Prescribing Heroin to Heroin Addicts: A Drug Policy in Search of a Disaster?

Neil McKeganey
Professor of Drug Misuse Research
University of Glasgow
89 Dumbarton Road
Glasgow G11 6PW
n.mckeganey@lbss.gla.ac.uk

Prescribing heroin to heroin to addicts is a policy loved by top police officers, successive Home Secretaries, and those who would wish to liberalise our drug laws. It is a policy though borne out of utter frustration at our seeming inability to successfully tackle an escalating drug problem. If you cannot stop addicts committing crimes to fund their drug habit, then, so the argument goes, the next best thing you can do is provide them with the drugs that are the reason they are committing the crimes in the first place. It is a policy which promises to turn the clock back on our drug and crime ravaged communities, to cut crime, to promote health, to limit drug addiction and in that sense is the modern day equivalent of turning water into wine or base metal into gold. The allure of heroin prescribing to politicians is substantial and long standing. In 2003 the Home Affairs Select Committee concluded that

If diamorphine (heroin) treatment could be offered to all problematic users who do not successfully access other treatments, we believe it could play a useful part in managing the social problems generated by this group of people (House of Commons Home Affairs Committee 2003)
The New Labour government’s current drug strategy commits the government to enhancing the provision of heroin to addicts even in the face of clear opposition from the medical profession itself groups. The Royal College of General Practitioners have commented, for example, that:

It is the belief of the Royal College of General Practitioners that there would be no added value from general practitioners prescribing heroin to their patients. (Dr Clare Gerada speaking on behalf of the Royal College of General Practitioners 2002)

Heroin is an extraordinarily dangerous drug. In a ranking of the 20 most dangerous drugs that are used today, including tobacco and alcohol, which together account for some 123,000 deaths a year, heroin sits at the top of that list. Heroin is judged to be that dangerous because it is highly addictive, it carries an unpredictable risk of overdose, and it has an un-paralleled capacity to undermine personal and social values. There are thought to be around 400,000 heroin addicts at the present time. Large as that number may seem it reflects only a tiny proportion of the number who could get into difficulty with heroin if the drug were more widely available. Some idea of just how widely heroin abuse can spread within a population was evident in China in the 1800’s when the U.K. exported opium to China as a way of correcting for an imbalance in trade and in the process created an addict population in China involving an estimated 40,000,000 people or 20% of the entire Chinese population.

There is a deep irony in the political proposal in the U.K. to encourage doctors to prescribe heroin to heroin addicts. In 1965 the Interdepartmental Committee on Drug Addiction set up by the government following concerns about the growth in the use of heroin in England in the late nineteen fifties and early sixties placed strict controls on
the capacity of doctors to prescribe heroin. The reason for those controls was the activities of a single doctor in London who in one year had prescribed more than 600,000 heroin tablets to her addict patients and in doing so had, according to the chair of the Interdepartmental Committee, almost single handedly created the capital’s heroin problem. To relax the current restrictions on doctors prescribing heroin runs the risk of opening up a new front on domestic heroin supply within the U.K. with the potential consequent impact of further the spread of heroin addiction.

The Evidence

One of the first studies in this area carried out in the late nineteen seventies in London compared addicts receiving methadone with those receiving heroin. At the 12-month follow up point 64% of the addicts on heroin were topping up with other illicitly obtained drugs compared to 59% of the methadone patients. Further at the follow up point there were no differences between the two groups in their ability to secure employment, in their health and in their use of other drugs although 15% of the heroin patients admitted selling their medication to other addicts. More recent evaluations of heroin prescribing in Switzerland, Germany and in the Netherlands have identified positive results associated with prescribing heroin although in each of these studies it is difficult to tell how much of the positive improvements in the heroin treated addicts are to do with the provision of the drug itself and how much is down to the wider programme of support that the heroin prescribing services also provide to their patients. What is beyond doubt though is the enormous cost associated with prescribing heroin to heroin addicts.

The Cost
The main treatment for heroin addiction in the U.K. today involves providing addicts with methadone, a substitute drug that stops the addicts from experiencing the pain of drug withdrawals and which costs around £2000 per addict per year. There are thought to be around 170,000 heroin addicts on methadone in England at an annual cost of around £340m. The estimated cost of maintaining an addict on heroin is thought to be between five to seven times higher than the cost of methadone at between £10,000 to £15,000 per person per year. A rough calculation of the costs of providing heroin to even half of the number of heroin addicts currently in treatment would put the figure at between £850,000,000 and £1.25B. Aside from the massively inflated costs that would follow any extension in heroin prescribing there is an entirely legitimate question to ask as to whether it is even appropriate for doctors to be providing heroin to heroin addicts and whether such an initiative even amounts to treatment in the conventional sense of the word. Such a question takes one into the territory of medical and societal ethics.

**Ethics**

For most people the term treatment is taken to mean an act or a process involving medically qualified staff aimed at helping the individual to overcome his or health problem. The term is not ordinarily extended to include the prolongation of illness or sickness on the part of the individual. In the case of prescribing addictive drugs to addicts there is a real danger that the doctors is responsible for maintaining the individual’s dependency well beyond the point at which that addiction may have otherwise abated. We know from research on the recovery from dependent drug use that when addicts eventually give up their drug use it is often because they have reached what is described in the literature as a *rock bottom experience* in which they
have simply had enough of the addict lifestyle of begging, stealing, and prostituting, to finance their drug consumption. It is often only at that point that they are able to begin the long road to recovery and to truly cease their drug use. By prescribing heroin to the heroin addict the doctor runs the real risk of pushing further and further back in time the point at which the individual confronts his or her rock bottom experience and begins the process of recovery.

There is no doubt that through prescribing heroin to a heroin addict the doctor can improve certain aspects of the individual’s life for example reducing some of the chaos associated with the addict lifestyle reducing some of the criminality often associated with funding a drug habit. There is evidence too that by prescribing heroin to a heroin addict the individual’s risk of overdose is reduced. Stated in these terms there is a powerful temptation to say that the doctor should indeed start to prescribe heroin to the addict but in doing so the doctor runs the real risk of having crossed the divide between the activities of drug treatment and drug supply and in doing so may have fundamentally compromised his or her role as a medical professional. There is an interesting contrast here between how the medical profession responds to alcoholism and drug addiction. The doctor treating the alcoholic has one aim in mind namely to reduce and eventually cease the individuals alcohol in-take. Where the alcoholic patient resumes his or her drinking after a period of treatment the doctor does not take on responsibility for that individual’s choice: the doctor does not start to prescribe alcohol to the alcoholic. The recommendation to encourage doctors to prescribe heroin to the heroin addict is to effectively make the doctor responsible for the individual’s heroin in-take in a way that is quite inappropriate. The responsibility for the doctor in treating the individual’s heroin addiction is no different to the
responsibility of the doctor in treating an individual’s alcoholism- it is and always should be to help the individual to reduce and cease his or her drug in-take.

If you start prescribing Heroin where do you end up?

There is a further reason why doctors are often reluctant to prescribe heroin to heroin addicts which has to do with the feeling that once you start down that road it is difficult to avoid the pressure to prescribe other drugs. For example, the cocaine addict going to see his or her doctor could legitimately ask why they are having to pay for the cocaine they are using when their heroin using neighbour is getting his drugs for free. Although there are no plans to develop cocaine prescribing services in the U.K. there have been calls in Switzerland to develop such a service.

The danger of rewarding addiction

It is often said by those who favour heroin prescribing that the policy would only be targeted at those who are addicted to the drug and who are failing on every other form of treatment on offer. Whilst on the face of it that sounds like a reasonable argument for providing heroin to the addict it is also just about the most powerful means available of rewarding failure and encouraging addiction. What you are in effect saying to the individual pay for your own heroin for as long as you choose to use the drugs without becoming addicted to it but once you are addicted and causing all of the troubles to other people that are often associated with being a heroin addict we will then provide the drug to you for free. By targeting it on those who are failing on every other form of treatment available you are also of course rewarding that failure with the drug the individual has come to rely upon more than any other. In marketing terms that would not be regarded as a good strategy.
But What at Heart Should Drug Addiction Treatment Be Aiming To Do?

The calls to prescribe heroin to heroin addicts have inevitably led to the question of what drug abuse treatment is actually for in the U.K. There is certainly evidence that by prescribing heroin to an addict you can reduce that person’s involvement in criminal behaviour. But is crime reduction a legitimate goal for the doctor or is that not the domain of our police force and other criminal justice agencies? If you ask addicts contacting drug treatment services what they want to get from the addiction treatment services they are contacting the overwhelming answer you get from them is for services that can help them to overcome their drug addiction. That was the result of a survey of over 12000 addicts questioned on behalf of the National Treatment Agency in which 80% of those on heroin said that they wanted help to become drug free.

But of course not all addicts will be able to become drug free even if they desire that goal. Inevitably there will be those who fail on any kind of treatment and who continue to use illegal drugs including heroin. The question then arises as to whether it is appropriate for the doctor to take on the responsibility for that individual’s drug use and to actively prescribe the drug that individual has become dependent upon or whether it is more important for the doctor to be clear that his or her role only extends to the point of assisting the individual to reduce and cease his or her drug use. That at heart is what the heroin prescribing debate is all about- is it right, appropriate, and in the individual’s long term benefit for the doctor to be prescribing the very drug which the individual has become dependent upon? Or does the responsibility of the medical profession rest with the commitment to help the individual to become drug free? My
own view is that it is important for the individual, whether they are addicted or not, to retain the responsibility for their actions and their drug use since it is only in the realisation of that responsibility that their eventual recovery lies. Within those terms doctors should reject the entreaty from politicians and others to become society’s drug dealer because to do otherwise runs the risk of undermining the very fundamentals of what addiction treatment is all about namely helping individuals to overcome their dependency.