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EMBRACED BY THE NEEDLE

by Gabor Maté M.D.

Addictions always originate in unhappiness, even if hidden.

All addictions are emotional anaesthetics; they numb pain. The first question—always—is not “why the addiction,” but “why the pain.” The answer, ever the same, is scrawled with crude eloquence on the wall of my patient Anna’s room at the Portland Hotel in the heart of Vancouver’s Downtown Eastside: “The thing is that in any place I went to, I wasn’t wanted. And that bites large.”

The Downtown Eastside is considered to be Canada’s drug capital, with an addict population estimated to number between 3,000 to 5,000 individuals. I am staff physician at the Portland, a non-profit harm reduction facility where most of the clients are addicted to cocaine, to alcohol, to opiates like heroin, or to tranquilizers—or to any combination. Many also suffer from mental illness. Like Anna, a 32-year old poet, many are HIV positive or have full blown AIDS. The methadone I prescribe for their opiate dependence does little for the emotional anguish compressed in each nerve cell, each muscle fibre, in every heartbeat of these driven souls.

Methadone staves off the torment of opiate withdrawal, but, unlike heroin, it does not create a “high” for regular users. The essence of that high was best expressed to me by a 27-year-old sex trade worker. “The first time I did heroin,” she said, “it felt like a warm, soft hug.” In a phrase she had summed up the psychological and chemical cravings that make some people vulnerable to substance dependence.

No drug is in itself addictive. Only about 8% to 15% of people who try, say alcohol or marijuana, will go on to addictive use. What makes that minority vulnerable? Neither physiological predispositions nor individual moral failure explain drug addictions. Chemical and emotional vulnerability are the products of life experience, according to current brain research and the findings of developmental psychology.

Most of human brain growth occurs following birth. Our physical and emotional interactions with the world determine much of our brain development—as shown, for example, by the recent report that the longer infants are breast fed, the greater their intelligence is likely to be. The circuitry and chemistry of the each human brain reflect individual life experience as much as inherited tendencies.

For any drug to work in the brain, the nerve cells have to have receptors—sites where the drug can bind. We have opiate receptors because our brain has natural opiate-like substances, called endorphins, chemicals that participate in many functions, including the regulation of pain and mood. Similarly, tranquilizers of the so-named benzodiazepine class, such as Valium, exert their effect at the brain’s natural benzodiazepine receptors.

Infant rats who receive less grooming—licking with the tongue—from their mothers, will have fewer natural benzo receptors in the part of the brain that controls anxiety. The brains of infant monkeys separated from their mothers for only a few days will be measurably deficient in the key neurochemical, dopamine. It is the same with human beings. Endorphins are released in the infant’s brain when there are warm, non-stressed, calm interactions with the parenting figures.

Endorphins, in turn, promote the growth of receptors and of nerve cells, and the discharge of other important brain chemicals. The fewer endorphin-enhancing experiences in infancy and early childhood, the greater the need for external sources. Hence, the greater vulnerability to addictions.

Distinguishing skid row addicts is the extreme degrees of stress they had to endure early in life. Almost all women now inhabiting Canada's addiction capital suffered sexual assaults in childhood, as did many of the males. Childhood memories of serial abandonment or severe physical and psychological abuse are common. The histories of my Portland patients tell of pain upon pain.

Carl, a 36-year-old native was banished from one foster home from another, had dishwashing liquid poured down his throat as punishment for using foul language at age 5, and was tied to a chair in the middle of a dark room to control his hyperactivity. When angry at himself—as he was recently, for having “f...d up” by using cocaine—he gouges his foot with a knife as punishment. He thought he had let me down. His facial expression was that of a terrorized urchin who had just broken some family law and feared Draconian retribution. I reassured him I wasn't his foster parent, and that he didn't owe to me not to screw up.

But what of families where there was not abuse, but love, where parents did their best to provide their children with a secure, nurturing home? One also sees addictions arising in such families. The unseen factor here is the stress the parents themselves lived under, even if they did not recognize it. That stress could come from relationship problems, or from outside circumstances such as economic pressure or political disruption.. The most frequent source of hidden stress is the parents' own childhood histories in troubled families of origin that saddled them with emotional baggage they had never become conscious of. What we are not aware of in ourselves, we pass on to our children.

Stressed, anxious, or depressed parents have great difficulty initiating enough of those emotionally rewarding, endorphin-liberating interactions with their children. Later in life such children may experience a hit of heroin as the “warm, soft hug” my patient described: what they didn't get enough of before, they can now inject with a needle.

Feeling alone, of there never having been anyone with whom to share one's deepest emotions, is universal among drug addicts. That is what Anna had lamented on her wall. No matter how much love a parent has, the child does not experience being wanted unless he is made absolutely safe to express exactly how unhappy or angry or hate-filled he may at times feel. The sense of unconditional love, of being fully accepted even when most ornery, is what no addict ever experienced in childhood—often not because the parents did not have it give, simply because they did not know how to transmit it to the child.

My addict patients rarely make the connection between their troubled childhood experiences and their self-harming habits. They blame themselves—and that is the greatest wound of all, being cut off from their natural self-compassion. “I was hit a lot,” 40-year-old Wayne tells me, “but I asked for it. Then I made some stupid decisions.” And would he hit a child, no matter how much that child “asked for it” ? Would he blame that child for “stupid decisions” ? Wayne looks away. “I don't want to talk about that crap,” says this tough man who has worked on oil rigs and construction and has served 15 years in jail for robbery. He wipes tears from his eyes.