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SCOTTISH HOME AND HEALTH DEPARTMENT

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Scottish Hospital Memorandum No. 36/1967

SCOTTISH HOSPITAL SERVICE

The Treatment and Supervision of Heroin Addiction

1. A copy is enclosed* of the Second Report of the Interdepartmental Committee on Drug Addiction, whose Chairman was Lord Brain. Further copies may be obtained from H.M. Stationery Office, price 1s.6d.

The Committee's Report

2. The Committee was reconvened to consider whether the advice about prescribing dangerous drugs they gave in 1961 needed revision. The Secretary of State accepts the Committee's conclusions which related to Great Britain as a whole that there has been a disturbing rise in the incidence of addiction to heroin and to heroin used in conjunction with cocaine, especially among young people (paragraph 8); that the main source of supply is the over-prescribing of these drugs by a small number of doctors (paragraph 11); and that there is need for measures designed to prevent over-prescribing (paragraph 16) which do not prevent or discourage addicts from obtaining supplies from legitimate sources (paragraph 15). The Secretary of State also recognises that the spread of addiction is not merely a matter of availability of supplies.
3. All the major recommendations of the Committee concern the hospital service directly or indirectly and the following is an outline of these recommendations and of the action taken or proposed after consultation with the medical profession:
 - (a) All addicts to dangerous drugs should be notified to a central authority (paragraph 18). Regulations to be made under legislation at present before Parliament will require all doctors to notify to the Chief Medical Officer of the Home Office such particulars as may be prescribed of any person addicted to drugs of any description.
 - (b) The prescribing of heroin and cocaine to addicts should be limited to doctors on the staff of treatment centres (paragraph 26). Under the proposed legislation, only named doctors at treatment centres would in practice be authorised to prescribe or supply "restricted" drugs, initially heroin and cocaine, to addicts. Doctors in general will remain free to prescribe these drugs to any patient for the relief of pain due to organic disease or to other specified causes.

* Distribution limited to one copy per Regional Hospital Board and Board of Management.

(c) There should be a panel to advise doctors who are in doubt whether a patient is an addict (paragraph 20). The Secretary of State proposes to appoint a panel of doctors who will be available to advise any doctor who is in doubt whether a patient is a person who should be notified or to whom "restricted" drugs may be prescribed or supplied.

(d) Special treatment centres should be established (paragraph 22). This recommendation is discussed more fully in paragraph 4 below.

(e) There should be a power to detain at treatment centres patients who during crises wish to break off a course of treatment they entered into voluntarily (paragraph 24). The question of compulsory treatment raises wide and difficult issues and the Government is not satisfied that the case for this recommendation has been fully established. Provision for compulsory treatment has not therefore been embodied in the legislation now before Parliament.

(f) An advisory committee should be set up to keep under review the whole problem of drug addiction (paragraph 42). An advisory Committee on Drug Dependence has been appointed by the Home Secretary, the Minister of Health and the Secretary of State for Scotland "to keep under review the misuse of narcotic and other drugs which are likely to produce dependence, and to advise on remedial measures that might be taken or on any other related matters which the Ministers may refer to it."

(g) There is need for further research (paragraphs 22 and 41).

The Role of the Hospital Service

4. The number of heroin addicts in Scotland at present is believed to be small and is concentrated mainly in the Glasgow area. The number coming forward for hospital treatment may, however, increase as a result of the proposed limitation on prescribing by general practitioners, and in view of this it is necessary that all regional boards should designate treatment centres and should watch the scope of the problem so that the position may be under continuous review. The following guidance is offered to boards on the nature of the facilities to be provided as and when necessary.

In-patient Facilities

5. Facilities are required for withdrawal treatment: these will usually be provided either in psychiatric units attached to general hospitals or in mental hospitals. Although such units or hospitals will require to be designated as "treatment centres", it is desirable to avoid concentrating too many addicts in any one centre and this should be borne in mind in deciding how many centres should be designated. Limitation of numbers is desirable because of the effect which the patients have on each other and on other patients, and also because of the demands which this treatment places on doctors and nurses.

Rehabilitation

6. Withdrawal is only the first step in treatment and longer term rehabilitation will often be required. The main difficulty lies in retaining the interest and co-operation of the patient after completing the withdrawal stage, and activities should be geared to the needs of those heroin addicts who are young, active and intelligent.

7. It is important that well in advance of discharge there should be full consultation with the general practitioner and, subject to the patient's consent, with the local health authority for the area in which he will be living. The general practitioner should in the usual way be notified immediately a patient leaves hospital. The question of after-care and its

co-ordination with the hospital service is receiving further attention, and guidance on the organisation of the rehabilitation of heroin addicts will be issued separately.

Out-patient Services

8. Some addicts will not accept withdrawal treatment, at any rate to start with, and complete refusal of supplies will not cure their addiction - it will merely throw them on the black market and encourage the development of an organised illicit traffic on a scale hitherto unknown in this country (paragraph 15 of the report). The aim is to contain the spread of heroin addiction by continuing to supply this drug in minimum quantities where this is necessary in the opinion of the doctor, and where possible to persuade addicts to accept withdrawal treatment. For these purposes the medical supervision of addicts is necessary; this will include attention to those physical illnesses to which addicts are prone and the maintenance of a therapeutic relationship which may at any time render withdrawal treatment acceptable to the patient. Out-patient services are required and will generally entail the provision of separate sessions for addicts either in existing out-patient departments or in separate premises.

9. The decision to supply an addict with drugs and whether to seek to substitute other drugs, the assessment of dosage, and the method of supply rest with the clinician. It is to be expected, however, that where possible the dosage will be determined by assessment during in-patient observation and that this will usually be offered, though continued treatment cannot be made conditional on acceptance.

10. The organisation of services will depend on the method of supplying drugs that is adopted by clinicians. It is, however, desirable in any area that there should be a fairly uniform approach; otherwise addicts will gravitate to those centres where they think drugs are easiest to get. While direct administration of drugs by the medical staff of the treatment centre is not excluded, supply by the hospital pharmacy or retail chemist (by use of form PBP in the latter instance) is likely to be more generally practicable. Guidance on measures necessary to prevent misuse of prescriptions by patients will be forwarded separately.

11. To guard against duplication of supply a system of identifying addicts will be needed, which can be linked with the central records that are to be established. Proposals for an identification system will be issued in due course.

Further Action

12. Regional hospital boards are asked:

(a) To designate certain suitably located psychiatric units or mental hospitals as treatment centres for drug addiction where psychiatrists would be prepared to provide specialised treatment for both in-patients and out-patients.

(b) To prepare plans to expand these services, at short notice if necessary, so as to meet an increased demand.

(c) To inform the Department within two months, and also local health authorities and executive councils in their areas, of the in-patient and out-patient services which have been provided for heroin and cocaine addicts.

(d) To inform the Department within three months of their proposals for the expansion of these services, should it prove necessary.

(e) To prepare and maintain lists of doctors at the treatment centres who will in due course need authority to prescribe or supply "restricted" drugs, initially heroin and cocaine, to addicts.

13. Further guidance to be issued by the Department will include:

(a) Details of the advisory panel;

(b) Advice on rehabilitation;

(c) Schemes of notification and identification, and precautions against the misuse of prescriptions, which Boards will be asked to adopt.

(d) Details of the procedure for authorising doctors to prescribe or supply heroin to addicts.

14. This memorandum is also being issued to local health authorities and executive councils.