Historical Perspectives: Opium, morphine and opiates (part 2)

Professor David Clark continues his brief history of the opiates, which includes describing the different responses of the United States and Britain to opiate problems in the earlier parts of the century.

Opiate-containing patent medicines proliferated on both sides of the Atlantic during the 19th century. However, American legislators began to see opium as a dangerous Oriental custom that was threatening the morality of their people. The moralistic propaganda of the Temperance Movement began to include anti-drug statements:

'To get this heroin supply the addict will not only advocate public policies against the public welfare, but will lie, steal, rob, and if necessary commit murder. Heroin addiction can be likened to a contagion. Suppose it were announced that there were more than a million lepers among our people. Think what a shock the announcement would make. Yet drug addiction is far more incurable than leprosy, far more tragic to its victims, and is spreading like a moral and physical scourge.' *Richard Pearson Hobson, anti-drug campaigner.*

A growing concern about morphine and opium addiction in the US added to the pressure for new legislation. It is estimated that there were 250,000 problem opiate users at the turn of the century. In 1914, the Harrison Narcotic Act in the US effectively banned the use of opium and morphine. But there was one major omission: heroin.

Heinrich Dreser had synthesised diacetylmorphine in 1898, which he called heroin because of its heroic possibilities for treatment. The company Bayer marketed it for coughs, for which it was effective with less side effects than morphine. After the passing of the Harrison Act, regular users of other opiates and cocaine switched to heroin. The drug was not considered addictive for some time. Intravenous injection of heroin became increasingly popular in the US from the mid-1920s.

In 1924, the US Government banned the import and manufacture of heroin and banned its prescribing totally from medical practice. The US Supreme Court had earlier (in 1919) banned doctors from prescribing other opiates to addicts for maintenance of their addiction – doctors were liable to prosecution if they tried to help their dependent patients. The rhetoric of anti-drug campaigners helped to influence public opinion about heroin and other opiates.

'Heinrich Dreser had synthesised diacetylmorphine in 1898, which he called heroin because of its heroic possibilities for treatment. The company Bayer marketed it for coughs, for which it was effective with less side effects than morphine.'

Opiate use, in particular heroin use, was driven underground. A moral panic about heroin developed across the nation – the drug was credited with a bottomless capacity for evil. The first Commissioner of the Bureau of Narcotics, Henry Anslinger, had a tough approach to addiction. He led the fight against drugs, relying on a simple principle: 'We intend to get the killer-pushers and their willing customers out of buying and selling drugs. The answer to the problem is simple – get rid of drugs, pushers and users. Period.'

For many years to come, application of the criminal law, rather than any sort of medical treatment, was to be America's prime response to its opiate problem.

An American-inspired international narcotics control movement developed, beginning with a meeting in Shanghai in 1909 and the First Opium Convention in The Hague in 1912. American attitudes and prejudices were to play a significant role in shaping international drug policy in the coming decades.

In the UK, emergency drug controls were introduced under the wartime Defence of the Realm Act in 1916, restricting possession of cocaine to doctors, pharmacists and vets. Opiates were not its central concern. The Dangerous Drugs Act of 1920, forced upon the country by the pressure of international obligations, made it illegal to possess opiates and cocaine unless they had been supplied or prescribed by a doctor. A further Act in 1923 provided for heavier penalties for infringements.

Due to ambiguities in these Acts centred around prescribing, the Home Office asked the Ministry of Health to provide guidelines. This resulted in the Rolleston Report of 1926, which concluded that when an opiate addict could not easily be got off drugs, it was medically legitimate to continue with maintenance prescribing. Addiction was classed as a disease and a drug could be prescribed to 'relieve a morbid and overpowering craving'. The Rolleston report also concluded that opiate addiction was rare in Britain, with the majority of addicts being introduced to the drug in the course of medical treatment. The scale of the opiate problem in Britain at this time was certainly far lower than that seen in the US.

The Report's recommendations were accepted by the Home Office, and Britain settled down for about 40 years to a way of dealing with opiates which came to be known as the 'British System'. Individual private practitioners prescribed drugs to their addict patients without fear of prosecution. Whilst possession of opiates without a prescription was still the subject of criminal law, the number of prosecutions was remarkably low. For the so-called manufactured drugs heroin, morphine and cocaine, the number was 45 in 1926 and it did not exceed 100 until 1964 (101).

The bureaucracy created in Britain to support the implementation of the Dangerous Drugs Act was much more amateurish and passive than the style of operation occurring in the States. By 1929, the Federal Narcotics Agency in the States employed 250 agents and enjoyed a generous budget. In the UK, the Home Office Drugs Branch was for many years staffed by only two inspectors. The senior Home Office official responsible for overseeing Britain's drug policies was also charged with the responsibility for the protection of wild birds.

Concluded next issue