Pain, Pleasure, and Drugs

Good evening everyone and thanks so much for inviting me to speak tonight. I think it was a brave and interesting decision to ask me to speak at your conference, and as I said to Brendan when he called, I always thought if I could be anything other than a junkie chef I would loved to have been an anaesthetist.

I know I’m not the only junkie to have had that dream.

The particular power that anaesthetists practice, which it seems to me... is the power of safely maintaining life somewhere between consciousness and unconsciousness, is the holy grail of self-injecting opioid users. It is probably a good idea at this early point to let people know that I have put on hold the dark art of using heroin for well over a decade now, but again, as Brendan suggested, as pain specialists, you have an interest in hearing about how individuals deal with pain on their own terms as well as how, as experts, you understand and medicate pain for your patients. No doubt the main reason I’m here tonight is because I wrote High Season, which as the title suggests, is a memoir about using heroin and working in the hospitality industry.

High Season came about as a result of going to university as a 38-year-old mature age student. I did a BA and Honours degree and I’m currently in the final months of writing up my PhD, which focuses on my lived experience of transgression, addiction, and hospitality, as well as being a critical inquiry into those keywords. After working as a chef for over twenty years, I’ve found myself studying full time for eight and I can honestly say I went insane a while ago. Again though, tertiary study is not something I could have achieved had I not put aside using drugs and I think it’s important to contextualise tonight’s talk with that point. Some of what I’m going to read tonight, which concerns exploring the human condition of pain, pleasure, and drugs, can make people feel uncomfortable. At the heart of that discomfort lays the question of ‘why would someone do that to themselves?’

I don't think there are easy answers to that question so I’m going to completely avoid it and do what I’ve done at other recent presentations and simply talk about the circumstances surrounding my own lived experiences of pain,
pleasure, and drugs. It seems appropriate to make those my keywords tonight. The Humanities, which is where my research is situated, is of course defined by studies of the human condition, which is a slippery term that does not mean any one thing. Given that Socrates is the founding philosopher of the Humanities I want to take his quote that ‘the unexamined life is not worth living’ as a working definition of what studies of the human condition focus on.

I will talk about three different human experiences of pain, pleasure and drugs tonight. Firstly, I will read a short passage from my novella River Street, before discussing some of my work as a Writer in Residence at the Winsome Homeless Shelter in Lismore. After that I’ll end with a brief discussion of the philosopher Epicurus’ writing, which has a primary focus on the interrelationship between pleasure and pain.

I wrote River Street as a work of fiction, after I wrote High Season. It was published by Griffith Review in December last year and it is a more transgressive piece of writing than High Season. After I’d finished writing my memoir I felt that I had more to say about the actual experience of using drugs. This is an extract that explores tonight’s themes.

River Street

I guzzle the wine again and feel the warmth in my gut reach the warmth of the bath. I take another drag on the cigarette then stub it out. I climb out of the bath and lay a towel on the dressing room floor so I can get another shot without wetting the carpet. The worst thing about getting stoned is that the rush never lasts. It’s natural for any monkey to want that sensation to keep rolling. Knowing that it doesn’t is a particular kind of pain which is why some people get caught up using coke and smack. It’s the closest you can get to a rolling stone, up and down, up and down. The problem is the human heart. It doesn’t cope well with the ride. You gain a certain insight into how your internal organs work when you shoot heroin. You can feel them slowing
down…getting tired. When they go to sleep from too much analgesic, you die. It’s a fucking lottery.

My arms have a couple of coin-sized holes in them from shooting up in the crux of my elbow. It’s something a lot of junkies have. It’s a way of getting through the skin and other bullshit to find those lazy blood pipes. The veins get beat up…scared. Like they can’t quite believe you’re doing it again. Like a kid who’s been slapped too often and randomly, they take to hiding. The body is also a very resilient and adaptable organism. It can mutate and evolve, find pathways to survival despite the most fucked up injuries. The body doesn’t want to die until it does and then there’s no stopping it.

I leave the holes in my arms alone and put my foot up on the tub. My blood is flowing freely after a few minutes in the bath. I work the needle of the syringe into a chunky vein on my left foot, then pull back on the hammer, marble the water, and drive it home. The blood-marbled water is proof that I’ve entered the bloodstream.

The stone comes in over the top of the last one and settles in real nice. My body is slowing down, on the nod, the space between sleeping and being awake. Only it’s different to that because the stone from opiates is more the space between being awake and finding unconsciousness. It’s warm and inviting and…snap. Your head might drop down too far and hit something or you stumble against something sharp and you wake up, sort of. Only it’s not like being fully awake because your body doesn’t feel the pain of what just happened but, rather, your whole person reacts to a loss of control, to a moment of embarrassed unco-ordination.

I wedge myself into the doorway without a door, the space between the carpeted dressing room and the tiled bathroom, and find a sense of balance by placing my feet into a corner of the jamb and leaning my back up
against the rail. It’s kind of precarious because the doorjamb is narrow and I’m pretty loose. I could fall down and crack my head but it’s this sort of doorjamb logic that invades my mind when I push the second fit in. There’s a semiconscious knowing that to get into the bath too early could bring on drowning so I have to hold off just long enough to be confident that when I do crawl back into the nice warm water I don’t fall asleep.

The water is warm and good. I feel incredibly fortunate. This amount of pleasure is always hard won. It only comes easy the first time. After that, everyone’s in the jungle, pulling scams and working rorts in order to carve out their own piece of paradise for however long the dope lasts. Knowing that I have another fit loaded causes a wave of intense gratification.

Recently, as part of my work at Southern Cross University, I have been a writer in residence at the Winsome Homeless Shelter in Lismore, which is about 42 kilometres due west of our rather more pleasant surroundings tonight. The Winsome was formally the Winsome Hotel and I have been quite fascinated as a resident of Lismore watching the evolution of that space from a working hotel, to a hotel that went broke, to a hotel operating as a homeless shelter. The space speaks to my research into transgression, addiction, and hospitality. Hospitality is a cultural practice that operates in the private, social, and commercial domains, and the Winsome is fascinating in how those domain considerations of hospitality have come together to take form as a civic response to homelessness. The Winsome is not a charity and that seems to be very important to the residents. Homelessness is a difficult social problem to both define and treat, not least because not everyone who is homeless wants to be ‘locked-up’ inside four walls. There is, at times, a freedom and perhaps even a romance for some, who make a life for themselves ‘outside’ the walls of whatever having a home might mean. That freedom and romance is obviously not everyone’s experience of life on the street though, and The Winsome provides shelter to 18 men in 18 rooms, all of who are very grateful for the initiative. The Winsome also operates a soup
kitchen that serves lunch seven days a week and the reason I am talking about this strange place tonight is because many of the residents embody the themes of pain, pleasure, and drugs. There is an economy of prescription medication and illicit drugs that underpins the daily rituals of many people who float in and out of the Winsome. Many residents have complex issues to do with chronic pain, addiction, and mental illness, as well as being homeless. Those issues combined create a much truer sense of the complexity of homelessness than any particular issue taken in isolation.

One regular at the Winsome, whose first name is Mick, has suffered from back pain for over 30 years as the result of falling off a crane. I want to read a transcript from an interview I did with Mick one morning when he wheeled into the Winsome looking for a lift. Someone had stolen his morphine and he needed to go see his doctor. He was happy to trade a lift to Ballina for a recorded conversation about his life. This is short extract from that interview.

J  So what’s happening today Mick, where do we start?

M  Well there’s nowhere I can go, unless I go to the hospital and just ask them if they’ve got anything that could keep me going, that could help me out. But there’s probably a six-hour wait.

J  What happened with the medication?

M  A bloke that I met at the Winsome said he was Ukrainian, his name’s Steve, said oh someone stole his medicine, could I help him out? Could I, because he was living on the street, it was cold and everything and I said to him “Listen I’ve got $150 bucks on me, I’ll give you $150 bucks. Pay me when you’ve got it.” “I’ll do that next week as soon as I get my cheque. I’ll have your money for you.” And I said to him “Alright.” Then he said, “I’ve also had my medicine stolen.” And I said “Alright I’ll help you out with that too” because I don’t like seeing anyone go through withdrawals. And he took 13 tablets and he never replaced them.

J  What where they?
60ml morphine, quite strong. And he said he was going to replace them with 40ml Oxycontin. And I said to him “Look I don’t care, if you do you do, if you don’t you don’t, but I’d appreciate it if you did.” Because I thought I’d get in to my doctor’s. I was halving my morning dose and taking only half because I was giving him my nightly dose.

So how much do you take a day?

160.

160ml morph a day?

Yeah. I was on 400.

You’re coming down?

Trying to. Off my own bat.

So what are you on that for?

Because of my pain in my back. What happened is when I fell off the crane all my vertebrae were smashed and when they repaired, the scars in the vertebrae on the bone and I’ve got prolapsed discs so there’s actually bone on bone, you understand? And it really really hurts. It’s like no shock absorber in your car. Bang bang bang bang. It just crunches all the time, and I tried because I’m walking stooped over, you can see how I walk, I’m bent over like an old man. But I am an old man, but I don’t feel like an old man, I don’t know why I do this but I, inside my head I’m about 25. 22 to 25 but my body is old but I think like a young man, a middle aged man, and I can’t stop thinking like a middle aged man. And I want to do the things that I used to do. I want to play putt putt, I want to go swimming, I used to be so athletic it was, in 1963 when Geelong won the Grand Final at the MCG, we played, I played for St Peters Under 15s and we played at Kardinia Park, which is an AFL ground, at 9 o’clock in the morning until 11 and we won our grand final, so that weekend mate was tops at Geelong.
about a great many things and I’m happy to report that he got to see his doctor and life regained a more even keel. Other than Mick, I’ve met a wide variety of people at the Winsome with stories very similar to his. Many residents are on methadone, Oxycontin, Seroquel, Morphine or other drugs for a wide variety of complex medical and psychological issues.

With what’s left of my time tonight, I want to discuss some philosophical connections between pain, pleasure, and drugs. Many different drugs are prescribed to alleviate pain, and there is an obvious and accepted wisdom in that, but what is not as often or as widely discussed, is how those same drugs also create an embodied sense of pleasure. I want to propose a definition of pleasure tonight that I hope would be of interest to people concerned with definitions of pain.

Epicurus, like Socrates, was an Ancient Greek philosopher. He was born about a hundred years after Socrates in 351BC, but what is not widely understood about Epicurus is that, like Plato, Aristotle, and Zeno of the Stoics, Epicurus was responsible for one of the four great schools of Ancient Greek philosophy: Great because those four school survived some 300 years beyond their principle teacher. Epicurus’ school was called The Garden and he wrote extensively about pleasure, pain, and the human condition. The ways in which he wrote about pleasure nearly always implicated the interrelationship between pleasure and pain. For Epicurus, pleasure and pain were a binary of sorts that were always intertwined. Specifically, he argued that, ‘The limit of the extent of pleasure is the removal of all pain. Whenever pleasure is present, for however long a time, there can be no pain or grief, or both at once’. To expand on that Epicurean aphorism, I want to propose that pleasure can be defined as the absence of pain. That the so-called side effects of so many pain medications induce strong feelings of pleasure, is not something that is insignificant, nor, I would argue, merely a side-effect, either for the person suffering from pain, or for people interested in definitions of what pain means. I do clearly understand that there are biological and scientific definitions of pain, but again, it is the human condition of pain that I am addressing tonight, and I do that with the full understanding that I am addressing a medical, scientific audience with a deep understanding about those other definitions of pain: an understanding I don’t pretend to have insights into.
Epicurus is reported to have written some 300 books, of which, only fragments and letters remain. Many people, who often have not read what remains of his writings, mistake Epicurean philosophy as a treatise on hedonism. Such notions about his philosophy are wrong in how he understands the role of pleasure as that which mediates human beings relationship with pain. Epicurus also wrote that, ‘All physical pain in negligible: that which is intense lasts but a brief time, while chronic physical discomfort has no great intensity’. Some may well dispute that finding but I read it tonight to add weight to my argument that his writings are equally concerned with pain as they are with pleasure and from a self-injecting drug users perspective, I have often marvelled at how little critical focus is given to the interrelationship between pain and pleasure, particularly in regards to using drugs. A junkie, or a drug user who consumes drugs with all the vigour and obsession that junkies do, might be thought of a person who falls passionately in love with the pleasure affects of drugs. I do want to argue though, that what compels a person to fall in love with the pleasure affects of drugs, has everything to do with obscure forms of pain. The pain that drives the junkie is often very difficult to define, describe, and diagnose. Like homelessness often has multiple causes, so to does addiction to illicit or prescription drugs. Addiction is not only about the pleasure affects of drugs, even if the junkie is obsessed with those pleasures and can’t point with any certainty to what is causing him or her pain. What the junkie knows for sure, is that the pleasure of using drugs, beats the vague, obscure pains that previously constituted what being normal meant. What I want to argue, is that even if junkies aren’t aware of it, what normal means is often painful.

I want to read a poem now, which I wrote as part of my residency at the Winsome. I wrote *Spoilt* about Sean, who is a resident there and who would often find himself surprised and even apologetic about the fact that he would have a drink in his hand at 10 in the morning. He is fiercely intelligent Sean, but seemingly not able to join the dots between childhood pains and his present circumstances. While I in no way want to be deterministic about how childhood pains lead to adult addictions, to suggest there is no correlation, would seem an even more extreme position.
Spoilt

Once
Sean ate peanut butter
sandwiches
no coffee
he was spoilt as a kid

Once
his stepmother said
he had to eat
everything
on his plate

Then
Sean got sick and
because he was spoilt
he had
to eat his sick

Then
he vomited
again and
had to eat
that too

Spoilt
you are his
stepmother said
clothes and food and
everything

Once
Sean wet his bed
at ten
she put a nappy
around his head

So
tight
I could
not
breathe

Then
Sean got sent to school
in a nappy
so spoilt
everybody said

Clothes
on me back
and bum and
food and
everything

Then
I went to sleep and
she whacked me
I wanted to close tonight’s talk with a brief recap of the notion that... pleasure is the absence of pain. I also wanted to suggest, again subjectively, that an addict, or at least my experiences of addiction, indicate a human condition that falls in love with the pleasure affects of drugs, while often simultaneously being someone who lacks the capacity or opportunity to understand how coming off second best in the power relations of life, leads to obscure forms of pain. The pain that many addicts feel, the pain that drives them to so easily to fall in love with the pleasure effects of drugs, are difficult to be objective about. There is often a history of complex psychological, sexual, emotional, and transgressive pains, that lack a clear logic or definitive diagnosis. What my research has led to an understanding about is that acts of transgression concern discordant power relations between people. Transgression often infers a loss of innocence in how transgression enacts taboos. In that way, researching how transgression has spiralled throughout my lived experience has led not only to a better understanding about what transgression means, but also a greater understanding about how power has played out between me and other people.
Well before most people are able to analyse their lived experience of addiction, what an addict has to come to terms with is that the pleasure affects of their drug of choice bring about so many difficult and complex pains of their own making, that their favoured drug is no longer worth the effort. This is the point where the tragedy of addiction often becomes a comedy about a hopeless junkie looking for something that is no longer there. Such an ending of the pleasure affects of drugs is perhaps the only thing that might pave the way for a person to want spend time gaining greater insights into their subjectivity. I thought I would leave the final words to Epicurus tonight. He writes, as if it were yesterday:

‘Since pleasure is the first good and natural to us, it is for this reason that we do not choose every pleasure; instead, there are times when we pass over many pleasures, whenever greater difficulty follows from them. Also, we regard many pains as better than pleasures, since a greater pleasure will attend us after we have endured pain for a long time. Every pleasure therefore, because of its natural relationship to us, is good, but not every pleasure is to be chosen. Likewise, every pain is an evil, but not every pain is of a nature always to be avoided.’

Thank you again for asking me to speak tonight. It’s been an honour to share some of my research with you and I sincerely hope I haven’t embarrassed myself too badly in discussing what is a specialism for you all.
References:

