that patients with hopelessly advanced liver damage would be a waste of time and money, and could even skew the findings over the treatment’s effectiveness.

“To be honest, I am afraid you just don’t have that long – even if you went into rehab today. Your only option is to put your affairs in order and try to enjoy the time you have left.”

I asked how long I had, and immediately regretted asking, as the answer was not what I wanted to hear.

“It is impossible to say as every case is different but a best guess would be somewhere between six weeks and six months!”

I told my family that I had hep C., but I did not tell them that I would be lucky to see my next Birthday and not to include me in their plans for Christmas. In order to pass the time usefully, and to give me something to leave to my daughter I started writing my first book. It was intended to be things I wished my mum had told me before she died (when I was seventeen) and things I wanted to know when I had her. It became a collection of funny stories from my childhood but writing it seemed to increase my strength.

To some extent my clinic and General Practitioner were at fault in failing to recognise my symptoms but there was nothing much that they could have done. I eventually found out what was wrong in 1998 when a friend went into a private rehab unit. The staff there were testing all patients for a newly discovered hepatitis virus, which was still incurable. When he described the symptoms to me I realised that this was wrong with me and I asked my G.P. for a test.

Once I told my drug clinic’s consultant about the liver unit’s prognosis she was brilliant. She wrote to the chief consultant at the liver unit and explained that I am a legally maintained addict, who has been a participant in many studies and a longitudinal piece of research. She added that it was highly unlikely that I would be re-infected as I no longer come into contact with other addicts in my current life-style.

When I went back to the liver clinic I was treated like royalty, my case was passed to the top man and he apologised for my negative experience on the first visit. He sent me for more blood tests and promised to do everything he could to save my life. Of course this was too little and too late to do any good as the new series of tests all came
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