# Carry on doctor

Before the existence of any kind of formal drug treatment system, there were GPs prepared to prescribe morphine, heroin and cocaine for users. That all changed 40 years ago in 1968. But, say **Tom Carnwath** and **Harry Shapiro**, not all doctors were convinced it was a change for the better.

They called them 'script doctors' and 'croakers'. They were the GPs willing to prescribe drugs to users in support of their habit. This was not illegal – in 1926, a committee of doctors had ruled that this was legitimate practice as a measure of last resort. It became known as the 'British system' because Britain was the only country in the world where this was acceptable. In the USA for example, thousands of doctors ended up in jail and lost their livelihoods trying to alleviate the suffering of those who, by dint of their drug use alone, were deemed criminals. However, it wasn't actually a 'system' at all. There was no other treatment in the UK, so it was often a measure of first, rather than last, resort.

But nobody was that bothered. Up until the early 1960s, the few users around were mainly middle class and middle-aged, people who had become dependent on morphine as a result of prescriptions for pain. There was an Addicts Register, so that the Home Office could monitor the numbers and doctors could keep track of anybody who was 'double-scripting', hopping from one doctor to another.

However, as the 1960s progressed, the demographic began to change. A group of Canadian users started coming over to take advantage of the liberal prescribing regime as did a number of very famous jazz musicians including Dexter Gordon and Chet Baker, who stopped over in London en route to European concerts. More significantly, the middle class therapeutic addict gave way to young working class people drawn from all parts of the country to the lights of 'Swinging London'.

The small group of regular prescribers (estimates vary from six to 13) came under increasing pressure to prescribe to this new influx of users and heroin began to leak out onto the streets. These doctors were often elderly, some were well-meaning and genuinely wanted to help, others greedy and a few were eccentric to say the least.

Warned by Bing Spear, the Home Office Chief Inspector of the Drugs Branch, that a problem was looming among young people, the government convened a committee in 1961 chaired by Lord Brain. It concluded there was nothing to worry about. By the time they reconvened in 1965, they had experienced a change of heart. The figures although small, told the story: the number of people aged under 20 on the Addict Register rocketed from two in 1961 to 145 by 1965. Much of the problem was dumped at the feet of Lady Frankau, an aristocratic oddball of a GP who sometimes handed out prescriptions from the back of her Bentley and who in 1962, prescribed a massive six kilos of heroin in tablet form.

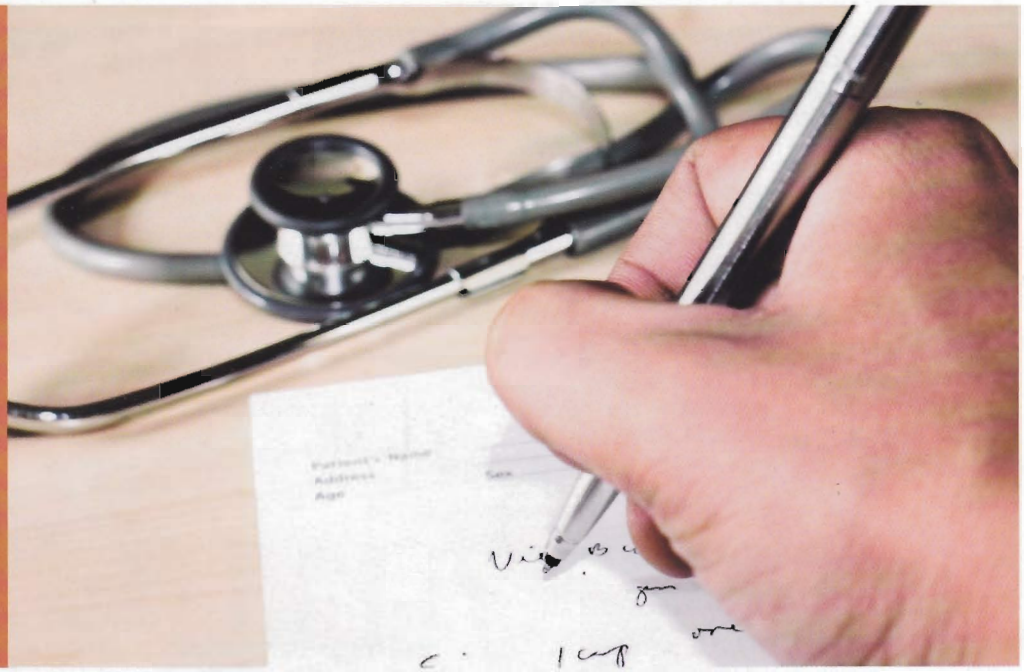
Driven by the behaviour of this one doctor, the Brain Committee demanded and achieved radical changes in addiction treatment in 1968, including specialist treatment centres, a new regulation that made notification to the Addicts Register a legal requirement and the licensing of doctors who wished to prescribe cocaine or heroin.

GPs involved in treating addiction now retired from the field, not all of them reluctantly. As one wrote to the *Lancet*: "The few GPs who have to do with drug addicts on the NHS must jump for joy at the recommendation that they should be prohibited from prescribing for cocaine and heroin addicts".

The new treatment centres were envisaged as outpatient clinics attached to psychiatric units. Unfortunately psychiatrists were not keen to take up the task, and it was over three years before any significant provision emerged. In the meantime two distinctly dodgy GPs partly filled the gap by prescribing extravagant quantities of barbiturates and methamphetamine, since these drugs did not require a license. One was later imprisoned and the other sent to Broadmoor.

A few brave psychiatrists now declared themselves willing to staff the new treatment centres, but most had little experience in dealing with this type of clientele. Moreover, users who might have been quite stable three years previously were no longer so. As one doctor admitted: "The clinics did their best to contain these people, employing maintenance prescribing, threats, cajolery, persuasion, counselling and so on, and all to little effect, it has to be said." The belief took hold that what had occurred pre-Brain was "an experiment in liberal prescribing" that had failed. What followed was a gradual move, in London at least, to prescribing oral methadone only, at lower and often reducing doses, with a focus on abstinence for most users. This treatment approach was later reflected in the first of the Department of Health Clinical Guidelines published in 1984.

These developments were much lamented by Bing Spear. "With the benefit of hindsight there is no doubt that the treatment centre era was an unmitigated disaster." he said.



"What happened was that the moral high ground was seized by a small group within the medical establishment, and by psychiatrists in particular, who over the years succeeded in imposing their own ethical and judgemental values on treatment policy."

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Opinions differ on the 'evil empire' view of psychiatry, but when you consider the various weaknesses in British addictions medicine, you might conclude that the second Brain report either contributed towards them, or could have done more to prevent them. These include persistently low doses of methadone prescribed in London in particular, and the consequent growth in private prescribing; the artificial divide between proponents of harm reduction and abstinence; the lack of an all-encompassing addiction specialism, as opposed to one confined to psychiatrists; and the shameful lack of resource for addiction research, when compared with Australia or the United States.

But the major error was to write GPs out of the addiction treatment script. Many GPs were only too glad to have a reason to show users the door, but this became a serious issue when the 1980s saw heroin addiction spiral out of the control alongside the new threat of HIV. At that point the Advisory Council on the Misuse of Drugs (ACMD) declared that it was more important to stop the spread of infection than it was to get people off drugs. What was needed was a dedicated group of properly trained and committed GPs embedded in the community who, alongside the stretched clinic system, could take up the challenge presented by the new heroin users. But they just weren't there. Instead there were a few GPs like the late Dr Tom Waller, Chris Ford and others who began to stake a claim for the GP to become once again more involved in treating users. They had to fight on two fronts.

First they found themselves going head to head with those in the psychiatric establishment who declared that addiction treatment was a speciality beyond the competence of most GPs. New clinical guidelines released in 1984 and 1991 gave some credence to Bing Spear's views about the London-based psychiatrists, especially when the 'guidelines' became regarded as *de facto* legal requirements when it came to General Medical Council prosecution of certain private doctors accused of over-prescribing and general clinical negligence. Some were no better than their 'croaker' ancestors, but there was undoubtedly a view that private prescribing by definition was irresponsible and the guidelines became a convenient weapon to attack doctors outside the NHS and so outside the influence of the consultants.

The second battle to be fought was to bring GPs back into the fold of caring for drug users – not just prescribing, but tending to a range of primary health care issues. Shared care schemes evolved to support GPs who did want to be involved in treating drug users. The creation of Substance Misuse Management for GPs (SMMGP) has been a major step forward in this respect with an annual conference attracting thousands of delegates. SMMGP calculates that up to a third of all GPs are now involved in caring for drug users.

But need it have been such a struggle? One of those giving evidence to the Brain Committee back in 1965 was Dr Peter Chapple, a GP with a hospital appointment. He recommended that special treatment centres should be set up, but that their role was to work with GPs who were already experienced in treating addicts, and to provide them with back-up support as required. He also recommended establishing a permanent committee with powers to investigate all aspects of drug misuse, with funds for research and to keep in touch with international developments. These suggestions would have been constructive if adopted, building on the good aspects of previous practice rather than creating a dangerous hiatus which has taken decades to try and bridge. A no-brainer, you might think.

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