

The Point of View of People Who Use Drugs

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I would like to take aim at what I consider to be the strengths of Louis Charland's *Consent and Capacity in the Age of the Opioid Epidemic: The Drug Dealer's Point of View*. It is a timely piece of writing, not just because of the subject matter, but also for what I think it wants to draw our attention to, namely the decision-making capacity, diminished or lack thereof, of people who use drugs.

In the summer of 2020, the provincial government of British Columbia proposed Bill 22 which would allow for the involuntary admission of youth into hospital after an overdose for up to seven days, or until it has been judged that their decision-making capacity has been restored. Involuntary admission, of course, means that physical restraints may be used in order to keep an individual in hospital. The government has since put a hold on the legislative change after criticism, particularly from Indigenous communities, who have been disproportionately affected by the destructive and dangerous provincial and national policies relating to illicit drug use. However, provincial premier John Horgan has also mused publicly at year end about the legislation's return. Conspicuously absent in both professor Charland's piece and the province's legislation are the voices of people who use drugs. Certainly our research and legislation should be composed with the interests of people who use drugs in mind, if not in substance, that is by including people who use drugs in the design of research and legislation. If we do not collaborate with people who use drugs, we will continue the mistakes of paternalistic medicine and drug policy in making decisions about people who use drugs without people who use drugs; and, in the process deny them capable decisions. Matthew Bonn of the Canadian Association of People Who Use Drugs is a self-identified drug user and has contributed to a number of academic papers and reviews, as one such example.

In the midst of daily and mounting deaths what demands our attention is not the decision-making capacity of people who use drugs, but what may be done immediately to save the lives of

more people. Charland is correct to focus on people who use drugs with respect to drug use, but he is off the mark, like the government of British Columbia, in focusing on the decision-making capacity of people who use drugs. Just as with his 2002 paper, "Cynthia's dilemma: consenting to heroin prescription," which I read as an undergraduate, Charland frames his current inquiry as *he* sees the problem for people who use drugs. We are told that the title of the earlier paper is an honorific for Cynthia, whom he identifies as being in recovery. But, we are given little more information about her, other than she was at a local clinic and she shares an opinion of heroin prescription that arguably supports, or helps form Charland's own position. Isn't it high time that we include people who use drugs more often in the actual writing of our papers, rather than just as an honorific, or as an object of study? What appropriate studies do people who use drugs think should take place? What do people who use drugs think should be examined in the ethics of addiction research? Why not ask someone who uses drugs?

Masks and Persons

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Louis Charland focuses on opioid addiction from a peculiar perspective: the "pusher" 's point of view. The question he poses is about the moral difference between purchasing (and selling) opioid within the scope of an Opioid Substitution Therapy (OST) and the same actions performed within the drug market. In both cases – he argues – to establish the moral autonomy of the addicted subject is a conundrum: addicted people are simultaneously and incongruously both autonomous and non-autonomous because they are at once capable for making choices and unable for taking the

best decision for themselves. Charland compares the two main theoretical approaches to this paradoxical situation, choice theory and the medical model; he argues that both fail to capture something important, say, the gap between capacity for making choices, and decision-making capacity to do so.

In Italy, a similar argument was used in a famous case by the Court of Appeals in Bologna, which acquitted Vincenzo Muccioli, the founder and leader of the drug rehabilitation community of San Patrignano. In 1983 Mr. Muccioli had been sentenced to 20 months in prison during the so-called "process of chains", in which the prosecution demonstrated that he chained some "guests" of the community who attempted to escape. The Court rejected Muccioli's defense based on the argument that addicted people, entrusting themselves to him, gave him the power to resort to any means (including extreme coercive measures) to prevent them relapsing. Yet, in 1987, the Court of Appeals acquitted Muccioli, arguing that addicts conserve their capacity for making choices, but they lack full decision-making capacity; it is thus justified to apply to them a voluntary involuntary treatment scheme, including extreme coercive measures when they were accepted in advance (i.e., Ulysses contract).ⁱ

The idea that one of the main ethical issues in drug addiction concerns autonomy and decision-making capacity is commonsensical. Notoriously, the English term "addiction" comes from the Latin *addictio*, verbal noun of the past-participle of the verb *addicere* (1)ⁱⁱ. In early Roman law, *addictio* was the assent of the judicial magistrate to the action of an actor (claimant or accuser). The passive form *addictus* meant the insolvent debtor who fell into the hands of his creditor, following the formal assignment (*addictio*) of the magistrate. According to the archaic Roman law, "*the creditor had the right to keep the debtor in chains in his private prison and after sixty days within which anyone could pay off the debt and redeem it; he could sell him as a slave outside the city or even kill him*" (2). In everyday language in ancient Rome, the

addictus was thus someone reduced to slavery. We are used to consider lack of freedom to be one of the main features of slaveryⁱⁱⁱ, so we transfer this feature from the slave to the drug user, who is metaphorically imagined to be “enslaved to a substance”. As enslaved to a substance, s/he would not be totally free, and her/his decision-making capacity would be impaired. That seems to be a good point, except that if one had asked a Roman what was the main feature of a *servus* (slave), he would have provided a quite different answer: to a Roman, the slave was not chiefly someone who had lost his liberty rather someone who had lost his public identity and social role.

Once, a Roman citizen was reduced to the status of slave, first he lost his name receiving the master name plus the suffix *-por*^{iv} (e.g., *Paulus-por* would have been the name of a Paul’s slave). Losing the name was an event full of legal, civil, and religious meanings and practical consequences. A nameless individual was downgraded to a non-public existence, he became a private individual like minors and women; the slave lost his civil and political right, and he was no longer considered a *persona*. *Persona* – the Latin term for person – meant “mask”, so to Romans the slave was a “maskless” individual; likewise, ancient Greeks called the “mask” the *prosopon*, and slaves were “*a-prosopon*”, individuals without “*prosopon*”. There comes a point hard for our modern sensibility: metaphorically speaking, wearing a mask means today to hide something, to be disguised, false, and it is thus considered an undesirable personal trait^v; in classic antiquity, it was the opposite, being “maskless” was a negative condition. The mask was not a metaphor for insincerity rather it was considered a sign of the complexity and depth of human spirit. “*Everything deep loves a mask*”, wrote Friedrich Nietzsche, repeating twenty-five centuries later, Heraclitus’ words, “*The lord whose is the oracle at Delphi neither utters nor hides his meaning, but shows it by a sign*”.

The positive symbolic significance of masks is revealed also by their etymology. In classic antiquity, the terms

for masks were not generated from “real life” notions, say, Greeks and Romans did not use words describing persons and faces also to describe characters and masks, but the other way around. The Latin *persona* and the Greek *prosopon* meant primarily mask^{vi}, only successively these terms acquired respectively the meanings of person (*persona*) and face (*prosopon*). Greeks and Romans first “invented” the words for theater, then they used these terms also to indicate social roles, persons, and human visages as though words coming from theater were primordial in comparison with their usage in standard life. Greek and Roman actors wore masks during the whole representation, chiefly because of ritual reasons, there were, however, also practical justifications. Practically speaking, actors needed to make themselves recognizable in large amphitheaters, which might host more than 1,000 people, and to amplify their voices outdoor: masks could work well enough for both purposes. This is echoed in etymologies: *prosopon* means “before one’s eye”, while *persona* means “augmented voice”. Being before one’s eye and uttering with an audible voice are two main functions not only of masks but of the whole face region. In primates and notably in humans, faces are vital communication tools through mimic expressions (also involving eyes, eyebrows, mouth) and the emission of sounds and voice. Faces as well as masks are languages. As all languages, they both evoke the tension between presence and reference, appearance and representation, sign and object.^{vii} Greeks and Romans were not fond of the modern distinction between true faces and masks (3). They rather considered the “expressive presence” of an individual, which can manifest itself both on theater and on life stage.

In antiquity, slaves were thus maskless, “faceless”, people say, actors without any longer a character, missing people. Ultimately, they were people stripped from their social identity and dignity,^{viii} reduced to “bare faces” (“bare body” would say Giorgio Agamben), hardly human

faces, almost animal’s snouts. It is difficult to escape the impression that such a definition could easily apply also to addicts, at least heroin addicts. Addicts are indeed very often characterised by their almost unidimensional profile. Their life is downgraded to a less-than-public condition; even if they do not formally lose their civil and political rights (unless they are sentenced), they hardly exercise them; when they try to keep their social status, their dignity is, however, seriously impaired. Once, one is addict s/he loses his/her social masks (identities and roles) or, at least, these identities became very fragile and shaky; addicts tend to “play” only, or chiefly, the addict character, which becomes predominant in almost all manifestations of life. Their whole life revolves around the substance, they don’t think almost of other. They are enslaved to the substance, but did the substance strip them from their autonomy or rather from their masks? Is autonomy the actual issue with addicts or is it rather their one-dimension existence, their being actors without a character but the stereotyped “addict character”? Their decision-making capacity might be impaired not because they are less capable for autonomy (e.g., because of the pharmacological effect of the addictive substance) but because they lost most facets of their original personality, narrowing down their existential horizon, and dramatically impairing their spectrum of choices. At this point a second question could arise: is craving for the substance the cause or the consequence of their “spiritual misery”? In other words, did they try through the substance to fill the boundless void they feel inside, or was the substance to bring desolation into their soul and mind? It is out of the scope and possibility of this article to answer this question, there is, however, at least an objection to my argument which deserves to be addressed.

I am aware that my appeal to the Greek-Roman definition of slavery could be seen as a mere rhetorical expedient, which does not change the terms of the problem. There are two main answers to this objection; I will briefly outline them.

My first answer is that the identity between masks and faces, characters and persons, was hardly perceived, historically speaking, as a mere literary trope. In classic antiquity, it was rooted in the religious dimension of theater, which was considered a way of representing and capturing the mysterious sense of life (4). Classic world perceived life and theater as cut from the same cloth. It is well known the Nietzschean interpretation on the birth of the tragedy: theater would be the “secularization”^{ix} of an early religious ceremony in honor of Dionysus. My hypothesis is, instead, that the drive to theater is co-original to humanization processes, prior any other drive or instinct. To me human beings are “theatrical” in their inner cultural, psychological, and neurological constitution; pace Sigmund Freud, I argue that the “theatrical drive” is likely to be more primordial than even any sexual drive.^x

To be sure, through centuries, the original Greek “dramaturgic theology” gradually softened and partly turned into a literary trope, becoming already clichéd in late Latin literature (5). Then, the metaphor survived as a theological parable,^{xi} to revive in the Renaissance and Baroque periods, when this notion became a cosmological and anthropological concept (6).^{xii} The image of the world as a stage was understood by the Renaissance as a metaphor which spoke of the frail, contingent, illusory, nature of human life, destined to dissolve and fade away, like plays and dreams, “and our little life is rounded with a sleep” (The Tempest, Act 4 Scene 1).

The figure of the *Theatrum Mundi*, the theater of the world, gained again momentum in late XIX century, with French social scientist, Gabriel Tarde, who suggested that imitation and representation were vital psychological and societal functions (Tarde, 1890). In XX century, this model was revisited by two prominent American social scientists, Kenneth Duva Burke, and Erving Goffman. Literary theorist, poet, and essayist, Burke (1897 –1993) argued that theater was the true matrix of human society, say, theater comes before, and informs, society. To Burke, narra-

tive is much more than a way to create meanings through stories; it is the real matrix of our life, the “*equipment for living*” (7). This makes Burke much closer to Greeks than Goffman (1922–82), who argued instead that human society can be interpreted as though it were theater, but he was quite far from thinking that it was in fact theater. The idea that theatrical representation and imitation are inescapable elements of individual and collective life is central to many contemporary and post-modern philosophers (8) (9). Guy Louis Debord (1931 –1994) (10) introduced the notion of *simulacrum*, an inextricable mix of reality and representation. Later scholars, such as Jean Baudrillard, Gilles Deleuze, Jacques Derrida, built on Debord’s theory. Gilles Deleuze and Félix Guattari rediscovered Tarde (11) and influential French philosopher and historian, René Girard (12), formed an original theory based on imitation (*mimesis*). In the while, also neuroscience rediscovered the theater model, initially thanks to the idea of modularity of the mind. Minsky, Dennett, Gazzaniga, Metzinger, Wilson, and others shared the theory that human brain would be a society of systems (agents) that compete for the control of behavior in the absence of a central processor (13).^{xiii} These agents could be conceptualised as an iridescent complex of characters, which play their “roles” on the stage of the mind (14), being kept mutually consistent (when things are going well) by a unifying narrative, the “self”. At the present, the field of performance and cognitive studies is rapidly growing. There are two book series specialising in publishing monographs in performance and cognitive studies, an annual international conference regularly convened, many monographs published, and a companion book published by Routledge in 2019 (15). Eventually, the discovery of a class of neurons called “mirror neurons,” which are activated both when individuals act and when they observe the same action performed by other individuals, shows that higher animals possess a biological system for

“imitating and playing” (16). The system of mirror neurons constitutes the neuronal correlate of “embodied simulation”. In the embodied simulation there is no inference or introspection, but an automatic reproduction of the mental states of the other: the intentions of the other are directly understood because they are “embodied”, shared at the neural level. Since birth embodied simulation is a basic characteristic of the brain, newborns are already able to imitate the movements of the mouth and face of babies just a few hours after birth (17). Humans have developed such a capacity to its highest degree, and this is likely to be one of the main evolutionary advantages of our species (Gallese 2009). Philosophy, social sciences, and neuroscience thus converge to indicate that there is a real possibility of a biunivocal correspondence between mental and theater schemes and representations, considering “representation” in the full spectrum of meanings of 1) symbolization; 2) enaction; 3) performance; 4) interpretation; 5) account. Greek and Roman civilizations captured very well such a non-metaphorical reality of the theater model, expressing it through their language, which was chiefly a religious and mythological language. It is now up to us to express the same concepts in contemporary terms (18).

The second answer to the objection against my appeal to the Greek-Roman definition of slavery aims to show that my strategy works better than the standard approach. One must remember that, according to the original Latin definition, *addictus* was not any a slave but a free citizen reduced to slavery because of insolvency. While there could be endless discussions whether addicts could be considered autonomous subjects, I think that most- if not all – practitioners would agree that addicts must be considered unreliable and undependable individuals. This point is independent from any assumption on free agency and decision-making capacity, it is just a description of addicted individuals as they phenomenologically are, people who can be never trusted because they have no mind outside drug and the way to get it. Finally, this was the point at

stake also in the Muccioli trial that I quoted early in this paper. Not entirely as a joke, if one offered to a practitioner two assessment tools, the first to assess addict reliability, the second to assess their autonomy, I am quite sure that most practitioners would choose the former.

Why are addicts that, and critically, unreliable? To be sure, this a consequence of craving for drug and of the social construction of their role, but this is what happens *after* their becoming addicts. Yet, if one takes seriously Latin etymology, addicts were insolvent debtors *before* addiction, in fact they were reduced to slavery (*addictus*) precisely because they did not honor debts, they were unreliable from the onset. What was the initial debt they did not pay?

Being alive means willing, desiring, longing, wanting to achieve, striving, and so. In their foundation and inner structure, human beings are “machines désirantes” (desiring machines) (19). When they do not dream and desire, humans betray their mission and sense of life. Think of the episode of Lotus eaters in the *Odyssey*: the inhabitants of the lotus island were totally uninterested in life, they only searched for the magic flowers which gave them the oblivion. In the eyes of Odysseus, the danger they represented was in their will to erase the past and the future, living in a vague, eternal present. Through their search for forgetfulness, they wanted to lose the memory of their homes and loves, to cancel from their hearts any nostalgia for the past and the future. This point is very well captured by Joyce in the chapter of the *Ulysses* devoted to Lotus eaters, that he describes as affected by “narcissism”, not in technical psychiatric terms but meaning self-indulgent people, who are afraid by the sweet but still poignant pleasure of living. The debt that addicts try not to pay is thus the debt we all have toward life. We all feel that it exists, but we can hardly say what it is.

There is a short, nice, poem, written by a great contemporary Italian poet, Giorgio Caproni, which describes very well this concept. The reader, who cannot read Italian, will be obliged to put up with my poor English translation.

GENERALIZZANDO

Tutti riceviamo un dono.
Poi, non ricordiamo più
né da chi né che sia.
Soltanto ne conserviamo
- pungente e senza condono -
la spina della nostalgia.

GENERALIZING

We all receive a gift.
Then, we don't remember anymore
neither by whom nor what is.
We only keep of it
- pungent, without remission -
the thorn of nostalgia.

Footnotes

i. *Sentenza 28 Novembre 1987; Pres. Ricca, Est. Guarino; Imp. Muccioli E Altri*. 1987. (Corte d'Appello di Bologna, Il Foro Italiano 111 (1988): 587/588-603/604 28 Nov). Consultato il giorno Jan 2, 2021. <http://www.jstor.org/stable/23179780>.

ii. *Addicere* is a compound of *dicere* (to speak, to declare, to state) and the proposition *ad* (near, at, toward, addition). *Addictio* is a statement that adds (value) to an action made, or a statement uttered, by someone else (Oxford Latin Dictionary 2012, vol. 1, p. 40).

iii. The word “slave” is a Medieval term which comes from “Slav”, “because of the many Slavs sold into slavery by conquering peoples” (8). In the Medieval and modern times, slaves were chiefly prisoners, characterized by lack of freedom; we still use the word “slave” with this main meaning.

iv. Later on, when the master has too many slaves, they also got a personal name to be distinguished from one another.

v. Till the XVII century wearing a mask was a way of embellishing and enriching physical appearances as well as the “*dissimulazione onesta*” (honest dissimulation) was

central to court life. To be barefaced meant to be impudent and crude. It was in the XVIII century that the idea that veracity, transparency, truthfulness gained ground; consequently, “honest, open, faces” became positive attributes as well (22).

vi. Roman and Greek masks were, however, quite different. Roman masks represented dramatic facial expressions and were “exaggerated and statuesque” (11), while Greek masks were “simple and naturalistic” (11) they were almost expressionless. Greek masks were not built to be durable since performers would probably wear them for only one performance before placing them in Dionysus’ temple. In fact, Greek and Roman approaches to theater were quite different and they should be treated separately. Yet, giving that late Roman theater was basically imitation of Greek theater, I will consider them together for the purposes of this article.

vii. The Greek term *prosopon* focused more on visual presence, while the Latin word focused more on acoustic presence.

viii. In the Roman world, dignity (*dignitas*) was the value attributed to each citizen according to his social role, the idea of dignity as universal value of all human beings dates to Renaissance.

ix. Inverted commas are indispensable because in the Hellenic world no social fact or public action could be considered only and truly “secular” in modern sense.

x. I am aware that this statement should be substantiated by robust arguments and evidence, which is not possible in such a short paper. I ask the reader to accept provisionally my hypothesis, waiting for a larger paper only devoted to theater drive in humans.

xi. E.g., the plot of a famous 17th-century drama, close to Christian sacred mysteries—*El Gran teatro del mundo* (4) — which was entirely based on the representation of the world as a stage directed by an Almighty art director.

xii. E.g., Jacques' speech in Shakespeare's "As You Like It" (II, 7).

xiii. The notion of modular mind has suggested that addiction might be explained in terms of "weakness of the will" ("akrasia" in ancient Greek, literally "lack of strength"). The modern definition of akratic behavior was provided by Davidson (7): "*An agent's will is weak if he acts, and acts intentionally, counter to his own best judgement; in such cases we sometimes say he lacks the willpower to do what he knows, or at any rate believes, would, everything considered, be better.*" There is an endless debate among scholars whether addiction (at least, heroin addiction) could be considered a case of akratic behavior (9); in fact, some authors argue that neurobiological variables in opioid addiction are as significant as minimizing the autonomy of the subject and consequently the role of the will (10).

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Response to Commentaries

Louis C. Charland, Ph.D.

Bibliographical Update: The piece on which my readers were invited to comment, namely, 'The Drug Dealer's Point of View: Consent and Capacity in the Age of the Opioid Epidemic', was initially a draft section in a longer chapter on consent and capacity in the age of the opioid epidemic. That chapter, entitled, 'A Puzzling Anomaly: Decision-Making Capacity and Research on Addiction', has since been published in online form in *The Oxford Handbook of Research Ethics*, edited by Ana S. Iltis and Douglas MacKay (Oxford: Oxford University Press). Readers interested in consulting the longer piece can find it online at the address below, or email me directly for a pdf version.

Response to the Commentaries

I am very grateful to Jim Phillips for inviting me to submit my short piece, the 'Drug Dealer's Point of View: Consent and Capacity in the Age of the Opiate Epidemic', to this issue of the *Bulletin* of the Association for the Advancement of Philosophy and Psychiatry (AAPP). I also want to thank all my commentators for taking the time to express their opinions on that piece. I am not surprised that the comments on my arti-