

Historical Perspectives: Opium, morphine and opiates (part 3)

Professor David Clark concludes his brief history of the opiates by looking at the massive increase in heroin use that occurred in America and the UK during the later parts of the 20th century.

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After the Second World War, the heroin problem escalated greatly in both the US and UK, with the former being at least ten years ahead. The Mafia became the main suppliers in America, with the main route for heroin entering the country being from Turkey via France and Italy. This was the so-called 'French Connection'.

The American problem really took off in the 1960s with the increased supply of cheap black market heroin. There were about 50,000 heroin addicts in 1960 and this number rose to 500,000 by 1970. Heroin use became increasingly associated with ethnic minorities and urban poverty. The drug rooted itself in social deprivation. Property crime became an integral part of the American heroin epidemic and occurred at a level never seen before.

The American government responded by passing a number of severe laws, starting with the Boggs-Daniel Bill of 1956 that included provision of the death penalty for selling heroin to minors. A ten-year minimum spell of imprisonment was mandated for a second offence of possessing heroin (or marijuana). The rate of imprisonment for drug-related offences rose sharply and prisons started to overflow with drug users.

The closing of the 'French Connection' and suppression of heroin production in Turkey as a result of UN pressure probably led to the fall in the number of heroin addicts seen in the mid-1970s. However, the vacuum in supply was filled by Burma – which forms part of the Golden Triangle with

neighbouring areas of Thailand and Cambodia – and later by Afghanistan.

The number of heroin addicts in the US rose again to 500,000 by 1980 and it probably remains around this number today.

In the UK, there were only 94 heroin addicts registered on the Home Office Index in 1960. However, there was a substantial increase in the



number of registered heroin addicts in the 1960s (2240 by 1968). This increase was due in part to the spill from the lax prescribing of a small number of medical practitioners in London. The new heroin addicts were younger and they were into buying and selling drugs. Some sought out doctors who they could pressurise into providing prescribed heroin.

The government set up a new Committee, chaired by Sir Russell Brain, to look into the situation. The report published in 1961 concluded that there should be no major departure of the recommendations of the 1926 Rolleston report. However, the Committee had to reconvene due

to the deteriorating situation and published a second report in 1965.

This second report confirmed the basic Rolleston Principle that a doctor, acting in good faith, should be allowed to prescribe addictive drugs to an addict. It reasserted that 'the addict should be regarded as a sick person, he should be treated as such and not as a criminal, provided he does not resort

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However, the 1965 Brain Report also made recommendations that restricted prescribing to doctors specially licensed by the Home Office and practising from agreed premises. Special NHS clinics were set up in 1967 that prescribed heroin. From 16 April 1968, ordinary medical practitioners could no longer prescribe heroin to addicts.

Over the next ten years or so, these NHS clinics shifted over to prescribing oral methadone, rather than heroin, following ideas from America. The level of heroin prescribing has been very low ever since.

The rate of increase in registered heroin addicts was fairly slow during

the 1970s, but grew rapidly during the 1980s. There was a large increase in illicitly manufactured drug: supplies initially came from Turkey and Hong Kong, then from South East Asia, later Iran and then Pakistan. Today, a very high proportion of heroin comes from Afghanistan.

The number of addicts known to the Home Office (mostly heroin addicts) grew from 2,400 in 1979 to around 18,000 in 1990 and almost 45,000 by 1996. A new generation of heroin user smoked the drug, although many of these switched later to injecting. Like America, the drug became associated with poverty and unemployment. Acquisitive crime increased as heroin users sought to support their habit.

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President Richard Nixon appointed Dr. Jerome Jaffe as America's first 'Drug Czar' in 1971. He increased the number of heroin addicts in federally funded treatment from 20,000 to 60,000 within a year. The availability of oral methadone played an important role in the expansion of treatment services in the US. The expansion of methadone-based treatment in the UK occurred later and more slowly.

The AIDS epidemic of the late 1970s had a strong influence on drug policy. The realisation that the virus could be transmitted between addicts, and that it could spread by sexual transmission to the wider population, stimulated attempts to get more people into treatment.

The UK reacted to the AIDS epidemic by greatly expanding community projects that provided clean needles and syringes and taught safe injecting practices. The teaching of safe sex and provision of condoms was also a key element of the approach. The American authorities have generally seen this harm minimisation as 'looking too like connivance and a compact with the heroin devil'.

Recommended reading:
Griffith Edwards (2004) *Matters of Substance: Drugs and why everyone's a user*. Penguin: Allen Lane.
Tom Carnworth and Ian Smith (2002) *Heroin Century*. Routledge.