

A revolutionary new treatment in Spain claims to release heroin addicts painlessly from the shackles of addiction. But does it work as well in practice as in theory?

BREAKING THE CHAINS

By CHARLES OULTON

WHEN Thomas De Quincey, English opium eater, finally untwisted, "almost to its final links, the accursed chain which fettered me" - thus accomplishing "what I have never yet heard attributed to any other man" - he did so without medical help, apart from a little ammoniated tincture of valerian prescribed by an Edinburgh surgeon. Instead, the early Victorian writer cured his addiction by the simple but painful method of reducing his daily opium intake from 50 or 60 grains to 40, to 30, and, as fast as I could, to 12 grains...."

William Burroughs, heroin addict and author of *Junky* and *The Naked Lunch*, opted for the instant cut-off, booking himself into an English nursing home for eight days in order to do so. He too relied on unaided will-power (although he later claimed that a supposed vaccine, apomorphine, had helped him to endure the worst of the withdrawal symptoms). Like De Quincey, he felt that his achievement was an unusual one. The will-power of most addicts, he believed, inevitably withered in the face of "cold turkey" - the withdrawal sickness, commonly compared with a bad bout of flu, whose symptoms include aches, tremor, sweating, chills, sneezing, yawning and muscular spasms. "The reason it is practically impossible to stop using and cure yourself", he wrote in *Junky*, "is that the sickness lasts five to eight days. Twelve hours of it would be easy, 24 possible, but five to eight days is too long".

Medical research suggests that he was right. Many addicts never reach the treatment stage because the terrors of "cold turkey" are too great to face unaided. The last extensive review of drop-out rates from heroin treatment programmes carried out in 1975 but still quoted in numerous medical papers - suggested that while as many as 68 per cent of heroin addicts undergoing outpatient treatment failed to complete them, only 23 to 39 per cent left in-patient detoxification schemes before completion. The more help an addict receives, in other words, the more chance he or she has of withdrawing successfully.

Hence the continuing search for a medical "cure" for heroin addiction. Valerian and apomorphine have both long since been discarded as, at best, placebos. But researchers still believe that a treatment may yet be found which combines an accelerated but safe withdrawal process with a drug that both helps to combat withdrawal symptoms and, ideally, provides future protection against renewed addiction to heroin. And there are those who believe that, in the past two years, precisely such a treatment has been found.

It was developed by Dr. Juan José Legarda, a psychologist based in Seville and trained in London. It is different from more conventional treatments mainly because it enables the addict to endure the withdrawal symptoms in an intensive care unit under general anaesthetic. During a five-hour operation, tranquillisers and other drugs push the heroin out of the brain receptors, the part of the nervous system

where the heroin acts, as well as counteracting the shock of the accelerated withdrawal, leaving the addict tired and weak but drug-free. The addict is normally well enough to leave hospital within 24 hours. Central to the treatment is a heroin-blocking antagonist drug called Naltrexone which is used during the operation and which the addict continues to take in pill form for a year after the treatment. As well as blocking the heroin, Naltrexone also increases the amount of



Addicts start to become nervous on the flight out to Madrid; Dr Legarda already has four clinics in Spain

receptors of endorphins natural opiates which are produced by the body to counteract physical or mental stress but which are suppressed by heroin addiction - in the brain. Because Naltrexone nullifies the effect of the heroin if the addict succumbs to temptation, the only way the treatment can fail, in theory, is if the addict stops taking the Naltrexone (which is not unlikely), or if something goes wrong with the detoxification process itself.

So far, Dr Legarda has achieved remarkable results, successfully detoxifying all the 530 addicts he has treated in the past two years. Seventy per cent of these, Dr Legarda says, are still off heroine six months later. "This treatment marks a change in conception of drug addiction," he says. "It's known that between 20 and 30 per cent of heroin addicts don't go for treatment because they are not prepared to suffer for 10 to 15 days. With this treatment you don't suffer. Most of the scientists and researchers today are looking for ways to diminish the drop-out rate of treatment. Doing it this way, there are no drop-outs whatsoever. Also, when they have the treatment, it's not out in the country, or in some flat in the town, but in a general hospital. These people can now be treated in the same way that we treat any other patient".

Convinced that he has found the ultimate cure, Dr Legarda has since widened his practice, treating addicts in four hospitals in Spain, while he also has contracts to rent part of two hospitals in Israel and two in the United States, and is currently negotiating to open a clinic in Spain, while he also has contracts to rent part of two hospitals in Israel and two in the United States, and is currently negotiating to open a clinic in Belgium.

"In Israel, we have been treating four patients each day for the last two months, and we have a waiting list for four a day for Belgium the next month".

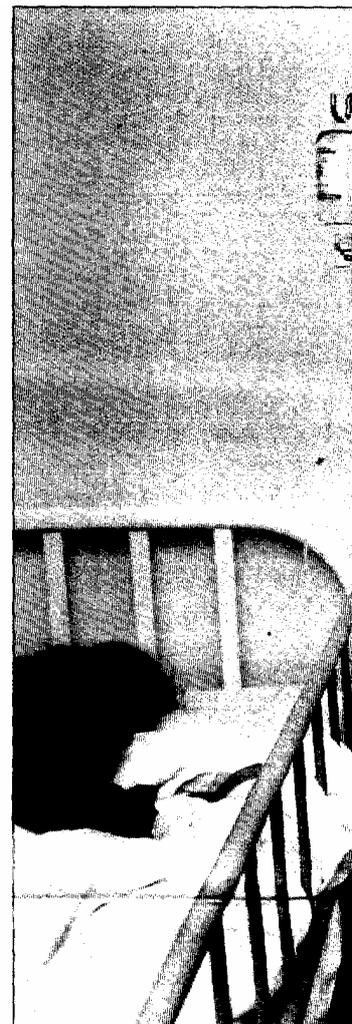
In Britain, however, where the Home Office estimates that there are around 100,000 heroin addicts, the treatment is still not considered respectable.

RICHARD AND JANE, a married couple in their mid-thirties, have always been considered respectable. Between them, they earn £50,000 a year, which in normal circumstances would be enough to pay for skiing holidays and other luxuries, as well as for the £100,000 mortgage on their flat in one of London's more fashionable areas. But in recent years they have also been spending £100 a day on heroin - a gram a day - and they have sometimes been as much as £1,500 in debt to their dealers. On occasions Richard would post daily doses to himself so that he wouldn't use more than one day's supply, but he didn't like doing it he was in need of heroin's cocoon-like reassurance from the moment he opened his eyes, and the postman didn't arrive until 9am. Nor did he like wasting heroin. Jane was once dispatched to reclaim £40 of heroin that Richard had dropped in a gutter while being searched by police. There was never a chance that she would come home without it.

It was important that they both held down jobs. Richard, a heroin addict for five years and a user for 10, managed to do so because he is a particularly understanding boss, and because he is a particularly good City analyst with a sharp mathematical brain. Even when he was being sick trying to come off heroin unaided, he was performing well enough not to be laid off in the middle of a recession, although he was never sure how much his colleagues knew. He knows they must have noticed the cigarette burns on his keyboard and the charred edges in the holes in the carpet surrounding his desk - legacies of his inability to stub out cigarettes before falling into a trance. "If I had had a different boss and mentioned the word heroin, things might have been different", he said. "But I survive".

So did Jane, a talented dress designer, although you would not have recognised the 35-year-old woman injecting herself at lunch-time in a public or pub lavatory as the young outdoor girl who had once roamed the outbacks of Australia, the girl who was disgusted when she first saw friends on heroin in 1934. She had many friends then, but her life with Richard changed all that friends rarely asked them to dinner because a mist of impenetrability invariably surrounded them. They never laughed, they tended to fall asleep at the table, and they were always the first to leave. With invitations drying up, their average evening was spent on the sofa, constantly watching television, instantly forgetting what they had seen. They were a "light little unit", according to Richard, but a unit bound together only by drugs.

When they met four years ago, they were not so subdued by heroin that they could not take pleasure in simple things.

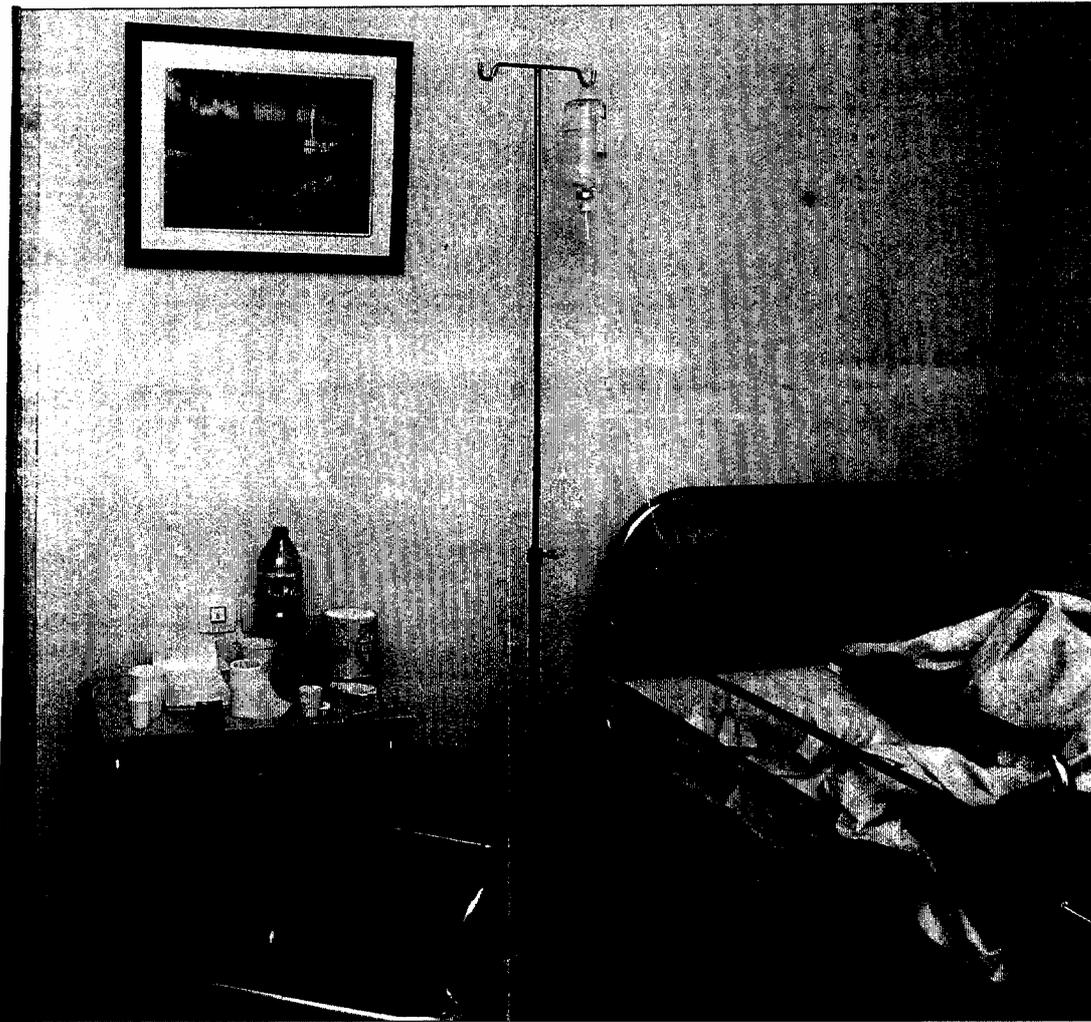


Jane remembers changing her mind about Richard whom she had initially marked down as a bad lot - after an evening spent laughing over a photograph album together. In those days, Jane had only just started taking the drug. Within a few months, heroin and the needle had taken the place of laughter and of conversation. They stopped having sex, and didn't talk about why they had stopped. Above all, they lost the ability to see anything in each other that was not directly connected with the purchasing, preparing and administering of the drug.

THE MORNING after the treatment, Dr Legarda walked into the room, looked down at Jane, and complimented her on her looks. "Ah, you've got a lovely face, you shouldn't worry about yourself", he told her. "Just enjoy the rest of your life".

Jane doesn't know what she said, or did, as she went through her accelerated withdrawal symptoms at the Clinic Blaza, Madrid. She assumes Dr Legarda must have heard her fretting about her appearance, her lack of confidence - her sense, since taking heroin, that she didn't belong. But she does remember her first words after waking up from the anaesthetic, and they don't suggest she had been having a bad time. "Who changed the bloody channel?" she screamed at a startled doctor. "I was really enjoying that".

Richard and Jane flew to Spain this autumn after reading a newspaper report about the treatment. Although both had tried variety of treatments before and none had worked, Richard's parents were prepared to pay the £1,500 for each of them to go on the course, insisting that the two should then separate for three months to help them readjust to life without heroin.



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However, the British doctors have since been forced to review their initial scepticism. Dr Strang says: "The evidence coming out from Juan over the last year does seem to push it into a different category, one that suggests it really ought to be studied more carefully. Dr Gossop and I now hold the view that this treatment has reached the point where it justifies a more disciplined study".

In the mean time, Dr Strang is urging his former colleague to remove the secrecy surrounding the detoxification process. Dr Legarda says he has kept the precise details secret because he fears what might happen if the treatment were to be carried out by someone unqualified. He claims that two people have already died "in a very important hospital in Spain" after a person "with no much experience in treating drug addiction" carried out the treatment based on the paper he had written with Dr Gossop, which had then been published in a Spanish newspaper.

"This is a very good treatment, a very safe treatment, but it must be used properly", he says. "Someone who has no knowledge of these drugs could be extremely dangerous, and I don't want people to try things without knowing about drug addiction".

But Dr Strang says that this is exactly why the details should be made public, adding: "When you give intravenous anaesthetics and antagonists, you've got to be pretty certain that the technology is conferring considerable benefit to be able to justify exposing people to the hazards of the process. Whatever professional phrase you want to use for getting away with it, the fact that that has happened so far doesn't mean that at some point death will not occur".

On the other hand, anything that can help people to escape from an addiction whose effects might reasonably be described as life destroying offers, by any standards, considerable benefit. Richard and Jane may be laughing in company, but sadly they are not yet laughing when left on their own. Talking about their future with two friends the other night, Richard stunned his wife by saying he wasn't sure they would still be together at the end of their separation. "That was a little bit of a shock", said Jane, who had been thinking more about when they would have children. "But it got me thinking. It's quite feasible that we won't be together at the end of this period. My God, it's a destructive drug".

Since then Jane has been in Australia, spending her days outside in the sun, enjoying the kind of life she was used to as a child when she dreamed of roaming the world in a carefree way. For Richard, the winter nights have closed in, and, one day soon, he will know whether his marriage is over. In the meantime, he knows that his battle with heroin will only be won when the year is up, and he can prove he can survive without his daily dose of Naltrexone. Until then, he knows as did De Quincey before him, that "The dread swell and agitation of the storm have not wholly subsided: the legions that encamped in them are drawing off - but not all departed".

So far, the treatment has been an unqualified success, Richard felt as if he had been through a battle when he woke 18 hours after the operation, but although he felt weak, he had no recollection of withdrawal symptoms. Jane had hot and cold flushes during the night, and felt as though she was suffering withdrawal symptoms for part of the next day, but she was strong enough to walk to the bank with Richard on the second morning after the operation, spend that night in a hotel, and return to London the following morning to start her new life.

It hasn't been straightforward, however. A few days after returning to London, she introduced her sister to a dealer and couldn't resist taking some heroin herself. Richard tried some too, but neither felt any effects because of the Naltrexone pills they take every day (a week's supply in Britain costs £30, compared with £2 in Spain). "I know I shouldn't have done it", Jane said, "but it was actually quite satisfying. I just thought I'm so glad it hasn't done anything, and I'm not going to wake up the next morning feeling like shit".

Instead, Jane said she was feeling in good shape 10 days after the operation, and Richard was back at work, joking with surprised colleagues not used to his joviality, within five days of flying to Spain. Neither has got his or her natural energy back, and neither will do so for at least three more months. But when I met them in a London restaurant two weeks after the operation, they were both lively, and good humoured. Richard said Jane hadn't yet regained her vivacious personality, and she clearly hadn't recovered her appetite, struggling to finish her pheasant. But she laughed, and so did her husband. And they talked for more than their usual hour and a half. Their friends should start

inviting them to dinner again soon -and these days, perhaps, they will no longer be the first ones to leave.

In Spain, similar readjustments are being made by addicts starting out on new lives without heroin. Dr Legarda says two villages near Seville - Tocina and Villa Verde - have been cleared of their regular a20 or so drug addicts since a few came to his centre for treatment, prompting other to follow. The two or three in each village who couldn't afford his fees remain in the village but have to travel elsewhere to buy their heroin. "It's strange for these people to see someone going for treatment, and one day later coming back

British doctors have been forced to review their initial scepticism.

drug-free, saying they didn't suffer and didn't have withdrawal symptoms. At first this is very difficult for the others to believe. But the police tell me that the drug trafficking is now almost zero in these areas, where is used to be quite high".

In January 1993, Dr Legarda invited 13 European drug dependence experts to review his treatment at his private research and treatment centre in Seville. He was particularly anxious to hear the views of the British contingent from the national addiction centre at the Maudsley Hospital in south London, where he had studied for his PhD in drug addiction in the Eighties. Dr

A new beginning: patients wake up the morning after the operation. So far, 530 addicts have been treated

Michael Gossop, director of the centre's research unit, and his deputy, Dr John Strand, were old colleagues, if not friends, and Dr Legarda valued their advice: he had used the Maudsley as his model when setting up his centre, treasuring his memories of the red-brick hospital, and of the affiliated Institute of Psychiatry, where he met the woman who later became his wife.

Dr Gossop and Dr Strang were initially cautious in their assessment of his treatment, but Dr Legarda recalls their having been impressed; so much so that he asked Dr Gossop to help him develop the treatment. Dr Gossop agreed to help him to write a paper in which they described an experiment that Dr Legarda had carried out at the end of 1992. Eleven addicts had been successfully detoxified, and, although nine took heroin in the month that followed, none experienced the effects, since they had all continued to take Naltrexone. The paper described this experiment as "encouraging", but Dr Gossop declined Dr Legarda's invitation to become more fully involved. Dr Legarda says that this was "because he was involved in other things". Dr Gossop's deputy has another explanation.

"Our view 18 months ago was that everything seemed a bit unclear", says Dr Strang, "and at that point, I probably thought that the evidence wasn't sufficiently robust. The drug field is having one new miracle cure every 18 months, and part of one's job is a screening function, working out which ones one should investigate, and which ones one should let by. When we went to Seville, this one seemed to come in an intermediate category.