

# The Grey-Eyed Heroin Boy

Dr Lim Wen Phei

That morning, I sat down in my consultation room and glanced through the little, long slit.

A young boy, slightly pudgy, was sitting in anticipation with his hands cupped. He wore a sprightly shade of red in the form of a checked shirt. His backpack, as if equally apprehensive, leaned forward from its own weight in the seat next to him. What blew me away were those eyes. Very few locals had eyes as captivating as his – as if gazing into those abysmal windows could leave you entranced.

He walked into my clinic that day, a decision made after many years of battling the noose tightening around his neck. Bluntly put, it all started with getting cheap thrills out of cough syrup, but along the way, things got serious, and now he cannot live a day without smoking at least three straws of heroin.

He walked into my clinic sheepishly, as if a schoolboy at the discipline master's. When he rapturously spoke about himself, his grey eyes lit up like nebulas. But when he spoke of his shame, the heroin, the foil and the proverbial dragon, he bowed in disgrace, hiding those eyes behind his fringe, as if a psychological barrier to guard himself against the discerning scrutiny from the rest of the world.

"All my brother needed to do was to unwrap the aluminium foil... Once I hear it... I go crazy... And it made my craving go out of control... I end up going out to get more junk..."

His brother is a drug addict, perhaps more a hardcore one than he is. Every day, he watches his brother leave the house, sometimes clad only in a singlet and sarong. He returns home with a bag later in the day, and retires to his room with the door closed. Moments after, he emerges – bloodshot eyes, a little high, sometimes stuporous. Grey-eyed boy simply loathed it. For years, he refused to talk to his brother – someone, by now, deemed a nuisance to the family, the reason for their parents' split, the reason for the loan sharks harassing the home of their 76-year-old grandmother. And thus it is cruel irony that he is now following in the very footsteps of his brother.

"I was assistant manager there for two years... I got Best Employee in 2008, then after that I went to study for my diploma..."

Grey-eyed boy weaved a story a little different than the majority of patients in the Addiction Medicine clinic. Sombre tales of failure, succumbing to one's fate laid in the clenches of drugs or alcohol, and rejection peppered the life stories of most patients who see us for the first time. Grey-eyed boy was not one to speak in tones of "poor me". He described how well he did in F&B, his promotions and being the blue-eyed boy of his supervisors. Vivid description of his dreams and aspirations were punctuated by childlike giggles and silly laughter. He was a child. The counter-transference I received? I felt like my own son was sitting in front of me.

When it was time to talk about the real deal, the drug and forensic history, the boy I thought I knew, slowly turned into an angry, sad man. The light in his eyes dimmed. He spoke in deeper tones, almost growling.

"Last week the bosses found out. They told me to quit."

I maintained eye contact.

"I quit like they wanted me to. It's not their fault. If I were my boss, I would have done the same."

He fiddled with the ends of his checked shirt.

"I am not a good person."

And I felt it. I felt the hatred he had for himself, the trouble he got himself into and its scathing repercussions. He devalued himself, with much conviction. But I could not bring myself to agree.

I closed the outpatient clinic notes, and put them aside. I opened the printer tray, and drew out a clean sheet of paper.

"Now look at this."

I drew a long line, with several intervals in between. The line was blotched, crooked and ugly. I apologised, as I was drawing the line from an awkward angle. He chortled nervously, but remained attentive.

"Here are your short term goals." I started to write.

*Complete detox.*

*Consider going to a halfway house.*

*Find job again.*

"And here are your long term goals." I drew crosses on the second half of that crooked long line.

*What do I want to be in one year.  
What do I want to achieve in five years.  
Ten years.*

I put down the pen. He was silent, but I knew thoughts were whirling in his mind.

Briefly thereafter, we got into the routine of physical examinations, arranging for blood tests, and preparation for elective admission into the ward for opioid detoxification. We spent an hour. Visibly tired from the long session, he nodded in appreciation, shook my hand, and prepared to leave.

As he opened the door, he suddenly turned around. "Err, Doctor, do you mind if I have that piece of paper?"

He pointed to the paper from the printer, the one with the ugly crooked lines, messy intervals and doctorly scribbles.

I laughed. "Sure!"

He carefully folded the paper, neatly, edge to edge, and slipped it into his backpack. With a faint smile, he left the consultation room quietly.

I did not manage to use any of the skills, or knowledge that my training as a doctor gave me. Was that failure on my part? All I did was to speak to him like a fellow human being, no more or no less than a stranger on the street giving advice on life and its lemons.

Today, this patient opened up a blind spot to which I did not prepare my soul's eye to see. **SMA**



*Wen Phei graduated from Yong Loo Lin School of Medicine, and is currently a second year Psychiatry resident. She feels that she still groping in the dark when it comes to the art of being a good doctor, but is nonetheless thankful that there are many around her to learn from. Often, she takes pleasure in observing, analysing, and retelling the stories of the patients who walk through our doors, with the hope of gaining insight on how these stories may offer us a lesson or two on life.*

