Some legal and ethical aspects of addiction

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OVER the years the general practitioner has become accustomed to finding himself well in the front firing line when it comes to dealing with many of the sociological problems of today. It is he who, more often than not, has to take the first—frequently the most important—decisions and it is on the manner in which he acts initially that the future course of events may depend. Not uncommonly the medical aspect of the matter may be minimal; that is irrelevant. It is the family doctor's view which is required; he is the first person to be approached by those who feel in need of help. The range which he is expected to cover is enormous; problems of housing and old age, of marriage and divorce, of teenagers, of adult life, of schooling, of abortion, of addiction. On these, as on a host of others, it is from the general practitioner that advice is sought first, not so much because he is a doctor, as because he is experienced, wise and trustworthy—or so it is thought. And it is to the profession's credit that it is rarely that such advice, carefully considered, is not forthcoming.

Alcoholism has been on the scene for so long that most doctors must have dealt with patients suffering from it on a number of occasions; not that that makes the next case any less of a difficulty when it presents itself. But the drug problem is a relatively new one, particularly to the average general practitioner, and he may find himself hard put to it to know what action to take when he comes across a patient who is either a potential or an established sufferer. It is not proposed in this article to consider any of the clinical aspects of the matter; I am quite unqualified to comment on them. Instead I hope to draw attention to some of the legal and ethical considerations which the doctor should bear in mind in such a situation.

One has only to take into account the many Acts of Parliament and Regulations, the hosts of warnings and pleadings, which have been a feature of the last few years, to appreciate the complexity of the drug problem. The truth of the matter is that all along the line the drug traffickers and takers have been one move ahead of the law, both in the varieties of the drugs and in the manner in which they are obtained and used; while the authorities have been floundering in their attempts to catch up with and gain a lead on them without—and this is the handicap under which the law has to operate—interfering with the supply of drugs legitimately required for genuine therapeutic purposes. At the time of writing it looks as if the racketeers and drug consumers are likely to gain yet a further breathing space, since the passing of the Misuse of Drugs Bill, which will provide the authorities with much needed ammunition, seems certain to be delayed consequent upon the election.

What contributions has the general practitioner to make towards the resolution of this problem? The first is undoubtedly preventative. EC 10 prescription forms and professionally headed note paper are highly-prized items in the illicit drug world and they should be kept safely out of the hands of those who are not entitled to possess them. Any prescriptions for drugs of an addictive or potentially dependent character should be so written that they cannot be altered. Total quantities ordered should be in long hand as well as in figures; and all such prescriptions should be recorded on the patients' cards every time they are issued. Repeat prescriptions should not be provided unless one is satisfied that the last issue will have been used up. Stories of prescriptions lost by the

person to whom they were given must be treated with great suspicion. The doctor who possesses or dispenses drugs is under a strict duty to ensure that they are preserved under lock and key and in places where they are not accessible to those who have no right of access. There is no need here to dwell upon the necessity to keep proper registers.

It must be recognized that tightening up of the supplies of one type of drug inevitably leads to the employment by the addict of other drugs as substitutes. The imposition of rigid control on the prescribing of heroin and cocaine was followed by a demand for methadone, which soon reached a black market of its own. The stricter prescribing of amphetamines has produced an increased interest in barbiturates. This must be borne in mind by all practising doctors.

What should the doctor do when he meets with a case of possible addiction? Here we are faced with two different considerations—the legal and the ethical. Let us deal first briefly with the actual demands of the law, which concerns in the main the doctor confronted with someone addicted 'or whom he has reasonable grounds to suspect' to be addicted to any one of the drugs—too numerous to mention here, but in essence those of the DDA variety—listed in the Schedule to the Dangerous Drugs Acts 1965. Since the spring of 1968 the doctor has become under a duty to notify the chief medical officer at the Home Office with the name and other details of any such person within seven days. He requires no statutory form, but may set the facts out in the form of a letter. If he is in any doubt as to his obligations in the case of a particular patient, he may seek the advice of an expert, whose name and address he can obtain from the executive council. It has, of course, for many years been an offence under the Dangerous Drugs Acts for a doctor to provide any dangerous drugs for someone's gratification as opposed to his therapeutic needs.

Ethically a doctor must clearly set about advising the patient along the lines which are most appropriate for his particular problem. And this will, in the majority of cases, mean referring him for psychiatric help, whether he be addicted to one of the recognized drugs of addiction or to one of those known as drugs of dependence. Most practitioners will agree that treatment of such people calls for specialist knowledge and specialized facilities, and for more time than the average family doctor can spare.

Today many of these patients are teenagers and there has arisen a further problem which concerns particularly school and university medical officers, though it affects also the family doctor. To what extent is one under a duty to insist on informing other responsible and interested people when one encounters a young person who is, say, a regular amphetamine or cannabis user? (Both these, of course, are drugs, the possession of which by an unauthorised person is prohibited.) This is a highly contentious point. On the one hand it can be argued that young people in trouble who come to their doctor do so on the understanding that their confidence will be respected; if this proves to be mistaken, the news will soon spread and others, in genuine need of medical advice, will, for this reason, fail to seek it. On the other hand leading counsel, in a long and carefully argued opinion has recently advised the Medical Defence Union that a doctor is entitled, if not theoretically obliged, to disclose information to those persons with 'a proper interest to receive such information' (which would include parents and any school authority *in loco parentis*) which suggests that a minor is in possession of or using any prohibited drug—a minor being someone under the age of eighteen. There is not, however, any obligation imposed on the doctor in such circumstances to bring the matter to the attention of the police. It would seem that it is for the individual doctor in any given case to let his conscience decide what action he will take.

The problem of drug addiction is undoubtedly still on the increase and, regrettably, it seems likely that there will be few general practitioners who do not find themselves face to face with it sooner or later.