

## Characteristics of Attenders at a Scottish Drug Dependence Clinic

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**Summary:** Eighty opiate takers attending a Scottish drug dependence clinic were studied on a number of characteristics. The more recent attenders since 1981 were younger but otherwise not different from longer-term attenders. Recent young heroin abusers may not be seeking treatment from the drug clinic.

Opiate abuse is becoming more prevalent and is putting even more pressure on medical and social agencies. The upsurge of drug taking since 1981 has been well documented by Ditton (1981, 1982) who describes a 388 per cent increase in the referral rate to two Glasgow drug clinics in the first 6 months of 1981.

In the U.K., drug abuse has been a responsibility of the medical profession, since the medically orientated Rolleston Report in 1926 which classified drug abuse as a disease requiring treatment by doctors. Specialized drug clinics were set up in 1968 to limit the prescription of heroin and cocaine to regional centres. Early studies (Stimson and Ogborne, 1970; and Woodside, 1973) described clinic attenders and showed there was no typical stereotype. Although it is 15 years since they were set up, there have been no recent studies of clinic populations. Policies have changed over the years, especially regarding prescribing habits, with varying reports of success (Stimson *et al.*, 1978; Paxton *et al.*, 1978; Oppenheimer *et al.*, 1979; Gordon, 1983). Heroin was initially prescribed in the London clinics, as reported by Stimson and Ogborne in 1970, while in Glasgow the prescription of injectable opiates, such as morphine and methadone ampoules, has given way to a much less liberal policy. Now either drugs are not prescribed at all, or prescription is limited to a short-term reducing course of non-injectable methadone linctus. Present clinic populations are therefore the end result of different policies of the past. The purpose of our study was to characterize this population by following approximately the approach of a similar study by Stimson in London in 1969, and to find out if today's drug users are different in any respects from their predecessors.

### Method

There were 84 patients attending the drug

dependence clinic of the Southern General Hospital, Glasgow, but this study is concerned with the 80 who were dependent on opiates. (Of the other four, one had previously used heroin but was currently abusing diazepam, another sought advice for cannabis abuse, and the other two were abusing barbiturates and meprobamate respectively).

A questionnaire devised and administered by the authors was used to obtain data regarding the personal background and drug taking habits of the attenders. Some patients were interviewed by both authors on different occasions to ensure that a consistent approach was being adopted. Further information was obtained by reference to case notes, especially when the patient's memory for past events was poor. At the end of the interview patients were asked if they could be measured for weight and height and were also required to provide a urine sample. These were not obligatory, and it was made clear that the result of the urine analysis would not influence the issue of prescriptions. The height and weight measurements were compared with standard tables to give a rough measure of the degree of nutrition, and the urine was screened for opiates, barbiturates and benzodiazepines. The results were compared with the information given at interview, and the information was deemed to be false only if a drug was detected in the urine which had not been declared. This was the only check available on the truthfulness of the information given. The information was initially analysed for the patients as one population, but also those patients ( $n = 47$ ) who had been attending the Clinic only since the present upsurge in referrals (in January 1981) were considered separately to determine whether they differed from the others in any respects.

### *The patients*

Fifty-nine (74 per cent) of the patients were male

and 21 (26 per cent) female giving a male to female ratio of 2.8 to 1. The mean age of the population was 28.0 years (SD 6.12) with a range from 19 to 55 years. Twelve patients (15 per cent) were aged 21 and under. Although the mean age differs, the modal age group (26–30 years) is the same for those who first attended before, and after, January 1981. (Mean age 31.1 years for pre 1981 attenders and 25.8 for those who attended after January 1981). Thirty-eight (48 per cent) were married or living with a partner, 36 (45 per cent) were single and 6 (7 per cent) were divorced or separated.

Most of the patients (72 per cent) had left school at age 16 or below without qualifications. Of the remainder, 8 had obtained 'O' levels, 12 had obtained Scottish Higher Certificates and 2 had gained entrance to University although none had obtained a degree. Four patients had obtained qualifications since leaving school. Fifty-six (70 per cent) patients were unemployed with a mean period of 3.26 years (SD 3.01) unemployed, twelve (15 per cent) worked full time, eight (10 per cent) worked part time or casually and four (5 per cent) were students.

Most patients (69 per cent) reported a criminal conviction in the past but only 24 (30 per cent) admitted to indulging currently in criminal activities to finance the purchase of drugs.

Fifty-two (65 per cent) patients were involved in some sort of regular emotional or sexual relationship. In 22 cases the partner was also using opiates and in a further 3 cases was using cannabis. There were 16 cases (8 couples) where both partners were attending the Clinic. Thirty-one (39 per cent) patients reported that they had children living with them although this included 6 couples. The total number of children involved was 28 with a mean age of 6.0 years (SD 4.78).

Most patients (75 per cent) lived in Local Authority housing (which is usual in this area). Forty-seven (58 per cent) lived in a house in their own name or that of their partner while 31 (39 per cent) lived in a house in their parents' name (or another family member). Two patients (3 per cent) lived with friends and were technically of no fixed abode. Only 5 patients lived on their own.

Almost all patients reported having suffered infections and abscesses at injection sites. One patient had had a leg and another a finger amputated following injection of Diconal. Twenty-six (32 per cent) reported having had hepatitis or jaundice in the past. Although almost all reported mental discomfort when they could not obtain drugs, only 22 patients (27 per cent) gave evidence of any previous psychiatric disorder. Of these, 15 (19 per cent) had received treatment (from a GP or psychiatrist) for psychological symptoms. Most common was depression (9 patients) but anxiety, alcoholism and sexual dysfunction were also reported.

Three others had taken intentional drug overdoses and a further two had experienced a short drug induced psychosis. Information from the case notes revealed that two others had been designated as 'personality disordered' on account of their behavioural characteristics.

Height and weight measurements were obtained for 60 (75 per cent) of the patients, of whom 30 (50 per cent of those measured) were within 10 per cent of their ideal weight and only 8 (13 per cent of those measured) were less than 80 per cent of their ideal weight.

The majority (90 per cent) of patients smoked but only 14 per cent admitted to having more than two or three drinks (5 units of alcohol) per week. Forty-eight patients (60 per cent) currently took no alcohol at all. Most of these patients commented on the inferior feelings (drowsiness, depression) which alcohol produced compared to opiates.

#### Drug taking

Seven (9 per cent) of the drug takers could be considered 'therapeutic addicts' in that their first introduction to opiates had been in the form of legitimately prescribed analgesics. The mean age reported for first use of opiates was 21.0 years (SD 4.25) with a range from 15 to 55 years. The mean total period of opiate use was 6.99 years (SD 4.71) with a range from 1 to 22 years. During the period of their drug taking, 35 (44 per cent) had never been abstinent from opiates, 28 (35 per cent) had been abstinent only once and 17 (21 per cent) more than once.

Sixty (75 per cent) patients reported having regular friends (whom they conversed with more than once per week) who similarly took opiates.

The mean period of attendance at the Clinic (excluding those patients who were seen for the first time) was 3.63 years (SD 3.71) with a range of four weeks up to 15 years. The distribution of patients according to year of first attendance showed a rough correspondence to the outbreaks of heroin use in Glasgow in 1971, 1977 and from 1981, with 47 patients having first attended the clinic in 1981 and 1982. The mean age at first attendance 25.1 years (SD 5.46).

All were regularly taking opiates which were either prescribed or obtained on the black market. Forty-seven patients (59 per cent) admitted to the use of narcotic or psychoactive drugs not prescribed by the Clinic.

Forty-four patients (55 per cent) were receiving opiates on prescription from the Clinic at the time of interview. Of these, 32 were on maintenance doses and 12 were on some form of reducing regime. Thirty-eight patients were being prescribed methadone (as tablets, linctus or ampoules) as a mean daily dosage of 25.8 mg (SD 12.9) with a range from 5 to 50 mg. Three patients

were prescribed dipipanone tablets ('Diconal') and a further three were receiving dextromoramide tablets ('Palfium').

Urine samples were obtained from a total of 55 patients. Of these, 45 (82 per cent of samples) were 'true' (the results of the drug screen were consistent with the information given at interview) and 10 (18 per cent of samples) were 'false'.

### Discussion

Our paper describes the clientele of one Glasgow drug clinic that may be typical of others. There are, however, limitations to the study. Firstly, it was performed by prescribing therapists which may have caused patients to give information which they saw as helpful in their aim of obtaining drugs. It was difficult to check the reliability of the data given, but nearly one in five urine tests were inconsistent with information given at interview which may reflect on other self-reported data. Also, it is known that only a minority of drug takers attend dependence clinics (Ditton (1981) quotes 5 per cent to 10 per cent) which limits the inferences that can be made about other drug abusers.

Comparison of our study with that of Stimson (1970), carried out in the London clinics in 1969 shows our opiate takers to be remarkably similar demographically, although older. (Stimson's population had a mean age of 25.0 years (SD 6.94) with a range of 17 to 52 years and 40 per cent of patients aged 21 or less).

The majority of the clinic attenders live in a stable household with others and about half have a steady partner. Most have no qualifications and are unemployed. The level of crime reported is high and even this may be an underestimate. About a third of patients gave a past history of hepatitis which is comparable with other studies of Stimson and Ogborne, 1970; and Woodside, 1973. Assessing mental health is difficult in a group such as this, particularly because of wide reporting of symptoms which the client may see as one way of convincing the therapist to prescribe drugs. There was, however, evidence for past psychiatric disorder, in the broadest sense, in 27 per cent of patients.

Comparison of those clients who have been attending only since January 1981 with the others, shows remarkably little difference between the two groups, the only significant one being that as expected, the mean age of the later group is lower but the modal age group (26–30 years) is the same. The mean age of first attendance and the mean reported length of drug use prior to clinic contact are similar. Ditton's paper suggests that a younger population is now abusing opiates in Glasgow. If this is the case then these younger drug takers do not seem to be coming to the clinics.

It is difficult to determine why the clinic seems to attract a certain type of drug abuser, but some speculations can be made. Perhaps those who started using drugs in their early twenties and experienced a period of functioning as adults without the use of drugs are most motivated to return to a drug-free existence. Another possibility is that the clinic is perceived by the drug taker as a means of supply rather than as a helping agency, and only a mature personality would have the skill to cope with such an arrangement. Further, within the drug 'scene' it is possibly the 'norm' for this age group to attend, so that peer pressure maintains the trend.

Whatever the explanation, the drug clinic does not seem to be attracting the younger group of drug takers that is causing such concern at the present time. Perhaps the current format of the drug clinics is not an appropriate response to their needs, and other methods, or even agencies, should be developed to deal with them.

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