Heroin Prescription and History
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In this issue of the Journal, Oviedo-Joekes et al.\(^1\) report on the results of the North American Opiate Medication Initiative (NAOMI) trial comparing methadone with injectable diacetylmorphine (the active ingredient in heroin) for the treatment of heroin addiction. These data from North America point to a conclusion that has been widely supported, although not without controversy, by similar recent studies in Europe.\(^2\) The results of this trial may be added to those from Germany, the Netherlands, Spain, and Switzerland. Switzerland has 10 years of experience in the prescription of heroin, and in a November 2008 referendum, 68% of voters were in favor of its continued prescription.

The prescription of heroin is rigidly controlled, and some commentators have asked whether a less restrictive and more clinical approach might make a difference to the proportion of drug users who are treated with heroin.\(^3\) Guidance on the prescription of heroin published by Britain’s National Treatment Agency for Substance Misuse in 2003 stressed that the drug should be prescribed as a last resort and under the medical control of a specialist.\(^4\) The prescription of heroin is now recognized in some European countries as the optimal treatment for patients for whom options are running out and in whom methadone maintenance has not worked, and it keeps the user in contact with drug services.

What Ashton and Witton have called a “role reversal” from killer drug to medical treatment is historically paradoxical.\(^5\) The emerging consensus is that heroin is a treatment for a limited number of illicit-drug users who do not do well with other medicines. Historically, however, heroin was the main “drug of choice” for treatment. In the 1920s and earlier in Britain, it was the treatment or maintenance drug for compliant middle-class addicts, those who accepted the authority of the doctor to prescribe to them. The prescription of heroin was the basis of the so-called British system, which operated until the 1960s.\(^6\) This was not the case in the United States. The inability to conduct the NAOMI trial in the United States reflects a historically different attitude toward the medical prescription of heroin to addicts; this prohibition dates back to the implementation of the 1914 Harrison Narcotics Act before World War I. Doctors were prosecuted thereafter if they prescribed heroin for addicts.\(^7\) The cross-national difference in heroin prescribing and the continued prescription of heroin in Britain owed much to the power of the British medical profession and to the low number of mainly middle-class addicts in the United Kingdom who took heroin. The person with control of the drug and the sort of person who was addicted were important.

Contextual issues like these, not the intrinsic properties of the drug itself, affected different national responses to treatment and to the prescription of heroin; these issues also affected the change toward the use of methadone in the 1960s and 1970s. The switch from abstinence from illicit-drug use as the only legal option to the use of methadone took place under the influence of re-
The treatment of addiction is a controversial matter, and practices that were once managed by specialists in-house and that were the subject of clinical discussion or publication in medical journals are now more open to a sometimes uncomprehending public gaze. Results such as those reported in the NAOMI trial matter, but they do not operate in a vacuum. Countries have responded very differently to the findings reported so far. Switzerland and the Netherlands have integrated the prescription of heroin into their medical systems, while Germany and Spain have hesitated. In the mid-1990s, the Australian government discontinued a heroin trial. Will the “homegrown” results from the NAOMI trial have more impact in North America than the results from Europe? We will now wait to see what political or professional factors will support or oppose the conclusions of this study in its home territory, and whether the historical legacy of heroin will matter.

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