ADDICTION UNDER THE MENTAL TREATMENT ACT, EIRE, 1945.*

By H. J. EUSTACE, M.B., D.P.M.,
Medical Officer, Hampstead, Glasnevin, Dublin.

MANY writers on the subject of the treatment of addictions have suggested that for treatment to be efficacious, a period of detention legally enforced is necessary, and it is perhaps strange that a country which tends to regard personal failings and idiosyncrasies with a kindly eye has been probably the first to provide a method of enforcing it without recourse to a legal sentence.

When the Irish Division was asked to suggest amendments to the Mental Treatment Act of 1945, one of its suggestions was that there should be incorporated some method for the detention and treatment of addicts and also of sexual perverts. These were cunningly combined in the Act as addicts, and a clause inserted whereby they could be treated as temporary patients for a period of six months.

In Eire a temporary patient is one who is suffering from mental illness and who is unfit to be a voluntary patient, and requires for his recovery not more than six months' suitable treatment. We are not complicated by the patient's ability to express volition, but it means that a patient entering a mental hospital is very rarely certified as a person of unsound mind in the first place. This definition of a temporary patient allowed a subdivision to be inserted dealing with the individuals who were not said to be suffering from mental illness, but merely classified as addicts, and believed to require for their recovery at least six months' preventive and curative treatment.

The definition of an addict caused considerable difficulty. Our politicians are irrevocably wedded to the Oxford Dictionary, generally with considerable success, but this time it was of no assistance, and for the purpose of the Act an "addict" was defined as a person who (*a*) by reason of his addiction to drugs or intoxicants is either dangerous to himself or others, or incapable of managing himself or his affairs, or of ordinary proper conduct, or (*b*) by reason of his addiction to drugs, intoxicants or perverted conduct is in serious danger of mental disorder.

It therefore means that at the request of a relative, backed up by the recommendation of one or two medical practitioners and an order by the Medical Superintendent of the receiving mental hospital, an individual can be detained for a period of six months in an authorized institution.

There are some points to comment on in the definition of an addict which cause the recommending doctors trouble: (1) Is he an addict in the dictionary

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sense? The confabulation of the patient is at times exceeded by the confabulation of the relatives. The consultant probably has no evidence of addiction in the sense of repeated lapses from grace, and has to rely on hearsay evidence and the present circumstances to act as a guide. Personally I feel that the evidence of the family should not be unsupported. (2) Ordinary proper conduct is in itself difficult to establish. What is the criterion? "Autres temps, autres moeurs." There is the household where both partners drink to excess—as recently I was met by a wife who had two black eyes, and who had retaliated with the proverbial rolling-pin on the husband's skull, with a request to remove the husband as dangerous. On inquiry it appeared that the cause of the dispute was the ownership of the last half-glass in the bottom of the bottle. (3) "Serious danger of mental disorder" can only be a matter of opinion, obvious in serious cases, but more apparent to relatives than physicians in others.

On the whole, from the medical point of view the definition has worked well in that it allows the removal of a patient who is unwilling or incapable of being a voluntary patient, and yet has not reached the stage of being identified as suffering from mental illness, and these definitions have proved to be stumbling-blocks to the litigiously-minded, and a safeguard to the detaining hospitals.

We have now had some 15 months' experience of the Act, and during that time 141 persons have been detained as temporary patients and addicts. Eight of them were drug addicts, and 133 alcohol addicts. Apparently no person was detained under this section as a case of perverted conduct. Nearly two-thirds of these persons were detained in private institutions as distinct from district mental hospitals. 75 of these 141 persons have been discharged after treatment, 41 as recovered, but 12 were known to have relapsed in a short time; 28 as improved, 5 as not improved, and 1 died. This suggests that there was some improvement in 57.

A survey in five or ten years' time will be more valuable, but so far there are some factors which have become evident. It is obviously a useful and helpful measure in cases where personality changes have not taken place, but too often the recommendation for treatment has come too late, and the patient, having recovered from his acute alcoholism, is resentful of his detention, unco-operative, a disturbing and disgruntled member of the hospital community, and two such individuals in a ward will make life very unpleasant for the staff as well as upsetting to others.

Treatment of the underlying psychopathic state is difficult, and in fact the six months tend to be a breathing space for harassed relatives to reconstitute home and finances, the hospital meanwhile taking the harassing. Whether repeated implementation of the Act in individual cases will have a more beneficial result remains to be seen. To my mind the most helpful aid to rehabilitation has been the active co-operation of Alcoholics Anonymous, and we are fortunate in Dublin in having an extremely energetic and active branch whose group therapy has been very successful even in paranoid cases. If the patient co-operates in treatment it is generally possible to discharge him before the six months' period is completed, though the Act suggests he

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should be detained for the full time, but in many cases it is helpful to the co-operative patient to feel he is on a voluntary footing. I would like to have been able to compare the figures of voluntary patients seeking treatment for addictions with these legally detained persons, but the figures were not available. In my own experience they very largely exceed the temporary patients and are usually more satisfactory to treat.

We have not yet had an opportunity of testing this section of the Act in the law courts, but legal opinion from the highest sources assures me that the section is unconstitutional and dangerous. It would appear that it permits of possible abuse where the relatives can so mislead the recommending doctors that injustice is done to the patient, so that an unwanted or inconvenient relative is removed while perhaps some financial or property readjustment is made in his absence. There do not appear to be adequate safeguards in the Act which can be immediately called on to protect the individual. It is difficult if not impossible for a medical superintendent to investigate the full history of the case before admission, and when the patient has recovered from his acute stage and finds himself in a mental hospital, it takes some time for such safeguards as the Act provides to be called into play. These safeguards are that the patient may write to the Minister demanding an enquiry, or any person may apply to the Minister for an order for the examination by two registered medical practitioners approved by the Minister to examine the patient. To the legal mind it is unsatisfactory that an addict, no matter at what stage, should be deprived of his liberty without very full enquiry, and they do not think that enquiry should be solely medical. While the medical attitude is that the doctor is trying to rehabilitate the patient in a quiet manner, the legal view is bound up with the old dread of the stigma of having one's liberty curtailed—this time not by the law, but by the physician.

A further difficulty lies in the fact that for most of the time the patient is under treatment his mental capabilities are normal and he must be regarded as a sane man, and this is more obvious and much quicker than a man recovering from a psychotic episode, but the treatment is more protracted. We meet here the case of the business man capable—at any rate to the lay mind—of carrying on his business, but prevented from doing so by medical treatment.

You may feel that these objections hold in any certified case, or temporary patient, but with them there is or has been more obvious and usually longer mental derangement, and the reasons for hospitalization are more urgent.

Solution of the legal difficulties might be found in defining addicts as persons of unsound mind, as in fact usually they are at some stage of their illness, in which case they could be regarded as ordinary temporary patients. It has been suggested that before anyone is labelled as an addict, full inquiry should be made before the district justice *in camera*. This would appear to be unnecessarily cumbersome and often time-expending, and it would obstruct what the whole Act has successfully achieved—the recognition of mental illness as a medical fact and suitable for medical rather than legal treatment. Nevertheless as the Act stands at present it is imprudent for the recommending doctors to label an individual as an addict unless they have very good evidence to go on, and it is certainly insufficient to have unsupported evidence.

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