A Fine Line: Painkillers and Pleasure in the Age of Anxiety

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The double meaning of this text's primary title—*A Fine Line*—says much about its contents. At first glance, it refers to an arresting image on the cover: geometrically arranged lines of crushed white powder. As an evocation of intranasal ingestion (snorting), it signals the text's concern with drug use beyond the bounds of medical authority, and gestures towards the 'fine' pleasures such practices might afford. However, it is a second meaning of *A Fine Line*—that of a precarious or fragile distinction—which emerges as the primary concern of the text. It can be said that the 'critical' part of critical drug scholarship is the troubling of orthodox binaries and the conceptual frameworks of dominant disciplines. In this tradition, Dertadian sets about blurring three distinctions: recreational pleasure and therapeutic analgesia; defiance of medical authority and neoliberal biological citizenship; and safety and risk. He also demonstrates how these distinctions order dominant responses to the 'diversion' of pharmaceutical pain killers, with implications for supply policy and regulation, clinical responses to pain, and harm minimisation services for people who use opiates. In an era of heightened anxiety about pain medication—especially around the increased penetration of pharmaceuticals within the illicit opiate market; concerns around over-prescription; and increased data-sharing across the health system, including the introduction Electronic Recording and Reporting of Controlled Drugs scheme—interrogating these boundaries is important work. The book is presented in two sections: Part one, *The way we think about non-medical use* and Part two, *The way people experience non-medical use*. Part one troubles the three binaries via analysis of relevant literature, policy and the historical development of relevant concepts, while Part two troubles them through the analysis of qualitative data.

Recreational pleasure vs. therapeutic analgesia

Focussing on an Australian context, *Part one* gives an historical account of how 'good' and 'bad' drug use have been contrasted in political discourse, policy and medicine. Chapter 3 looks behind the scenes at how public health research methodologically constructs non-medical opiate use and identifies the political stakes of survey instrument design, including the Australian IDRS and DUMA. While ambiguities between recreational use and analgesia are identified within these figures, a closer engagement with the mechanics of survey instruments—such as in the analysis performed by Dwyer and Fraser [1]—may have delivered a more forceful critique of the elisions and silences. In Chapters 5 and 6, young adult drinkers' accounts of analgesic use to enhance intoxication and to manage hangovers blur distinctions between recreation and therapy. In Chapters 7 and 8, the line between pleasure and pain relief fades as chronic pain sufferers describe the pleasures of daily functioning afforded by opiates, and dependent users describe therapeutic relief from debilitating

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withdrawal. Interrelations of physical and social pain also problematises the binary: functional magnetic resonance imaging shows overlaps in affected brain regions, while dependent users' loneliness and stigma are not medically recognised as pain warranting analgesia.

Defiance of medical authority vs neoliberal biological citizenship

Self-medication may contravene medical authority, but Dertadian points out ways that it aligns with otherwise valorised subjectivities. Participants use pain killers to 'bulldoze' through the pain of intense and insecure work, intensify recreation ('play hard') or deepen sleep in order to maintain productive capacity. Chapters 4, 5 and 6 align such drug use with enterprise and initiative through innovative use of consumer products. They show the links between public health imperatives to optimise wellbeing, clinical discourse around the experience or anticipation of emotional or somatic pain, and medicine's forfeited social monopoly for deploying pharmaceuticals to enhance health.

Safety and risk

While non-medical use is deemed inherently risky, Dertadian foregrounds participants' experiences of safety and comfort afforded by pain killers. It might be a buffer against a broken heart, to quell anxiety associated with psychedelics, to get some rest after a night partying, or to go to sleep after eating too much: each participant acts to re-direct their trajectory towards safer ground. The story of Jessica (p. 186) who took Mersyndol Forte in order to de-stress after being 'bothered' by a beeping fridge points towards the banality and everydayness, rather than the chaos, of painkiller use for Dertadian's participants. Contrary to the construction of pharmaceutical opiate use as a 'gateway drug' to heroin injection (although such examples are provided) data are given in which pharmaceutical opiates are used as a safer alternative—as maintenance therapy—among those who are transitioning away from heroin use. Those concerned with connections and transitions between licit and illicit opiate use will find Chapter 8 particularly illuminating.

Overall comments

While I found this book engagingly structured and written, I was at times distracted by copy errors that would have been picked up by an astute editor. It is also notable that Dertadian does not engage with the ontological turn—the idea that drug effects are co-constituted by the social and scientific practices that give them meaning—despite many of his critical colleagues having wholeheartedly done so. Given the subject, at least some level of engagement with pioneering work of Gomart [2] would seem warranted. Given the depth and breadth of his grasp of the field this must have been a conscious choice and I was left curious as to the motivation. Nevertheless, Dertadian demonstrates considerable skill in the presentation of qualitative data and advances an important argument: that 'The drawing of lines between licit and illicit drugs, pain relief and pleasure seeking, productivity and play, medical and commercial consumption' (p. 275) is no longer particularly useful. Fresh distinctions are warranted.

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References

1. Dwyer R, Fraser S. Engendering drug problems: Materialising gender in the DUDIT and other screening and diagnostic 'apparatuses'. *Int J Drug Policy* 2017;44:135-44.
2. Gomart E. Methadone: Six effects in search of a substance. *Soc Studi Sci* 2002;32:93-135.

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