

Addict Index under threat

As first reported in September's *Druglink*, and despite misgivings from the Advisory Council on the Misuse of Drugs, sources in the Home Office have indicated that the Addict Index will almost certainly be scrapped. With the Regional Drug Misuse Databases (RDMDs) in place and the cost of running the Index estimated at nearly two-thirds of the Home Office Drugs Inspectorate's total budget, financial pressures appear to have won the day.

Since 1968, when doctor notification of addicts to the Home Office was made compulsory, the Index has been the only consistent indicator of trends in opiate and – to a much lesser extent – cocaine addiction. It is certainly feasible that the RDMDs could pick up this monitoring role, and provide data on a whole range of drugs not covered by the Index.

However, at present there is no statutory obligation to supply data of any description to them. So, although the Index never provided more than a thumb-nail sketch of Britain's opiate problem, the likelihood is that the picture gleaned from RDMD statistics will be even more patchy.

Index versus Database

There are two main questions which need to be asked of any monitoring system. Firstly, is the

information it provides reliable? While there are plenty of readily available national statistics on alcohol and tobacco use, any attempt to measure illegality will leave obvious gaps in the data. Most researchers agree, for instance, that to get a true measure of Britain's heroin problem, the number of people recorded on the Addict Index would have to be multiplied by between two and ten. Although it may be asking too much of the Index to measure 'prevalence' accurately, maintaining both it and the RDMDs costs well over £1 million and there are still many unanswered questions.

Secondly, what is a monitoring system meant to achieve? The Addict Index is primarily a control mechanism, run by the Home Office rather than the Department of Health (DoH). It provides doctors with the only resource to check that patients are not receiving prescriptions from other sources. But that is all it does. Information is only collected on their age and sex, the drugs they take, whether they inject and whether they have died. It tells us nothing about whether people share (or have shared) injecting equipment and nothing about their socio-economic status. And crucially, it only reports on 13 opiates and cocaine.

By contrast, the RDMDs have a health rather than a control function, building up as comprehensive a picture as possible of the nation's

patterns of drug use. People who visit drug agencies with a dependence on any drug are covered by the Databases and their lives are fleshed out to a much greater degree than if they were reported to the Index. But the information supplied by drug agencies is anonymous and so people can quite easily be double-counted, a factor the DoH itself recognises. Because of this, if the Index is scrapped, it is difficult to see how its control function can be carried on by the RDMDs and drug agencies.

Does it matter?

Reactions to the proposed demise of the Index has been mixed. The Drugs Branch itself does not seem to be overly concerned. The cost savings will be substantial while data received from pharmacy inspection records will not, it feels, unduly undermine its attempts to monitor prescribing.

However for doctors and drug workers, like Rosalie Chamberlin of the Kaleidoscope Project, who wish to check up on those seeking prescriptions, the picture will be very different. As the Project's medical team manager, she puts in around 10 calls a week to the Home Office to make sure that she's not double-prescribing. "Clients will take five minutes to realise there are no more checks on prescriptions – I'm amazed they are thinking of doing this, especially if there will be nothing to take its place".

'Kill or cure' treatment for cocaine

According to recent reports¹, Colin Brewer of the Stapleford Centre is offering a 'last resort' treatment for cocaine dependency under which patients are required to sign a waiver absolving Dr Brewer of any responsibility should they die.

Patients are prescribed antidepressants which can react so seriously with stimulant drugs (such as cocaine) that any return to those drugs could be fatal.

The antidepressants are in the family of drugs known as MAOIs – monoamine oxidase inhibitors – and are notorious for the dangerous interactions which can occur when taken with a number of different drugs and certain foods including cheese and meat extracts.

Side effects include headaches, nausea and vomiting, while death can be caused through severe hypertension. One of Dr Brewer's patients who relapsed after being prescribed MAOIs told *The Sunday Times* he thought he was going to have a heart attack – "it was as if I'd taken a huge overdose".

However Dr Brewer told *Druglink* that while the essentials of *The Sunday Times* story were true, he had treated very few patients in this way and in any case death from drug or food interactions with MAOIs was very rare. He told patients about the dangers to try and encourage compliance, and "if I thought I could get away with a placebo I would, but you need your own dispensing facilities and without that word would soon get out".

The fear factor

In 1993 Dr Brewer wrote up a case report for the *British Journal of Psychiatry* in which he detailed the case of a patient who while taking prescribed MAOIs relapsed to

cocaine use without adverse consequences.² It was only when Dr Brewer changed the prescription, emphasising to the patient that this new drug was one of the most dangerous of the MAOIs, that the patient suffered a reaction after taking cocaine.

All the prescribing manuals for doctors warn of the dangers of MAOIs, but Dr Brewer attributes at least some bad reactions to a psychosomatic fear on the part of the patient. He has observed similar reactions with antabuse implants: "these are known to be inert, but patients still say they suffered bad reactions just by taking a sip of gin". Dr Brewer is not alone – other researchers have reached similar conclusions. A study published in 1986 found that when cocaine users treated with phenelzine were warned that use of cocaine could "precipitate a hypertensive crisis", the majority were sufficiently deterred, remaining abstinent for longer than on previous attempts.³

ISDD charges

Each year, thousands of people use ISDD's Library and Enquiry Service. As ISDD has Europe's most comprehensive collection on drugs, the demand for its services has naturally continued to grow. Coupled with reduced funding levels, this now means that the service you have come to expect and admire can no longer be provided free. In common with other such services in both the voluntary and commercial sector, we are starting to charge for use of the Library and Enquiry Service.

While this development is to be regretted, Linda Fielding, ISDD's Director of Information Services, said: "Faced with the choice of putting charges in place, or severely cutting back the range of services available, we have chosen to keep our services available to as wide a public as possible."

The new charges are detailed below:

- **Library Visits:** £5.00 (£2.00 for students/unwaged)
- **Photocopying:** 10p per page
- **Standard Reference Lists:** £3.00 each, covering – Legalisation, Harm Minimisation, Recreational Drug Use, Drug-related Crime, Drugs and Pregnancy, Drugs and Sport, Ecstasy
- **Customised Literature Searches:**
 - Level 1: Search around key words provided by customer – £6.00;
 - Level 2: Search around set of concepts provided by customer and refined by information officer – £17.00;
 - Level 3: Either of above with most appropriate articles selected by information officer – £40.00
- **Any search faxed:** £7.50

ISDD is also offering all its users a chance to subscribe to the services, at a reduced rate, until February 29th 1996. All subscriptions run to 1 March 1997.

- **Basic subscription (special price £100)**
Up to ten Level 1 searches
Document delivery of up to 200 pages (posted)
Library visits
- **Enhanced subscription (special price £150)**
Up to ten Level 1 searches
Document delivery of up to 200 pages (posted)
Library visits
Subscription to *Druglink*
Up to £30 in value of publications

For more information on charges and subscriptions, please contact Linda Fielding on 0171 928 1211

1. *The Sunday Times*, 10 December 1995.
2. Brewer C. "Treatment of cocaine abuse with monoamine oxidase inhibitors." *British Journal of Psychiatry*; 1993, 163, p.815-6.
3. Resnick R et al. "Psychological issues in the treatment of cocaine abusers." *NIDA Research Monograph*; 1986, 67, p.290-4.