

# South African Medical Journal

## Suid-Afrikaanse Tydskrif vir Geneeskunde

### EDITORIAL

#### HEROIN AND ITS SUBSTITUTES

The campaign against heroin (diacetylmorphine) as the most dangerous of all drugs of addiction has passed through many phases since this particular morphine-derivative was first introduced in Germany nearly 60 years ago. It is perhaps the only example of a drug of undoubted therapeutic usefulness that the medical profession of the world has foregone on its own account and on behalf of its patients in order to combat its abuse by addict-victims and those who battered upon the victims for the vast profits to be made.

As showing the extent to which the traffic in heroin as a drug of addiction outstripped its legitimate use in medicine, it was estimated that in 1924, while only 58 oz. of the drug was prescribed by the entire medical profession of New York State, the addicts of New York City alone consumed 76,000 oz. In that year the manufacture of heroin, even for legitimate purposes, was brought to an end throughout the USA, whose place as a source of supply for the underworld was then taken by countries in the Near East, until eventually the manufacture there was also suppressed. The last resort of the traffic was China, where it flourished under Japanese rule and where, after World War II, the Allies discovered large heroin factories.

Dr. P. O. Wolff, Honorary Professor of Pharmacology in the Freie Universität of Berlin, and late Chief of the Addiction-Producing Drugs Section, of WHO, has recently reviewed the international campaign against the heroin traffic. Already in 1916 the conception of abandoning the legitimate medical use of the drug was foreshadowed by the action taken in that year, when the Public Health Service Hospitals in New York stopped the dispensing of heroin at relief stations. As showing the growth of the movement Wolff states that, whereas in 1949 only 25 independent countries and 27 other territories had given up the use of heroin in medical practice, 'of the 20 States which have still supplied estimates for heroin consumption in 1956 only 4 . . . are not prepared to renounce its use. As the WHO counts some 80 members it is clear that the overwhelming majority of governments are in favour of abolition'.

### VAN DIE REDAKSIE

#### HEROÏEN EN SY PLAASVERVANGERS

Die veldtog teen heroïen (diasetielmorfin) as die gevaarlikste onder die verslawingsmiddels het reeds deur verskillende fases gegaan sedert die gebruik van hierdie besondere morfin-derivaat 60 jaar gelede in Duitsland ingevoer is. Dit is miskien die enigste middel van onbetwyfelbare terapeutiese waarde wat die mediese beroep van wêreld in sy eie belang en in belang van sy pasiënte afgeskaf het sodat die misbruik daarvan deur verslaafdes, en deur dié mense wat met groot profyt muntslaan uit die slagoffers, uitgeroei kan word.

Die volgende gegewens dien as bewys van die mate waarin die onwettige handel met heroïen die wettige geneeskundige gebruik daarvan oortref het. Na beraming het die gesamentlike mediese beroep van die staat New York in 1954 slegs 58 onse heroïen voorgeskryf, terwyl die verslaafdes van die stad New York alleen 76,000 onse verbruik het. In daardie jaar is die vervaardiging van heroïen, selfs vir toelaatbare gebruik, dwarsdeur die VSA gestaak. Die VSA se plek as voorsieningsbron vir die swartmark van die wêreld is toe ingeneem deur die lande van die Nabye Ooste, totdat die vervaardiging ook daar uiteindelik onderdruk is. Sjina het toe die laaste aanklooplek vir die onwettige bedryf geword, waar dit onder die Japanners floreer het, en waar die Geallieerders na die Tweede Wêreldoorlog groot heroïenfabrieke ontdek het.

Dr. P. O. Wolff, Ere-Professor in die Farmakologie aan die Freie Universität van Berlyn, en gewese hoof van die Wêreld Gesondheidsorganisasie se afdeling vir verslawende middels, het onlangs die wêreldwye veldtog teen die onwettige heroïenhandel bespreek. Reeds in 1916 is die plan om die wettige geneeskundige gebruik van hierdie middel af te skaf voorspel deur die stap wat in daardie jaar gedoen is toe die Public Health Service Hospitals van New York besluit het om die toeberei van heroïen by hul klinieke af te skaf. Wolff beskryf die vooruitgang van hierdie beweging in sy verklaring dat, terwyl slegs 25 onafhanklike lande en 27 ander gebiede in 1949 die geneeskundige gebruik van heroïen afgeskaf het, slegs 4 uit die 20 state wat in 1956 nog beramings van heroïenverbruik voorgelê het, nie bereid was om dit af te skaf nie. In hierdie verband meld hy ook dat die Wêreld Gesondheidsorganisasie omtrent 80 lede het, en dat dit dus duidelik is dat die oorgrote meerderheid regerings ten gunste van afskaffing is.

Die mediese beroep van die wêreld ontdek meer en meer dat diasetielmorfin in hul praktyk deur ander

To an increasing extent the profession throughout the world has found it could replace diacetylmorphine by other drugs in medical practice. In the USA, where from 1924 the traffic in heroin was forbidden, the government kept a small stock for any doctor who wanted it for the treatment of a patient, and Wolff says that 'during all these years there have been only two requests for its use'. The medical profession in America has supported the abolition of heroin, and the American Medical Association is opposed to its return. In Germany, 'the heroin fatherland', it has not been used for years, and it has practically disappeared from legal and illegal traffic alike. At the 1931 League of Nations Conference the Swiss delegation declared that heroin was indispensable for the treatment of certain diseases, yet 20 years later Switzerland promulgated a federal law prohibiting all trade in the drug. Addiction to heroin was almost non-existent in Switzerland, yet the Swiss doctors were prepared to do without the drug as a measure of international cooperation.

In 1953 heroin was deleted from the British Pharmacopoea and strong support has been given in the UK to the proposal to ban the drug entirely; but there is also a strong body of opposition. The official figures for drug addiction in the UK comprise only 54 heroin addicts, and it is maintained by the opposition that the position does not justify the banning of diacetylmorphine for therapeutic purposes. At some hospitals this view is so strongly held that large stocks of the drug have been laid in in anticipation. An important issue in the controversy is whether patients would really be subjected to unnecessary suffering if their treatment was restricted to other available narcotics in place of heroin.

Certain of these substitutes are reported to be truly effective. As analgesics, besides hydromorphone (Dilaudid), pethidine, methadone (Physeptone) and phenadoxone (Heptalgin), Wolff draws attention to leverphan, formerly known in the UK as methorphan (Dromoran), which is closely related to morphine. Its analgesic effect lasts longer than that of morphine, and therefore much longer than that of heroin, and its side-effects, including constipation, are less than those of morphine. It also has the advantage that it is effective when given by the mouth.

As antitussives Wolff states that hydrocodone (Dicodid), acetyl-dihydrocodeinone (Acedicone) and dihydrocodeine (Paracodine) have been used for a long time. Among the newer antitussives are methadone (Physeptone linctus), pholcodine and dextromethorphan (Romilar). The last-mentioned, which is much used in the USA, is stated to be a very effective cough remedy, and to have no analgesic action or side-effects.

In South Africa, where heroin is not manufactured and no permit to import it has been granted since 1952, no resulting inconvenience has been reported and there has been no unfavourable reaction on the part of the medical profession on the lines of what has occurred in Great Britain.

middels vervang kan word. In die VSA, waar die handel met heroïen reeds sedert 1924 verbied is, het die regering 'n klein voorraad voorhande gehou vir enige geneesheer wat 'n pasiënt daarmee wou behandel, en Wolff meld dat daar in al die jare slegs twee versoeke daarvoor was. Die mediese beroep in Amerika het die afskaffing van heroïen ondersteun, en die Amerikaanse Mediese Vereniging is gekant teen die terugkeer daarvan. In Duitsland, die 'vaderland van heroïen', word dit al jare lank nie meer gebruik nie, en dit het so te sê uit die wettige en onwettige handel verdwyn. By die Volkebond se konferensie in 1931 het die Switserse afgevaardigdes verklaar dat heroïen noodsaaklik en onafskafbaar is by die behandeling van sekere siektes, maar 20 jaar later het Switserland 'n federale wet gepromulgeer wat alle heroïenhandel verbied het. Verslawing was byna onbekend in Switserland, maar die Switserse dokters was bereid om in belang van internasionale samewerking sonder hierdie middel klaar te kom.

In 1953 is heroïen van die British Pharmacopoea geskrap, en die voorstel om die middel heeltemal in die ban te doen is sterk ondersteun. Maar aan die ander kant was daar kragtige teenkanting. Volgens amptelike berekening is daar maar net 54 verslaafdes in die VK, en die opposisie beweer dat die toestand nie die verbanning van diasetielmorfin vir geneeskundige gebruik regverdig nie. Sommige hospitale is so sterk hiervan oortuig dat hulle groot voorrade van die middel opgaar in geval dit verban word. 'n Belangrike geskilpunt in die strydvraag is of pasiënte werklik onnodig ly indien hul behandeling beperk word tot die ander beskikbare verdowingsmiddels wat heroïen kan vervang.

Sommige van hierdie plaasvervangers is volgens verslag inderdaad doeltreffend. Op die gebied van pynstillers maak Wolff, behalwe van *hydromorphone* (Dilaudid), *pethidine*, *methadone* (Physeptone), en *phenadoxone* (Heptalgin) ook melding van *levorphan*, voorheen in die VK bekend as *methorphan* (Dromoran), wat na aan morfin verwant is. *Levorphan* se pynstillende uitwerking duur langer as dié van morfin en dus baie langer as dié van heroïen. Ook is sy ondergeskikte uitwerkings, verstopping inklusief, minder as dié van morfin. Dit het ook die voordeel dat dit met welslae mondeliks gegee kan word.

As hoësmiddels, verklaar Wolff, is die gebruik van *hydrocodone* (Dicodid), *acetyl-dihydrocodeinone* (Acedicone) en *dihydrocodeine* (Paracodine) niks nuuts nie. *Methadone* (Physeptone linctus), *pholcodine* en *dextromethorphan* (Romilar) tel onder die nuwer hoësmiddels. Daar word gesê dat laasgenoemde, wat baie in die VSA gebruik word, 'n hoogs doeltreffende hoësmiddel is en dat dit geen pynstillende werking en geen ondergeskikte werkings het nie.

In Suid-Afrika, waar heroïen nog nooit vervaardig is nie, en geen invoerpermitte sedert 1952 toegestaan is nie, is geen gevolglike ongerief aangemeld nie, en die maatreëls het geen teenkanting van die mediese beroep uitgelok soos dit in Groot-Brittanje gedoen het nie.