

Drug Abuse Institute Director:

British 'Heroin System' A Failure

In a speech before the National League of Cities in June, 1977, Dr. Robert DuPont, Director of the National Institute of Drug Abuse, denounced the British system of heroin maintenance for addicts. DuPont debunked the notions which are currently being used to justify the passage of a bill for heroin maintenance through the Ohio State Legislature: that heroin maintenance in Britain is a success and that both the addict and the community would benefit from a "heroin experiment" in Ohio. We print here sections of Dr. DuPont's June speech:

Let me state, at the outset, my personal position on this issue so that there is no doubt about it. I consider the use of short-acting intravenous (IV) opiate drugs like heroin as part of opiate dependence treatment programs to be undesirable. I also think the hope that "heroin maintenance" will be a quick fix for our serious heroin addiction and related crime problems is an illusion... nearly 40 percent of the heroin addicts in treatment are now in drug-free programs. Thus, our discussion of pharmacologic treatment must be seen in the context of a national drug abuse treatment program that is primarily drug-free.

I just had the experience of going to Great Britain and talking with law enforcement, political, and drug abuse treatment people about their current drug abuse situation. As most of you know, it is a very rich irony that the "British System" is perceived in the United States as a permissive system of prescribing heroin to addicts. At the very time that the so-called British System is trotted out by heroin maintenance supporters as their key precedent, heroin prescription to addicts has been all but abandoned in Great Britain. Not because the doctors who work in the clinics do not want to use heroin. They find intravenous heroin is not good for the people who are coming in for treatment. Therefore, British doctors are switching to oral methadone for purely practical, pharmacologic reasons.

Within the next few years, heroin prescription will probably diminish further in the United Kingdom. The primary people who support the idea of prescribing heroin there are not the doctors who work in the clinics, but the law enforcement people and the politicians. They think it is a good idea. But people who work in the clinics are generally less impressed...

One myth that is terribly important to puncture is the argument that the British prescribing of heroin in the 1920s solved their heroin problem, just when we were creating our heroin problem by prohibiting our doctors from using heroin to treat addicts. They never had a street heroin problem until the late 1950s; our street heroin problem began in the first decade of this century, and it was already large by 1920.

A second myth I want to deal with is the misconception that, from a U.S. perspective, the British clinics are

liberal in providing access to heroin for addicts. In the British context, when they talk about the success of their clinics, they are talking about the clinics succeeding because they are *restricting* the addict's access to heroin, not because they are liberalizing it. You have to understand that those clinics were created in response to an explosive epidemic increase in heroin addiction in the 1960s, which was fueled by private physicians prescribing heroin. The British talk about their clinics as a way to cut down, not as a way to increase, the amount of medically prescribed heroin that is available in the community by restricting all heroin prescriptions to a few controlled outlets.

Another myth in the United States is that Great Britain does not have a black market in heroin. The price of heroin in Piccadilly is today about the same as the price in Manhattan. In other words, there is the same economic incentive for the illegal heroin market in Britain as there is in the United States. The British have not done away with the heroin pusher. They are now deeply concerned about the illegal heroin market in Britain. Law enforcement officials in Britain tripled the amount of heroin seized between 1975 and 1976. They doubled the 1976 number in the first five months of 1977.

There is another dilemma that is also worrisome to me, and it related even more directly to the heroin maintenance issue. It grows out of my experience with the marijuana decriminalization issue. I have concluded that our public communications, and I do not mean just the media, but how we all communicate to each other, is limited to what can be put on a bumper sticker. I have observed that if you cannot put an idea on a bumper sticker, you cannot communicate it. So that every communication — no matter how complex — is heard as either "for" or "against" something.

For the last three years when I have talked in favor of decriminalization of marijuana possession for personal use, I have been interpreted all over the country as being in favor of marijuana — even though I opposed marijuana use. I support a fine for people caught with small quantities of the drug, and I support prison sentences for marijuana sellers. These qualifiers are simply not heard. My support for marijuana decriminalization is seen as "pro-pot."

This condensation of complex thought to a bumper sticker motto is a source of tremendous distress to me. I continually watch this go on and see its inevitability. I am concerned about this process with respect to our heroin maintenance discussions. There is a bumper sticker message resulting from this discussion that may be terribly destructive to what we are trying to accomplish. I am afraid that most people who hear us talking about this subject are going to interpret us as calling for legitimatization of heroin and being in favor of

it in the same way that the marijuana decriminalization supporter is seen as in favor of marijuana. That would be a negative development and it is something that deeply troubles me.

...We do today reap a tremendous benefit socially from our stigmatizing heroin. We reduce the number of people who experiment with heroin. We reduce the acceptability of heroin within our communities. We increase the pressure on the addicts to stop using heroin by saying this is totally prohibited stuff. Once we start changing

this message and say, "Hell, heroin is just another opiate drug like a lot of others," the pressure that keeps many people off the drug is also reduced.

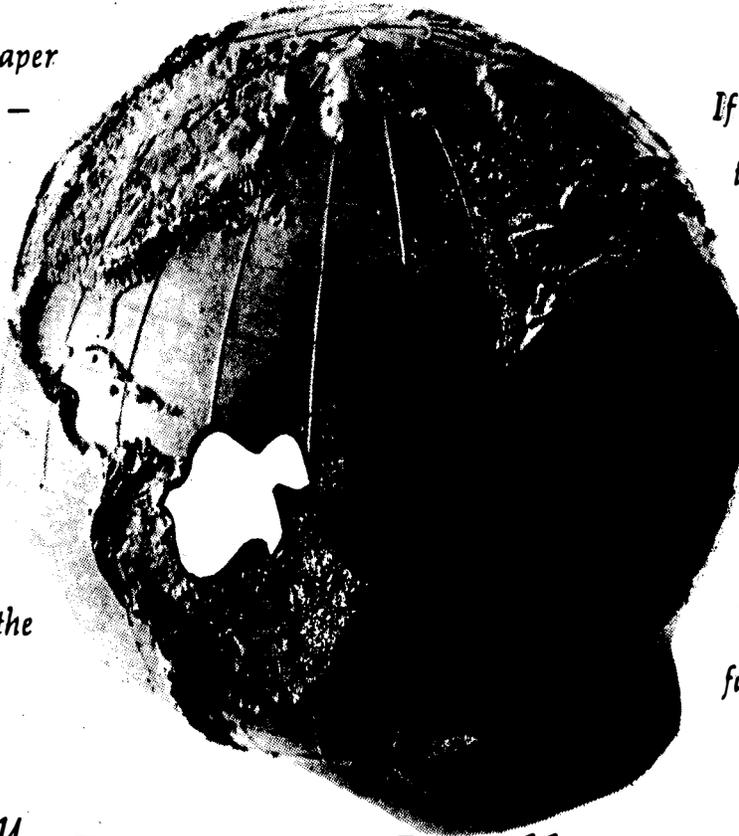
One final point of this subject: today our serious heroin problem is *not* growing. Overdose deaths, emergency room episodes, and public surveys all show declining levels. Is this a good time to try a radical, new, and untried policy, especially when it has the potential for making the overall problems of heroin addiction worse? My answer is simple: NO!

Your newspaper gives you
only part of the picture...



It leaves you puzzled...

No matter what newspaper
you read, coast to coast —
from the Wall Street
Journal to the Los
Angeles Times —
at best you're only
getting parts of the
puzzle. And a lot of
those parts don't even
fit when you try to put the
whole puzzle together.



If you don't believe us,
thumb through a few
back issues of the
newspapers you
read, and then
compare with the
*Executive Intelligence
Review*...

Which gives you the
facts and analysis you
need to know?

Isn't it time you
subscribed to the *Executive Intelligence Review*?

Area	PRICE CHART		
	3 months	6 months	1 year
U.S., Canada, Mexico	\$125	\$225	\$400
Venezuela, Colombia, Caribbean	\$140	\$250	\$455
Europe, South America	\$115	\$285	\$495
Rest of World	\$150	\$280	\$520

Personal and bulk rates on request.

I am subscribing to the *Executive Intelligence Review* for the following:

3 months 6 months 1 year

Name

Address

City State Zip

Signature

amount enclosed

Make checks payable to:

New Solidarity International Press Service,
G.P.O. Box 1922, New York, N.Y. 10001