

Preserving the Home Office Addicts Files and Indices as a research resource

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Digitisation of over 190,000 records of the Addicts Index files (1968-1994) for research communities, including addiction specialists, medical historians and sociologist, both in the UK and world wide. The files were created between 1968 and 1994 and include papers from the 1940s onwards. These cover notifications to the Home Office Addicts Index of individuals seeking treatment for drug dependence received from Drug Dependence Unit, prison and police, doctors, etc., as well as on prescribers and inspections of chemists and pharmaceutical companies.

Background

In 2001 the International Centre for Drug Policy (ICDP) based at St George's Medical School, (London University) became the official custodian of the Home Office Addicts Index files and databases. These records on addicts' mortality had been a research interest of the late Professor Ghodse since the late 1960s. He established a programme to collect data from the Notifications of Deaths of Addicts provided to the Home Office. This data collection was entered onto the Mortality Study database which developed into the National Programme on Substance Related Deaths, formally established in 1997, and run by the Research, Evaluation and Monitoring Unit of the Department of Addictive Behaviour. The aim of the programme was to collect and analyse data in a systematic way from various sources to inform clinicians and policy makers on risks

associated with premature death due to substance misuse.

History

The Addicts Index came about as a result of the British system of notifications by doctors to the Home Office of drug addicts. The British system started nearly 100 years ago when there was concern about the sale of cocaine to, and by, London prostitutes and a number of instances of cocaine having been given to troops was noted. The Metropolitan Police Commissioner in London at that time wrote to the Home Secretary requesting that legislation was required to check cocaine trafficking. The Defence of the Realm Act was amended to include controls for cocaine and opium. In 1920 the controls were embedded into the Dangerous Drugs Act and the use of cocaine and opium fell. Later in the 1920s the Rolleston Committee were asked to consider

whether there should be a formal requirement for doctors to notify known addicts to the Home Office. The reason for this was to enable the Home Office to detect the numbers of addicts receiving supplies of drugs from more than one doctor. However this formal notification was not considered essential nor was implemented. Very few doctors at this time saw cases of addiction and those cases which came to the attention of the Home Office did so because of routine inquiries into regular or unusually large prescriptions of opiates to individuals. Most doctors informally reported addicts to the Department as it was in their interests to avoid being seen to be providing dangerous drugs over a long time periods. From this source and other records a card index of known addicts was kept from the mid-1930s onwards.

This system continued for many years but in 1951, as a result of the theft of a large quantity of morphine, heroin and cocaine from a hospital, it became clear that there were newer, younger addicts in London who were adept at obtaining more heroin than they needed, and were sharing or selling it. This trend increased through the 1950s and early 1960s and various committees were set up to consider the issues raised. Recommendations were made by these committees that all addicts should be formally notified to a central authority. This would keep an up to date list of such addicts with relevant particulars, so that any doctor could refer to the list to find out whether a person had been notified or to obtain particulars about an addict's history. Such notifications would also provide a check on double scripting and provide information for statistical assessment and control. These recommendations were implemented by the Dangerous Drugs Act 1967 and further regulations in 1968 that established that the Chief Medical Officer at the Home Office was to be the authority to whom addict notifications were to be sent. Doctors were required to send to him details of individuals considered or suspected to be addicted to controlled drugs at the time. In 1997 this was

replaced with regional drug misuse databases.

The Records

The Addicts Index Data Set comprises about 190,000 paper files on addicts which contain the notification history, personal details of the addict (name, address, gender, occupation, drug problems, drugs used in treatment, date of first notification, most recent 3 re-notifications); details of the prescribers (name, address, what was prescribed etc.). The files were created between 1968 and 1994 and include papers from the 1940s onwards. These cover notifications to the Home Office Addicts Index of individuals seeking treatment for drug dependence received from Drug Dependence Unit, prison and police, doctors, etc., as well as on prescribers and inspections of chemists and pharmaceutical companies. In 2010 the addict records were microfilmed and digitised for research activities and archival permanence. The database of digitised records allows for critical research into drug related deaths dating back to the early 1960s.

These records are not only a unique source of information for this country but also internationally. It is possible to track addicts' careers and treatment plans for individuals or for different populations over several decades and can be used for a range of cohort studies and the identification of policy and outcomes for treatment across differing UK responses to drug treatment and mortality studies.

In 1997 the Home Office ceased the notification system which left a question of what to do with the paper files: should they be destroyed or kept? The late Professor Ghodse, aware that these files may have disappeared, approached the Home Office with an offer to transfer them to St George's. This was accepted by the Home Office with the provision that they be preserved in accordance with archival standards and that access to the files would be primarily for researchers with appropriate protocols that recognise the confidential and sensitive information they contain.

Storage

The files were stored courtesy of the South West London and St George's Mental Health NHS Trust at Springfield Hospital, Tooting, until 2008 when they had to be moved to a temporary building due to redevelopment of the Springfield site. Unfortunately, or fortunately, the storage conditions were less than ideal so this was the trigger to seek funding for a digitisation and preservation programme.

A scoping/options paper was written that explored whether to just microfilm, or microfilm and digitise, the records. This paper also made a brief assessment of the storage conditions and identified specialist firms to seek quotes from. The paper was presented to a small steering group that had been established within the International Centre for Drug Policy. This group agreed that we should go forward and seek funding to ensure that the records were preserved with the aim of providing a research resource for researchers including addiction specialists, medical historians and sociologists, both in the UK and world-wide.

Steering Group

The Project Steering Group role was to provide additional expertise and advice to the project, including:

- To monitor the progress against the specification of the digitisation, both microfilming and pdf outputs, of the addicts index files.
- To review at regular intervals the progress of the project and its outcomes and project deliverables.
- To advise on the guidance for researchers access including dissemination.

Digitisation

During 2008 specialist companies were identified and approached to provide a quotation to microfilm and scan all the files. They were also asked to provide examples of scanned and digitised documents, using files

from the collection. Concurrently, sources of funding were investigated. Running these two processes in parallel turned out to be very useful as potential funders were keen to see the quotations we had received and examples of scanning: this resulted in the Department of Health (England) agreeing to provide the funds for the whole project. The quotations we received were examined by the Project Steering Group and a short list was drawn up. These were then invited to present on how they would undertake the work. Each company was allocated 40 minutes to present and were expected to describe similar projects that they had undertaken, demonstrate value for money and show whether they had any particular services to provide that we had not thought of.

Following the presentations and discussions the MicroFormat (UK) were selected. It is one of the largest and oldest document conversion specialists in the British Isles supplying archive preservation document management and digital services. It has experience of working for major clients, such as the British Library and various National Health Service clients, that indicated that the company had experience of working with both archival and health records. Furthermore they suggested that in addition to microfilming the records that we should also develop a database of the pdf's and an index and which made their proposal more attractive than their rivals.

The next stage of the project involved the Project Manager in working with MicroFormat to develop a specification and timetable for the work. The specification included all of the following:

- Microfilming of records onto 16mm Silver Halide long term retention roll film
- Film scanning from the master negative to produce images on CD/DVD or portable hard drive
- Supply of transportation cartons
- Preparation of documents prior to filming

- Contents of each Master Negative and copy indexing onto each CD/DVD
- Database of index and pdfs to mirror the filmed records
- Images provided back with each file becoming a .pdf document
- Collection and delivery of files
- File retrieval within 24 hours of notification
- Each box collected will represent an individual file folder within will contain pdf's for each file
- An Excel spreadsheet will be present within each file folder as index to that folder and to aid searching for a particular pdf
- A full Excel spreadsheet will be provided also separately that will contain the entire index
- Confirmation of final destruction of paper records
- Database of files & pdfs.

The digitisation work and development of the database was undertaken during 2009 and 2010. At the end of the project a review was undertaken to identify the key learning for running a successful project. The review considered what went well and why and the key points that emerged were:

- Work closely with the specialist preservation/microfilming company
- Tap into their expertise and knowledge
- Agree a project plan and break the work down into manageable tasks
- Set a realistic timetable and keep to it ensure that it has some flexibility to cope with unforeseen problems that may arise
- Visit company to see work being done
- Review progress against the plan regularly
- Maintain regular communication
- Obtain regular updates/ brief reports on work in hand

The outcome of this project was a microfilm of every single file and a database of pdf's of the files. The data that can be obtained from these sources is listed below:

- Name, address, date of birth, NHS number of addict
- Nationality/ ethnicity
- Injecting status (from September 1987)
- Original drug(s) of addiction, current drug(s) of addiction and treatment
- Origin of addiction (therapeutic or otherwise)
- Details of death, date, cause drug(s) of overdose
- Notifier- doctor, prison office, police, hospital, treatment centre
- 151,414 addicts & 22,356 notifiers

As part of the agreement, the decaying paper records were then securely destroyed.

Conclusion

This project has ensured that a unique collection of records, previously unavailable, can now be made available to researchers wanting to study aspects of the history of addictions.

It is possible to track addict careers, both of individuals and different populations, over several decades. From this one can detect the patterns of drug use over time and consider their impact upon societal and health matters, like investigating predictors of premature death among notified addicts.

It also provides insights into government policy regarding treatment, the impact of drug control policies on prescribing practices and the impact of prescribing practices.

These records, combined with current monitoring, can be used for a UK cohort study of a size unparalleled anywhere in the world to explore survival and death rates of UK addicts.



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Learning – hints and tips from what made our preservation project a success.



Seek regular updates – and keep in touch, communicate regularly.

Work closely with specialist preservation/microfilming company

Visit company to see work being done.

Tap into their expertise and knowledge.

Set timescale and stick to it- build in contingencies

Break job down into manageable tasks – agree a project plan

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