



The Left Atrium

A is for addiction

how to stop time: heroin from A to Z

Ann Marlowe

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North America's single most compelling social disaster — substance abuse — is implicated in most criminal activity, family disruption and interpersonal grievance. Physicians know this, especially those in the field of addiction medicine. Their patients are destitute, infected, marginalized and often afflicted by an underlying mental illness. Which brings me to the contradictory considerations of this remarkable book, *how to stop time: heroin from A to Z*, by Ann Marlowe, a highly intelligent woman who earned big money as a Wall Street analyst in the late 80s and early 90s and chose to use heroin just because she wanted to.

Addiction, so conventional wisdom has it, is about loss. Loss of control. Loss of resources. Loss of good health. Loss of support. Ann Marlowe lost nothing. Her memoir has a hard, implacable edge, almost as though she were reporting on a study in which she is the single experimental animal. She sought, and apparently found, that fine line between the pleasures of addiction and its risks, quantified and deliberately avoided. (See under "junkie.")

Is Marlowe an addict or not? What is addiction? According to the DSM-IV, addiction involves substance tolerance, symptoms secondary to substance withdrawal, escalating substance use, reduction in social and recreational activities because of substance use, and an increased expenditure of time to obtain and use the substance. Given these criteria, it is difficult to label this author as an addict. As for her own definition of addiction, Marlowe writes: "I'd call it a form of mourning for the unrecoverable glories of the first time."

Marlowe dwells at length on the

magic of the "first time" high and the endless pursuit of that magic. Magic and myth go hand in hand, but Marlowe is contemptuous of heroin mythology, especially the myth of heroin's glamour: "heroin isn't that wonderful: it's a substance some of us agree to pursue ... because it's easier to do that than figure out what is worth pursuing."

Still less does she buy into the popular view of addiction as uncontrollable need. "All but the severest dopesickness is no more rigorous than a nasty flu," she points out acerbically, and thus is no excuse for criminal activity or bad behaviour. Interesting stuff. But where does it leave us in considering Marlowe as an addict?

I'm not sure. I've never had a patient like this. In fact, I doubt if any of my patients would recognize her as a fellow addict. How relevant to everyday addiction medicine, then, is Marlowe's story? Not very, perhaps. But as a memoir of one drug user's personal philosophy, it is completely fascinating.

Marlowe's prose is spare and elegant. Her reflections are structured around alphabetical headings, just as she describes her life as structured around the rituals of heroin use. She makes incisive observations about the twin cultures of heroin use and rock music, both tactics to forestall confrontation with the future by a society that venerates instant gratification and entitlement. A need to keep returning to the past, she tells us, "isn't an innocent one. It's about stop-

ping your passage to the future. It's a symptom of the fear of death and the love of predictable experience." This is a distillation of Western society's fascination with substances that numb the pain of loss engendered by continual fast-paced change. It is an acknowledgement of heroin's role in the search for predictability, ritual and the certainty of a particular social acceptance in an uncertain world.

Marlowe weaves a compulsive fabric connecting her experience with heroin use with a family history whose dark corners are revealed only fleetingly. Friends and lovers appear and reappear over the years, part of the drug culture's shifting world. But Marlowe remains a self-confessed loner: detached, emotionally uninvolved, an observer. Perhaps some of this book's fascination lies in a sense of deception. This coolly rational dissection of one woman's heroin use has several implicit flaws, not least of which is its variance from the experience of most other users. The author's revelations are layered and guarded. One suspects they only skim the surface.

Would I recommend this book to physicians practising addiction medicine? Absolutely.

I would recommend it to anyone who has observed drug addiction either professionally or personally. Even if Marlowe is an outlier, her insights are acute. She makes no comment on the role of physicians in her world. I suspect they are of no importance, for they have nothing to offer her. No victim, this. In a world inhabited by victims, this book is refreshment indeed. Read and enjoy it. And be thankful if you don't have the challenge of a patient as formidable as Ann Marlowe in your practice.

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