

No Scaremongering – Sample Chapter

I want to make one thing clear at the outset.

I am no scaremonger, nor an alarmist bent on spreading frightening information around in regard to the dangers inherent in the use of substances with the potential for addiction, some of which will be dealt with in this book.

Neither am I a sensationalist, comparable to some from the tabloid press who, bent on sensationalism, thrive on the use of exciting or shocking stories or employ language with the intention of provoking public interest, to boost the sales of their book, to increase the possibility of landing it on the best-seller list, perhaps the best-seller list of a renowned paper such as the New York Times.

Naturally, it is the dream of any author to come up with a title that will hit the headlines—to strike it lucky like the Harry Potter series and gain worldwide readership and enthusiastic fans, some of whom will not mind queuing long hours in front of bookshops, supermarkets and other retail outlets, sometimes in the biting cold of a winter's night, to grasp their copies of the latest in the series of their cherished novel, well before the shops open their doors for business in the morning.

What author will also not cherish the idea of turning up for a book-signing event, to be met with crowds of adoring fans, each demanding the author's authentic signature on a page of his/her newly acquired copy of the author's latest work?

Though I will consider it a privilege to be counted among the successful authors of our age, deep in my heart this is by no means the primary goal or motivation that led me, over the last several days, to spend long hours writing this book, on occasions burning the midnight oil deep into the night at a time when others might be lost in deep sleep, probably snoring loudly

or dreaming—pleasant or unpleasant dreams. It was a matter of self-discipline and commitment to sit in front of my laptop pouring out my thoughts in order to come up with this book. One may believe me or not, but the Lord, whom I serve with all my imperfection, knows from the bottom of my heart that neither profit, nor gain, nor fame is the motivating factor that led me to do what I am doing, namely writing this book.

By the grace of God I have trained to become a doctor, albeit not the very best among my peers. Although I can only dream of the weekly average salary of many a premier league footballer in the United Kingdom of Her Majesty the Queen, I cannot by any means count myself among the least earners on the British Isles. Indeed, while I am not among the quarter-millionaires, semi-millionaires, millionaires and what-have-you of our age, I can nevertheless boast of an income that permits me and my family to live a decent life. Put another way: I do not need to do what I am doing now, yes, writing a book to earn a living.

Why then have I taken the trouble to do what I have done, namely to have produced a book that seeks to highlight the problem of substance abuse with the goal of preventing in particular the youth from indulging in the practice?

After finishing my medical training in Germany, I ended up moving to the UK to work as a locum GP. Allow me to explain the term locum GP for the sake of those not conversant with the term. That individual is a doctor, in this case a general practitioner, who usually does not have a practice of his/her own. Instead, that individual has chosen to work fully or partly as a freelance doctor, who assists other established practices to fill short-term shortfalls or vacancies arising from ill health, maternity leave or the annual vacations of the regular staff. One of the advantages of being a locum is that you can divide your time to suit your personal schedules.

One disadvantage of working as a locum GP is what I describe as “no work, no food”. Indeed, there have been times when I have been forced to go to work, despite not feeling well, simply because I needed the money that I would otherwise not have earned.

Nevertheless, I chose to work as a locum doctor in order, in particular, to give me the freedom to pursue my career as an author.

Initially the agency I registered with found me work in normal GP surgeries. In the course of time they sent me to work in an unusual setting, namely in the healthcare department of a prison.

In time, I was sent to work in various prisons on the British Isles, especially in England. I can count at least ten different prisons in the UK—from HMP (Her Majesty’s Prison) Wandsworth in the capital, London, to HMP Hewell in Redditch, a town about 160km to the north- west of London, to HMP Norwich in the east, HMP Hull in the north, right through to HMP Altcourse near Liverpool. My work has not been restricted to male prisons. I have also worked in female prisons, for example HMP New Hall near Wakefield.

In the course of my prison work, some facts that were previously not known to me have come to my notice. These include the following:

- Quite a large proportion of the prison population are young adults between the ages of 18 and 30. Of that number a considerable proportion are in prison for illicit drug and alcohol-related offences.
- Of the number serving sentences for drug-related offences, only a small proportion can be described as “purely” drug dealers—by that I mean those caught trading in drugs, who themselves are not drug users. They may give you several reasons why they found

themselves in that situation.

- The large majority, at least based on my own observation, of the inmates sentenced for alcohol and drug-related offences, had committed various offences— theft, burglary, fraud, dealing in drugs etc—to fund their addiction.

I do not want, at this juncture, to open a debate on the complex issues of crime and addiction. On the basis of my own prison experience, however, I beg to conclude—you may choose to disagree—that many of the inmates sentenced for drug-related offences are not criminals as such, but victims of their addiction.

Another observation I made as a result of my over six years' work as a prison doctor is that once one becomes hooked on drugs or alcohol, or both, it is almost impossible, if not entirely impossible, to get "clean" of the substances involved.

Later I will dwell on the therapy options available for such addicts. Let us take heroin, for example. There are three substances generally in use—methadone, buprenorphine and naltrexone. I do not wish to open a debate on the complex issue involved here. But can we actually regard the prescription of methadone, buprenorphine and naltrexone for people addicted to heroin as a therapeutic strategy in the real sense of the word?

For example, a person suffering a common infection is usually cured after a course of antibiotics over a few days. A person experiencing a common headache can experience relief after a day or a few days' intake of paracetamol or ibuprofen. That cannot be said of the above substances employed for people addicted to heroin. Some stay on them for the rest of their lives, for the moment the substances are withdrawn they experience withdrawal symptoms that force them to go back to the use of heroin. Quite a good proportion of those on methadone, at least based on the insight I gained interviewing them, still resort to the use of heroin, despite being on the said substance.

It may sound brutal, but the saying that “once addicted, always addicted” is not far from the truth—at least based on my prison experience.

The problem of re-offending due to the irresistible craving for drugs is one thing; the direct and indirect effect of substance abuse is another factor that cannot be ignored (more on that later).

Working as a prison doctor, often prescribing methadone and buprenorphine (subutex) in the cases of heroin addiction, and chlordiazepoxide (librium) in the case of alcohol (more on that later), brought me into a personal conflict. Much as I would have wished that the medication I prescribed would lead to the long-term cure of those involved, the outcome of my effort, at least in the short term, was disheartening. For the same inmates I had helped a few weeks earlier turned up again in prison as reoffenders, having again committed crime to fund their addiction.

For many of them, it is vicious cycle without end.

In the course of time I became deeply frustrated, as I felt helpless before the huge problem of substance abuse. What served as the proverbial last straw that broke the camel’s back, indeed that led me to come up with this book, was the experience I had recently working in a female prison. I came across a young inmate who was about the age of my daughter, 18 years old. She was in prison for drug-related offences (she committed theft to fund her addiction to heroin).

Doctors and other health professionals usually maintain an emotional distance from their patients as a defence mechanism to help them cope with the human misery and suffering they are exposed to on a regular basis. Though several years of work in the medical profession has conditioned me to withstand such emotional challenges, the fact that this young offender could easily have been my own daughter nearly broke my heart. If

only to mollify my own conscience, I decided to come up with this book to educate the youth in particular and the general population at large concerning the risks inherent in the use of illicit drugs and alcohol.

The book, while touching on the possible cures available, will emphasise in the main prevention—for prevention, as the saying goes, is better than cure. Indeed, when it comes to the matter of substance abuse, the statement gains even more urgency.

Some tell me the problem of substance abuse has become a global problem of immense dimensions. The battle might well be described as long lost, to the extent that a book that seeks to counter it could be compared to dropping a single drop of red paint into a huge ocean with the aim of altering its colour.

I have indeed no illusion as to the magnitude of the problem involved. Still, in my opinion, resignation in the face of the monstrous foe is not a way forward. If my effort leads even to a single individual refraining from trying or experimenting with the substances dealt with in this book, I will consider my goal as having been achieved.

Having said that by way of introduction, I shall now embark on the task I have set myself.

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