

# Dispatches from Prozac City, an estate somewhere near you



**MATTHEW  
PARRIS**

A UNIVERSE away from Iain Duncan Smith's weird and grisly rantings in Blackpool, I have been on the other side of England: in Newcastle upon Tyne. My week has been spent revisiting the people I met 20 years ago when Granada Television's *World in Action* programme, I tried as a young Tory MP to live on the dole. I have just repeated the experiment, living — as I did before — in Scotswood, a deprived neighbourhood in the city's West End.

The documentary we are making for ITV should be broadcast early next year, and when the final shape has emerged and we have a transmission date I hope to write more about the experience for *The Times*. But some impressions are already clear. They are as strong as they are surprising. Twenty years ago my anxieties were political. Should the Thatcher Government have rescued shipbuilding? Were welfare payments to the unemployed enough? This time my worries have turned towards drugs. And, no, I am not talking about crack cocaine. Ecstasy or heroin, though these can be found in Scotswood. I am talking about a class of drugs obtained legally on prescription from the NHS. The suppliers are respected local GPs and the drugs barons are companies such as GlaxoSmithKline.

The neighbourhood where I now write is afloat on Prozac. The grown-ups are hooked on anti-depressants. Now they are starting to give the kids behaviour-altering drugs too. In Scotswood — and Scotswood is only an example of scores of other deprived parts of Britain — Aldous Huxley's *Brave*

*New World* is almost upon us. If opiates are not yet being introduced into the water supply, that is only because an equally efficient delivery system has been arranged through the local surgery and chemists' shops.

Nor is the result only negative. Those I am meeting are almost certainly happier because of these drugs: so they tell me, anyway, and I believe them. Few report that they find Prozac addictive — at least in the urgent, immediate, physical sense. In the common experience of all, nicotine is far more addictive, and most of the people in Scotswood are addicted to it. So is alcohol, and many here are addicted to that too.

Anti-depressants are milder than either, and subtler in their influence. Quite simply, these chemicals calm a deprived and aimless community down, and cheer it up. Only the occasional lone voice insists that a widespread reliance on such drugs could be a cause for concern. I sat on Thursday morning in Newcastle in the front room of a middle-aged mother called Christine. Chris is a forceful woman, holding together an extended family where menfolk are hardly mentioned, gilt-framed photos of babies adorn the walls, and the backbone of the whole social structure is female. Friends and relations come round to Chris's for tea in the morning.

Her council house was clean, well-kept and lovingly furnished. Everywhere was evidence of family. Family ties, though often unconventional, seemed real, close and loving. These, rather than work or career, seemed to be at the centre of people's lives. Only one in our gathering had a full-time job and not all of them even wanted one. Few had any thought of depending on a man for financial support and most assumed that money must come from the State.

I had asked about the dole. I had supposed that people who keep turning down job or training opportunities lose their rights to it. But time and again I was finding that those I met — hale and hearty though they looked — were "on invalidity". By far the commonest reason for this was "depression".

"I did have a job," one bouncy and likeable young woman told me, "but my doctor took me off it because of depression. I told him about my panic attacks and weeping, and eventually he diagnosed me with depression and put me onto Prozac." I remarked that she did not seem depressed to me. "That's because of the pills," she said. "You should see what I'm like without them. I'm a different woman." I asked Chris if she was on Prozac. "No," she said, "I was, but it wasn't strong enough. I'm on Serenoxat now." Then there's temazepam," said another in our group. "Some people are on that." I asked if this group was typical. Yes it was.

I may be naive, but it was not my impression that most of these people were malingering. Before persuading their doctors that they were mentally unwell, they had at least persuaded themselves. They believed they really were depressed, in the pathological sense.

"They're depressed because they haven't got any money," the local chemist told me later that day. But nobody I have spoken to in Scotswood makes any distinction between "rational" depression caused by a realism in the face of depressing circumstances, and "irrational" depression caused by a malfunction of the brain. Why should they? All they know is that they are depressed.

IN CHRIS'S front room only one woman — the one with a job — was not diagnosed with depression. I do not know whether she had a job because she was not depressed, or vice-versa.

I asked Chris how easily local doctors can be persuaded to diagnose depression and prescribe drugs. Secretly, I was wondering whether GPs are too quick to fall back on this easy way of getting rid of patients who crowd their waiting rooms but have no physical symptoms of illness. "They won't give you anti-depressants just because you ask," said Chris. "But when I told my doctor I had three kids to care for and I couldn't be answerable for my behaviour if I had a panic attack, he did diagnose me."

Put yourself in that GP's place. Imagine the tabloid front page if a doctor refused to diagnose clinical

depression and simply told a mother to pull herself together — and she went home and threw a child out of the window. "Warning signs ignored", "Snap out of it, GP tells sick mum".

I have not the least idea how or at what point we could put a brake on this retreat into chemicals. And though I cannot but hate what is happening, I am stumped for logical arguments against it. Are these people less unhappy as a result of their drugs? Undoubtedly. Is it what they themselves want? Yes. They are free men and women and they have freely asked for this.

Is the cost to the NHS prohibitive? Not as high, I suspect, as the cost of cold turkey. Prozac is helping to calm — even stabilise — many sma, but potentially troublesome neighbourhoods in Britain. Earthquakes or economic change and the death of old industries have helped to break their inhabitants and we do not know how to mend them. There is cold but undeniable logic in keeping them herded together in containable neighbourhoods and drugging them to the eyebrows to pacify them. Maybe it is even kind?

But how about the children. I wondered. What is to pacify the children whose parents are being calmed by chemicals? Christine told me the answer. More and more of the kids in Scotswood, she said, are now on Ritalin. I asked why. "ADS [attention deficit syndrome] and hyper-activity," she said. "I had my youngest on Ritalin for a while but I asked the doctor to take her off it as she didn't seem to be herself. She lost her spark. She was wandering round with her eyes cast down."

I was about to congratulate Chris for resisting the chemical tide. "But I think she's ready for Ritalin now," she said. "She's getting unmanageable. So I want to get her back on." I asked other mothers about Ritalin. "It helps the kids to concentrate," said one. "They seem to be able to focus on their work better." "Lots of them are being diagnosed with dyspraxia," said another, "and Ritalin takes the symptoms away."

Nobody really seemed able to tell me what dyspraxia was, though many testified to its menace. One mother said it was caused by the ef-

fect of certain types of clothing on the skin. There seemed to be some kind of epidemic of it in Scotswood. What all agreed was that the effect of Ritalin on a naughty or over-active child was to make the boy or girl more manageable. I had the dismaying impression that this is becoming the drug of parental choice, for kids. Nowhere did I hear it suggested that it might be better to let a child go through a naughty or over-active phase in its life without chemical intervention, still less that fits of naughtiness or over-activity, or short attention spans, might be natural in children.

I LEFT Chris's house infinitely depressed. Maybe I should get myself some Prozac. For some years now I have been reading the journalism of a prison doctor who writes in *The Times* and *The Spectator* under the name of Theodore Dalrymple. I have often wondered whether he was making any of it up. He paints a picture of individuals and communities reduced to a kind of vicious passivity, at the same time threatening and wheedling, helpless yet dangerous, and totally unviable without the welfare state.

At times he sounds like a grumpy old Tory, at others a note of compassion, horror and despair rings through his writing. At times his observations pull in an almost Nietzschean direction, implying that the weak should be left to their fate and, perhaps, their children taken away. At others one finishes his columns itching to send in an army of Wesleys, Salvation Army captains, Boys' Brigade recruiting sergeants and Elizabeth Fry's.

I end a week in Scotswood equally torn. Dr Dalrymple is not making it up. The reality is if anything worse, for he writes about prisons. Scotswood is not a prison, except in people's minds. It is a living community inhabited by free men and women, many of them kind and loving people, some of them anything but worthless, most of them locked into a corrosive hopelessness.

Those who defend sprawling troubled neighbourhoods with chemical anti-depressants, free, as of right and effectively on demand, might call themselves liberals. I call them fascists.

## voided becoming England Down Under

begin an article by begging God to bring him back next time as an

anic — when it was noon in Sydney it was five past noon in a

The new arrivals soon tackled the age-old question: how

smooth. The debate over whether the country should become a

at all," he said. "He's Australian." Pondering what this meant, the