

LAURA LOVES, LAURA LOATHES

Laura Graham gives a personal perspective on the news, trends, people and events she meets across the country. In favour is deconstruction of happiness. Out of favour is pharmapimping: 'health practitioners' giving unsafe drugs to children sold as prostitutes to make them appear healthier and older...



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Image: ChesterF, Nathalie!, Gina Sanders

LAURA LOVES... deconstructing happiness. The concept of happiness has, in recent years generated more interest among psychologists, economists, environmentalists, the media, politicians, policy-makers and researchers.

Indeed, some posit that measuring happiness – and/or wellbeing and/or quality of life – might be useful in replacing abstinence as an indicator for recovery. On the surface, some people might accept this as a reasonable proposition. But dig a little deeper and the suggestion becomes less attractive.

Recently, I had the pleasure of joining the British Sociological Association's Happiness Study Group for a day of seminars to explore happiness. 13 papers about happiness were presented. All were very different in methodology and content but interestingly, very similar themes developed. Most striking is the difficulty in conceptualising happiness so that it can be measured.

On the day, we considered where the boundaries lie between happiness, wellbeing and quality of life measures.

We concluded that the boundaries are blurred so that happiness metrics resemble both, wellbeing becomes happiness, quality of life becomes wellbeing... and so on until it becomes unclear as to what is being measured!

Without the required clarity about happiness, should we even try to measure it? A paper presented by the University of Kent suggests not.

This paper highlighted that the study of happiness has come about from well-crafted claims persuasive enough to have generated

disproportionate interest rather than any evidence that it is a useful thing to do.

A paper presented by the University of Surrey suggested that generally there is no consensus on what happiness is, that happiness is unique to the individual manifesting naturally through personal identity, though there is less of a regard for 'artificial' happiness as the result of alcohol or drugs including prescription drugs.

This paper also raised the issue of an undesirability of persistent happiness as an acceptance that life presents an inevitability of negative experiences. For example, it is claimed that family makes people happy, but within the probability of life, eventually we are likely to lose a family member and will be unhappy as the result. Happiness therefore cannot be a constant and this in itself makes happiness difficult to measure.

Other aspects of life said to make us happy include health, wealth (though not too much), a home, a significant other, and family and friends. How useful would these measures be in when applied to recovery?

I am sure we all know people in recovery who have all of these things and are 'doing well'. I'm sure we also know people who have very few of these things but they, too, are 'doing well'.

I have a friend who has been drug-free and sober for four years. Two years ago, his business went bust, he lost his house as the result, quickly followed by his long-term relationship. Currently he resides in a hostel, is unemployed, single and has no living relatives. How would his recovery be regarded if happiness measures applied? Is he

a positive example of recovery? Absolutely! One of the best!

Not only has he remained abstinent in such difficult circumstances, he volunteers five days a week at various drug and alcohol projects to support others into recovery. Is he happy? Not all of the time, none of us are. As he says "It could be worse, I could still be on drugs".

I will leave this topic – though, temporarily I think – with a truth for you to ponder. Only one in seven short men is happy (White S, date unknown). Reflect on this and consider how this makes you feel. If it resonates with you see below* for further details.

Find more information about the British Sociological Association at www.britisoc.co.uk.

LAURA LOATHES... pharma-pimping. There are an estimated 200,000 young women bonded into government-registered brothels in Bangladesh with 90% of them addicted to the steroid Oradexon, a drug used in the bovine industry in order to fatten up cattle.

It is used similarly in the human cattle-markets of Bangladesh to disguise that these women are undernourished, so that they remain fuller figured and attractive to their clients. While taking this drug makes them ill, their physical appearance is perceived as healthy.

Mostly, the women are from poor families and are sold into the brothels with the expectation that they will have sex with men in order to repay the bond. Estimates suggest that these women must have sex with five men in order to earn the equivalent of one pound.

The use of Oradexon hides that these women and girls are underfed and that many are underage as the drug creates womanly curves that their clients expect.

Research undertaken by ActionAid has revealed that the women have little choice but to take this drug. Those who have tried to refuse have been beaten into submission by the brothel owners and their food has been withheld.

Many of the women are unaware of the dangers of the drug. They are told that Oradexon is 'medicine' and are accepting of the advice from local health practitioners who provide them with the drugs, many of whom own pharmacies within the brothels. However, ActionAid found that, of the 35 health practitioners included in the study, only two had medical qualifications and very few had any formal academic background.

On inspection of what the pharmacies held, Oradexon was found in containers labelled as vitamins. These quacks are promoting the use of Oradexon as a health product and in an industry where health and looks are key, the women take them on the 'doctor's' advice.

ActionAid was asked to undertake the research following the sudden deaths of four women known to be taking Oradexon.

Other risks include liver damage, brain and bone decay and psychosis. Women who are aware of the dangers of this drug feel they have little choice but to take it. The withdrawal makes them too ill to work and the fear of the loss of their income is greater than the health risks of the drug. With limited access to affordable, nourishing

food, they take the drug to survive even though the drug could kill them.

Currently, there is no support available to assist their safe withdrawal. These women believe that they have no choice. The drug is easily accessible and is cheaper than food – with estimates suggesting that 100 pills can be bought for as little as \$1.

Orion Laboratories is responsible for supplying this drug to the Asian market and has been made aware of Bangladesh's dirty little secret. Orion Laboratories has said that its drug should not be used in this way and that, technically, steroids should not be sold without prescription.

Obviously, this is rarely enforced. The authorities are unwilling to intervene in the brothels in any meaningful way other than threatening to allow property developers to bulldoze them.

However, ActionAid has committed to raise awareness about this. So there is some hope that these trapped and addicted women and girls can find healthier futures.

Find out more at www.actionaid.org.uk

*White S: A participant observation of a small mining community in a land far away where there is always a happy ending.

PS: With the pantomime season almost upon us, I wish you all season greetings and a very happy new year!

