

# Who killed the British system?

Forced through the health services market to close his drug dependence clinic, John Marks fires his parting shot at the doctors he accuses of having dismantled the 'British system'.

THE BRITISH SYSTEM OF drug control (circa 1920-1971, institutionalised in the 1926 Rolleston report) is a beacon to those across the world struggling with the effects of prohibition. As wars usually do, 'Drug Wars' mounted to shore up unrealistic prohibitions bring ever increasing loss of control while the criminal and financial burdens on the state and its citizens spiral upward and threaten the liberal societies of the West.<sup>1</sup> The moral is that if society wants to control a commodity, it must possess a legal supply of that commodity – for he who controls the supply controls the market.

The British Misuse of Drugs Act provides for the supply of heroin and cocaine to addicts, but this rarely happens in practice. Despite there being over 100 psychiatrists licensed to prescribe heroin for addiction, only a handful do so. The rest, obeying 'guidelines', instead allow criminals to supply the drugs and control the market. Further down the chain, pyramid-selling by drug users to raise the inflated cost of their drugs speeds the spread of drug use. For too long, government and public have mistaken prohibition for control when the opposite is the case.

Who is responsible for this retreat from a humane and successful policy? The blame

lies with some leading London psychiatrists, who have consistently advised government that drugtakers cannot be maintained indefinitely on heroin, cocaine, or other drugs – or that, even if they can, this is undesirable. Contradictory facts<sup>2</sup> have made no impression on their views.

Their power derives from huge research staff resources and access to central institutions such as government, the Royal College of Psychiatrists, and leading journals. Only through strenuous efforts can

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peripheral psychiatrists overcome the inertia of bureaucracies which all too easily turn for their advice to 'in house' (ie, London) experts. Their partisanship is clear in the diatribes<sup>3</sup> and vitriolic invective<sup>4</sup> quoted by North Cheshire Health Authority as grounds for removing the drug dependency contract from our own NHS trust.

The policy rethink spurred by AIDS led to a partial rehabilitation of 'maintenance therapy' (a key plank of the old British system), especially in districts far to the north of Watford. In a fierce rearguard action, London doctors emasculated the revival by restricting it to methadone syrup, whose effects one addict likened to "kissing your sister". Methadone helps those who take it, but has almost no appeal for injectors – witness the popularity of needle exchanges.

from  
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It might be argued that since around 60 per cent of addicts entering treatment inject, methadone must hold some attractions. But probably just one in seven addicts are in treatment<sup>5</sup> so the great majority are not drawn by what's on offer. The upshot is that injectors continue to be given clean equipment to inject adulterated drugs.<sup>6</sup>

London's dominance over the training of a generation of doctors has imbued most with false premises, such as the idea that tolerance inevitably leads to continued escalation in the doses taken by opiate addicts.<sup>7</sup> The effect has been to replicate the views of London psychiatrists and give these the status of an unquestioned consensus. Officials seeking expert advice sedulously overlook dissenting voices; whenever it turns, government is faced with acolytes of the London view. The only remedy is to seek out and heed critics of current policy.<sup>8</sup>

Many of the most vociferous critics of the Drug War are police. The failures of the medical profession mean drug control has defaulted to police who see first hand the futility of prohibition, a policy one officer described as "criminal".<sup>9</sup> As penalties for consensual crimes are desperately increased, police face citizens who want to use drugs, but who know that if they are caught the punishment will be disproportionately severe. Life imprisonment for drug supply is likely to make not just career dealers but also some addicts (almost all deal to finance their habits) increasingly determined to resist arrest, sometimes violently. It is neither sensible to deploy police resources in this way nor fair to place officers at such gratuitous risk.

It is not too late to revive the British system. But quick and resolute government action is required to avoid the final murder of the 'British System' and total urban drug warfare à l'Amérique.

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2. eg. Brown R. "Fifty five years of cocaine dependence." *British J. of Addiction*: 1989, 84, p.946.  
3. Strang J. et al. "Responding flexibly but not gullibly to drug addiction." *British Medical J.*: 1987, 295, p.1364.  
4. Johns A. "No rationale for prescribing cocaine to addicts." *British Medical Journal*: 1993, 307, p.1565.  
5. Sutton M. et al. "Are drug policies based on 'fake statistics'?" *British J. of Addiction*: 1993, 88, p.455-458.  
6. Payne-James I. J. et al. "Drug misusers in police custody: a prospective survey." *Journal of the Royal Society of Medicine*: 1994, 87, p. 13-14.  
7. Chapple P.A.L. and Somekh D.E. "Treatment of drug addiction." *Lancet*: 1970, p. 1134.  
8. eg. Editorials in *Daily Telegraph* (15/12/92), *Guardian* (15/5/93), *Times* (17/2/88, 24/7/92), *Independent* (20/10/93, 3/3/94); 70 per cent of GPs (BMA survey, April 1994); 4 out of 5 senior police officers (ACPO conference May 1994); Lord Rees-Mogg (*Daily Mail*, 30/10/93); Lord Justice Woolf (*Guardian*, 16/10/93); and the Methodist Church (*Guardian*, 5/6/1995).  
9. Nelson W.G. *The war on drugs – an alternative strategy*. Royal College of Defence Studies, 1993.