LETTER FROM WESTMINSTER

Drug addicts unwelcome patients, MPs told

WILLIAM RUSSELL

Drug addicts are unwelcome patients. That message from the Royal College of General Practitioners probably did not surprise the Commons Social Services Committee, which is conducting an inquiry into the misuse of hard drugs. Dr John Cohen, a central London general practitioner with a practice in Fitzrovia, where such problem patients are not unknown, told the committee when the college was giving evidence that many general practitioners were reluctant to accept addicts as patients because they were a nuisance, were not polite, were abusive to staff, and rang up in the middle of the night. "A lot of GPs don't want anything to do with them, and other branches of the medical profession are in the same situation," he added. "Some hospitals will not take addicts with problems, some psychiatrists will not treat them as having medical problems."

The committee was told by both the Royal College of General Practitioners and the Royal College of Psychiatrists, which also gave evidence, that a lot needs to be done to improve the training of general practitioners, both those in practice and at undergraduate level, about how to deal with the problems presented by addicts. Both royal colleges favoured a multidisciplinary approach. The RCGP said it would be willing to initiate courses to help general practitioners understand the special and complex needs of those addicted to hard drugs, "preferably as part of a coordinated effort." Dr Cohen, who also lectures in general practice at Middlesex Hospital Medical School, warned the committee about how devious addicts could be. He said that even his own pupils when they became casualty officers got "mumbled," to use the jargon, by addicts seeking supplies. Addicts could be very plausible.

He agreed with Mrs Renée Short, Labour MP for Wolverhampton North East, chairman of the all party committee, that the training currently being given to general practitioners was insufficient. The RCGP wanted district drug problem teams to be set up in each health authority district, as recommended by the Advisory Council on the Misuse of Drugs in 1982. It also believed that individual general practitioners should meet in groups to share their experiences in diagnosis and management.

Dr Stuart Carne, a Hammersmith general practitioner and senior tutor in general practice at the Royal Postgraduate Medical School, said that when he took on an addict he knew that "as night follows day" the addict would also go to the doctor down the road seeking supplies. He also greatly impressed the committee members by revealing that only a couple of hours before giving evidence he had been treating an addict in police custody. Dr Carne is also a police surgeon. This addict had admitted getting his supplies from two doctors and had named them.

He said the addict would always turn up at a surgery at the last minute seeking help. He would rely on the general practitioner not being able to check out his story because the clinic he was attending would probably have closed down for the day and access to his records would be impossible. One committee member murmured something about computerisation and being able to check into a central information system, but when it was pointed out that confidentiality was involved the committee shied away from following up that line of thought.

Both doctors insisted that training was very important, particularly for general practitioners in inner city areas—although there were also obvious problems for doctors who might only rarely come into contact with the problem in knowing what to do and where to seek back up help.

Theft of prescription forms

One problem faced by the unsuspecting general practitioner is the theft of prescription forms. The RCGP put before the committee a proposal that all controlled drugs should be prescribable on a special FP10 form; this would be distinctively coloured and numbered serially. There would be a corresponding counterfoil to be retained by the doctor, and the forms would be issued in small quantities at a time by family practitioner committees on request.

In the face of some scepticism from the committee both general practitioners insisted that such a system would mean greater control over prescribing misuse and would make stealing prescriptions much less attractive for addicts. Dr Cohen said the system would mean that a general practitioner would be aware at once that he had "lost" a prescription, and Dr Carne said that though a general practitioner ought not to leave his prescription pad lying around his office it was not a practical proposition to expect him to carry it wherever he went. A doctor could leave the room to attend to some other business in another part of the surgery premises. The committee, if sceptical, was clearly intrigued.

The importance of the multidisciplinary approach was emphasised by the RCGP, which said that prescribing was only a small part of total care. Suggesting that district drug problem teams would be a very helpful way of supporting GPs, Dr Cohen reported from his own experience that addicts always insisted that they needed far larger doses than was in fact the case.

In their evidence the psychiatrists claimed that an increasing number of doctors outside the hospital based services were being pressurised into prescribing drugs without appropriate guidance and adequate support; they called for a concentrated training effort.

They said that the most difficult groups were those who lived on the edge of illegal activities and had a large variety of social and personal problems, and those who used clinics or family doctors to obtain controlled drugs to sell to other addicts. But there were also addicts who remained problem free if maintained on adequate drugs, for whom maintenance clinics were the appropriate places, and others, genuinely motivated to stop, but unable to cope with the environmental and psychological pressures once they were drug free. The problem all identified was a lack of facilities for rehabilitation.

The Royal College of Psychiatrists also praised the work of the regional units set up to deal with the much smaller drug problems of the 1960s. They needed to be strengthened to help cope with the burden that was becoming increasingly intolerable for them, it said. While the assessment of the physical and psychological dependence needs and detoxification would remain primarily a medical responsibility, it urged the importance of bringing in other disciplines like social workers, youth workers, and employment agencies.

In the end it all seemed to come down to improving the training of those coping with drug addicts—and having the money to do that. The committee clearly found it all fascinating and a good start to what is planned as a brisk inquiry.

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