



Older addicts

The conviction that 'the war on drugs has failed' is widely shared among those of liberal and enlightened opinion. Yet the same people seem to be unaware that their favoured alternative to the military approach — the medicalisation of addiction — has been equally unsuccessful.

Two prestigious initiatives last month commemorated the 40th anniversaries, respectively, of the anti-drugs crusade launched by President Richard Nixon in the US and the Misuse of Drugs Act in the UK, by declaring these historic attempts to combat the use of illicit substances, including heroin, cocaine, and cannabis, as failures. In New York, the Global Commission on Drug Policy, a body including three former South American presidents, the former secretary general of the United Nations, the current prime minister of Greece and Richard Branson, called for the use of civil rather than criminal sanctions against drug users and for 'more humane and effective ways' to reduce the harm associated with drug use 'including methadone and heroin-assisted treatment'.¹ In London, the 'Drugs — Its Time for Better Laws' campaign, supported by a former drugs minister, three former chief constables, a host of media celebrities and Richard Branson, took out a full page advertisement in the *Guardian* calling for a 'swift and transparent' review of current policies and favouring the treatment of drug addicts as 'patients rather than criminals'.²

The medicalisation of drug addiction long predates the 'war on drugs'. Methadone was introduced as a treatment for heroin addiction in the US in the 1940s. Over the past 30 years, under the banner of the war on drugs, it has been used on an ever-expanding scale, as the problem it is supposed to treat has grown, apparently inexorably. The fact that we are now prescribing methadone for patients who are transferring, after decades of continuing illicit drug use, into residential care or sheltered accommodation for older people, confirms the spectacular ineffectiveness of this treatment. The shift in the aim of treatment, from the goal of abstinence to the acceptance of indefinite 'maintenance', has created a generation of methadone

users, many of whom have now been consuming substantial quantities of this stupefying drug for 10, 20, even 30 years. Although the substantial mortality arising from methadone overdose (among the children of users as well as their parents) has attracted some concern, the lives of idleness and dependency to which many, if not most, methadone users have been consigned has attracted little comment.

The familiar response of the medical profession to the failure of its health promotion initiatives is to propose more of the same. It is more than 30 years since the Royal College of Psychiatrists (RCP) launched its campaign against alcohol abuse, recommending a limit of 56 units of alcohol a week. Although this — dubiously 'evidence-based' — limit has been steadily reduced in subsequent campaigns, all have manifestly failed to reduce the levels of public consumption and the attendant consequences for health. But instead of abandoning this approach, the RCP now propose widening the scope of their failed temperance crusade to include older people (prescribing even tighter limits of 11 units weekly for men and 7 for women).³ They insist that not enough is being done to identify and fight substance abuse in the older people and generously propose more work for GPs to 'screen every person over 65 years of age for substance misuse as part of a routine health check'.³

There can be little doubt that the criminalisation of drugs has contributed to an increase of crime without producing a decrease in drug use. But the medicalisation of the problem of illicit drug use has also failed to deter the use of illicit drugs while robbing drug users of their dignity as well as of their health.

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