

Beyond the fringe *

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SUMMARY. Three widely different fringe organisations outside the National Health Service working on the treatment of drug dependence are described.

The immense problems facing one organisation dealing with barbiturate addiction are emphasised, with hope for more widespread recognition of this addiction by general practitioners combined with more strenuous efforts by medical politicians to reduce the sources of supply.

1. Life for the World Trust

“If any man be in Christ, he is a new creature: Old things are passed away; behold, all things are become new.” (2 *Corinthians* 5: 17).

Northwick Park is a drug-free *non medical* residential, spiritual, rehabilitation centre situated high in the Cotswolds, five miles south east of the beautiful village of Broadway. It works from a mansion built in 1832 with about 55 rooms and is the old family home of the late Spencer Churchill, with many magnificent features reminiscent of the grandeur of Versailles. It has been the country centre of the ‘Life for the World Trust’ since 1967.

The 1973 income was made up as follows:

Grants	£9,700	
Donations	£30,800	(Private donations and Free Church donations)
Other income	£2,000	
	£42,500	Expenditure was a prudent £39,600

Referrals followed the usual well-trodden paths of the drug scene and mainly from the probation service. The rules of entry to this paradise are strict and sensible, the main ones being:

- (a) An open mind (particularly for religion).
- (b) No smoking.
- (c) No drinking.
- (d) No drugs of *any* description except doctor-prescribed for common illnesses.
- (e) No visitors or phone calls for the first six weeks.
- (f) No walks alone and none beyond the main gates.
- (g) An obligation to work and attend all activities.

The work consists of restoration projects in this old mansion and incorporated farm and heavy religious tasks involved in the substitution therapy of God for drugs. The morning chapel services and Sunday meetings are the focal point of the whole work at Northwick Park. There is no immediate medical involvement whatsoever beyond a nurse to care for every-day ailments and the local general practitioner accepts temporary residents for general medical care.

Nearly 200 abusers have been treated in the last seven years. A cure rate of 70 per cent is claimed for God’s way. “Bear ye one another’s burdens, and thus fulfil the law of Christ.”

2. C.U.R.E.

C.U.R.E. stands for Care, Understanding, Research, Education in the field of drug dependence.

To meet this aim CURE runs a voluntary centre in Chelsea. As a result of a recent fire it is now occupying temporary premises at the back of a Methodist church, offering medical, psychotherapeutic, and rehabilitative help particularly to young people who feel themselves trapped on

* Report of an Upjohn Travelling Fellowship, 1973.

the path between drug experimentation and confirmed addiction and who recognise a need to establish a happier pattern of life for themselves.

CURE fulfils a vital and unique role as an independent charity with a proposed budget of £24,000 in 1974. One third of this cost is met by statutory bodies, the remainder by public subscriptions or collections. This independence is a major factor in the recruitment of staff who prefer the uncertain fields of private enterprise to the rigidly structured certainties of the National Health Service.

Referrals are along the usual lines with greater medical involvement relating to the reputation of the Medical Director, Dr P. A. L. Chapple. Referrals are preferred to arrive "straight" and not "stoned." This is not a maintenance clinic, but involves treatment with a wide range of drugs (except *injectable* therapy) combined with group and rehabilitative art and creative pottery sections.

Major clinical research projects are carried out by CURE in conjunction with teaching and wider educational projects. In 1973, 266 attended for treatment, of whom 143 completed treatment and 47 became drug free (18 per cent). The high standards of CURE cannot be over-emphasised and are a great tribute to the knowledge, drive, and determination of its medical director.

3. The Blenheim Trust

The Blenheim Trust was formed to help young people destitute and distressed after arriving in London in search of the streets paved with gold. Its finance is statutory and charitable without religious or governmental ties. The budget is about £15,000 per year.

Over the years of the drug scene this organisation has held its place as a treatment agency but co-inciding with the arrest of a local doctor in 1973 for excessive prescribing of amphetamines, the Blenheim Trust has become the specialist agency for the treatment of one of the most unpleasant addictive phenomena of recent years—the barbiturate addict or 'barb freak.'

The premises are a disreputable down-town lodging house with a battered front door situated above a health food store in the Portobello Road. There is *no* domiciliary medical help but a close liaison with St. Charles' Hospital fortunately exists, to help with urgent admissions.

The results of the 80 cases encountered since May 1973 are alarming—ten have died, one is critical, while one other has committed suicide. The causes of death are acute barbiturate overdoses and hypothermia. 'Tuinal,' 'Seconal' and 'Nembutal' are the drugs of choice, their current cost on the street being five for £1. The biggest user manages 54 'Seconals' a day. There is an overwhelming air of depression over the enormity of the task this ill-equipped, under-financed organisation has had thrust upon it. The complete dearth of facilities may be held partly responsible for the one cure of the 80 cases dealt with (1.5 per cent). The organisation finds the sources of the barbiturates as follows:

- (1) The general practitioner (the biggest).
- (2) The black market (stolen prescriptions, stolen drugs from chemists and factories).
- (3) Shady chemists.

General practitioners are further subdivided into:

- (a) The unscrupulous general practitioner (£2 to £8 is the current charge for a private prescription for 80 capsules—profit for the dealer of £8 to £14 per prescription).
- (b) The blackmailed general practitioner, including those physically threatened by aggressive barb freaks or those in receipt of frequent bottles of scotch, the common bartering agent.
- (c) The ageing, well meaning, pressurised general practitioner.

Pushing is not the prerogative of the ex-addict or user as in the past, but is now the profitable sideline of the pure criminal.

It is extremely important not to prescribe barbiturates to youths who are temporary residents (female:male ratio 50:50) who require sleeping pills. Examination of the back of the hands and forearms will often show the tell-tale barb burns and abscesses. This organisation through no obvious fault of its own, is in a nearly hopeless position. Its rapid takeover by a medically orientated agency is vital if the depressing figures shown above are not to be continued or worsened. It seems almost incomprehensible that this has not already taken place.

Conclusions

(1) It is overwhelmingly clear that the majority of doctors have contracted out of the drug scene and have little interest in the onerous tasks involved in the treatment of addiction.

(2) It is equally clear that the "fringe" organisations are here to stay and offer considerable hope to drug users. As one CURE social worker put it—"The establishment is still in the early 1960s."

(3) Banning the prescription of barbiturates is clearly essential. Whether it be statutory or voluntary is open to debate, but an early decision is vital.

(4) The role of a religious organisation is examined but many questions were left unanswered after the visit.

(5) The role of education in the field of prevention needs to be further assessed with particular emphasis on multi-disciplinary teaching in the training colleges.

(6) An interesting research project would be the "attachment" of a voluntary agency to a city group practice for alcohol and drug dependence therapy.

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Vocational Training Scheme for General Practice

Applications are invited for a limited number of vacancies which will arise on 1 December 1975 in this active and demanding scheme which has been approved by the Department of Health and Social Security and is recognised for the MRCGP.

Based at St Charles', a busy acute general hospital located in an area of great social change, the successful candidates, for whom accommodation will be provided, will be appointed to the Senior House Officer Grade with an annual salary in the range of £3,663-£4,152 (excluding allowances) and will receive four weeks leave each year in addition to the usual statutory holidays.

A period of six months will be spent in each of the departments of *General Medicine, Paediatrics, Geriatrics* and *Accident and Emergency* during the first two years, followed by placement throughout the third year in a carefully selected general practice in either the north or west London area. Additional clinical assistantship training will be provided in *Venereology, Dermatology, ENT* and *FPA* work.

The exceptional study facilities offered by St Charles', including its flourishing post-graduate medical centre and fine medical library, will be supplemented throughout the three years by a weekly half-day release course in general practice topics in collaboration with both the Hammersmith and Charing Cross Hospitals. During the final year an additional attachment will be made at a unit specialising in psychiatry.

Applicants should forward a detailed *curriculum vitae* with the names and addresses of two referees to the Medical Staffing Officer at St Charles' Hospital to arrive soon as possible.