Section of General Practice

President P S Steen LRCP MRCS

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Drug Addiction [*Abridged*]

Abstract

Dr T H Bewley discusses recent increases in the incidence of all types of drug dependence in Great Britain.

Dr P H Connell considers the problem of amphetamine dependence historically and in different age groups and draws attention to the sociocultural patterns of behaviour which have sprung up amongst the adolescent and young adult population. Treatment is discussed.

Dr R H V Ollendorff outlines a theory of drug addiction based upon seven ætiological factors, and stresses the importance of the general practitioner in treating the addict.

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Recent Changes in the Incidence in All Types of Drug Dependence in Great Britain

During the past ten years there has been a change in the incidence of drug dependence in the United Kingdom. Before 1950 there was relatively little, apart from a few people who became addicted following medical treatment, or because of their professions (doctors, nurses or pharmacists). There was virtually no drug addiction among people who had obtained drugs illicitly. Now cannabis, amphetamines, combinations of amphetamines and barbiturates, lysergic acid diethylamide, cocaine and heroin are all increasingly misused by people who have obtained these drugs illegally. There has also been an increase in the consumption of amphetamines, barbiturates and alcohol, all obtained legally.

Cannabis

Cannabis (marijuana) commonly known as 'pot', 'weed' or 'hash' is increasingly often smoked in this country. It is difficult to estimate accurately the extent of its use, as people who smoke marijuana seldom come to the attention of a doctor unless they have some other illness. The only way one can make an estimate is from the figures of prosecutions and convictions for possession of the drug. Until 1945 there was little use of marijuana. Between 1945 and 1960 there was a slow increase, and between 1960 and 1965 there was a rapid increase in the amount of known use of this drug. This trend is shown by the increase in the numbers of seizures of marijuana recorded by the Customs each year, and the increase in the number of convictions for possession each year. Until 1963 most of the offences were committed by recent immigrants to the United Kingdom, chiefly West Indians and West Africans. Since then the number of convictions has not been confined to this group. The majority of convictions now are of British nationals (Fig 1).

If it is assumed that for every conviction there are possibly 10 or 20 people who are not convicted, there would be about 30–60 regular users per 100,000 population in this country (Home Office Reports 1945–1965, Bewley 1966).

Amphetamines

There has been an increase in the misuse of amphetamines in the past ten years. A number of patients with mental illnesses due to taking amphetamines were admitted to an observation ward in London in 1956 (Connell 1958). Many of them had taken amphetamines in large quantities, having ingested the contents of nasal inhalers which then contained amphetamine. Later there was an increase in amphetamines taken in the form of tablets or pills obtained illicitly (Connell 1964, 1965). These were mainly amphetamines combined with barbiturates. The first and best known were Drinamyl tablets,

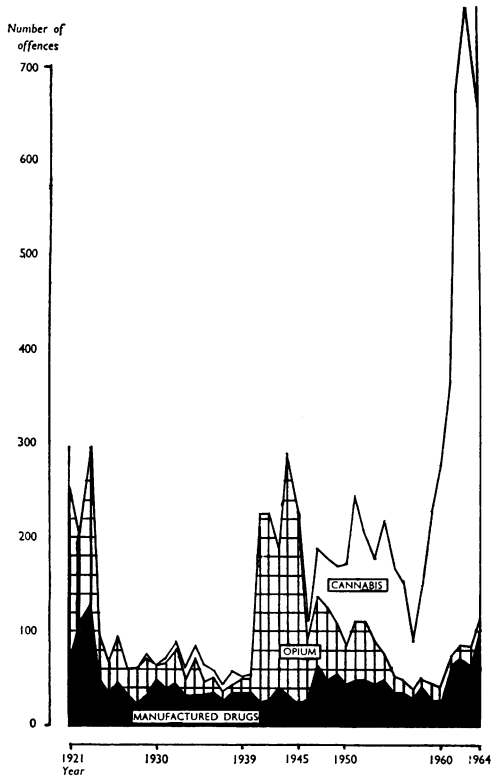

Fig 1 *Drug offences in the United Kingdom (1921-64), (Reproduced from Bewley 1966, by kind permission)*

which were sold under the name of 'Purple Hearts'. For a time this was confined to the West End of London, but it has spread to other parts of London and elsewhere. The name 'Purple Heart' has been succeeded by a number of other names, 'Blues,' 'French Blues,' 'Black Bombers,' and so forth.

It is difficult to estimate exactly the extent of illicit use of amphetamines. The majority of people who take them neither appear before the courts nor do they develop such symptoms that it is necessary for them to see a doctor. Most of them are young people who take them at week ends in order to 'get high'. Urine tests of selected groups have confirmed this increase in misuse of amphetamines (Scott & Wilcox 1962, 1965*a*, *b*).

An article in *The Times* (1965) suggested that over 10,000 people in the London area took drugs in this way. This figure was obtained by asking the opinion of a number of people working in this field who made intelligent guesses. It is possible that somewhere between 100 and 200 per 100,000 people in the United Kingdom might have taken these drugs illicitly. Therapeutic dependence also occurs. A survey in Newcastle upon Tyne (Kiloh & Brandon 1962) showed that about 500 people in this town with a population of 250,000 were psychologically dependent on amphetamines. The majority of these were middle-aged, many of them women. These were people for whom amphetamines had first been prescribed as treatment for depression or as appetite suppressants. This is a rate of 200 per 100,000 population.

Hallucinogens

There has recently been some use of illicitly obtained LSD (lysergic acid diethylamide) and occasional cases have been reported of misuse of other hallucinogens. Because of concern about this, LSD has been added to the amphetamines as a drug controlled under the Drugs Prevention of Misuse Act (1964). Short-lived psychoses have been found in people taking LSD (Bewley 1967), though the drug has not been used as widely as in the United States where reports of adverse reactions are much more common (Cohen 1966). The extent of this type of use ('taking a trip') is not certain, possibly 1–5 per 100,000 population.

Opiates

Before the outbreak of World War II people known to be addicted to drugs such as morphine were few in number. Apart from people whose professions enabled them to have access to drugs controlled under the Dangerous Drugs Acts a small number of patients became addicted owing to their prolonged use in the treatment of physical illness. The total numbers were small and only a few new cases were recorded each year. The Home Office kept a register or index of all addicts who were having opiates prescribed for them, and until recently opiate addiction was a very small problem. The position has changed now and in the last ten years, particularly in London, there has been an increase in the number of younger addicts to opiates, particularly addicts to heroin, many of whom take cocaine as well. These are people who obtain drugs illicitly in the first instance, generally from other addicts. There has been a marked increase in the number of addicts known to the Home Office and virtually all the new cases became addicted through contact with other addicts. The most striking difference between these addicts and previous ones is that they are young, the majority of them in their early 20s (Table 1) (Bewley 1965*a*, *b*, Home Office Reports). There has also been an increase in the rate at which the new addicts are being recorded and it was this fact that led to the recalling of the Interdepartmental Committee, which made further recommendations, including restrictions on the prescribing of heroin (Ministry of Health and Department of Health for Scotland 1961, 1965).

At present the number of addicts to opiates in this country is probably of the order of 4–8 per 100,000. This is small compared with at least 20,000 addicts of this type in New York alone. As there has been a very marked increase in the rate at which new cases are recorded there is no cause for complacency. Ten times as many new cases are being recorded now as ten years ago. If this continues the numbers of known addicts will very rapidly increase, possibly until the size of the problem reaches that in America.

Cocaine

Most of the use of cocaine has been in combination with heroin. The majority of heroin addicts have taken cocaine as well, the common practice being to inject both drugs together intravenously ('main lining').

Barbiturates

In the past ten years there has been a marked increase in the number of deaths from overdoses with barbiturates. The suicide rate from barbiturate poisoning has more than doubled. There has also been a threefold increase in the number of people treated in hospitals for poisoning. The majority of people in this category appear to have taken overdoses in order to produce a temporary period of oblivion rather than with suicidal intent. There has also been an increase in the estimated total amount of barbiturates prescribed (Kessel 1965, Bewley 1966, Glatt 1962, Brooke & Glatt 1964).

Another type of dependence on barbiturates is seen in the case of people who permanently require sleeping tablets. These patients have developed some degree of psychological dependence, and EEG studies (Oswald & Priest 1965) have shown that many of them have physical dependence as well. A survey (Adams *et al.* 1966) of a group practice of 10,000 showed that 407 patients had been given barbiturates over a long period of time. Though most of them continued to receive the drug without obvious addiction there was evidence of increasing dosage in 47.

It is more difficult to estimate the extent of dependence on, or misuse of, barbiturates than the other drugs mentioned so far but it is likely that the figure for the United Kingdom might be of the order of 150 to 250 per 100,000. Adams' figures suggest that 2% of the population might regularly take barbiturates in small amounts.

Table 1

Numbers of addicts known to Home Office according to age

Year	*Under 20*	*20–34*	*35–49*	*50 and over*	*Not known*	*Total*
1959	0	50	92	278	34	454
1960	1	62	91	267	16	437
1961	2	94	95	272	7	470
1962	3	132	107	274	16	532
1963	17	184	128	298	8	635
1964	40	257	138	311	7	753
1965	145	347	134	291	10	927
1966	329	558	162	286	14	1,349

Alcohol

The largest problem of addiction in the United Kingdom is addiction to alcohol or alcoholism. Several estimates of the extent of this have been made ranging from a total number of 35,000 to 350,000 alcoholics. The earlier estimates from surveys of general practice are generally considered to be too low, in that many alcoholics may not have been diagnosed by their own doctor. They may not even have seen him. A recent survey (Williams 1965) estimated that there were 400 alcoholics per 100,000 in the country. Of these, 140 per 100,000 probably would be expected to show evidence of physical or mental deterioration. As there has been an increase in the amount of alcohol sold in this country (Reports of Commissioners of HM Customs and Excise) and as one of the factors leading to alcoholism is the amount of alcohol consumed it is likely that the rates of development of alcoholism may also increase.

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