

politicians and policy makers (and vocal members of the general public) that heroin dependence is not a disorder that is 'deserving' of treatment.

### Conclusion

We find ourselves in the addictions field in the position that there is good evidence that heroin-assisted treatment works for a small group of patients with refractory heroin dependence. But governments remain reluctant to invest in it because it requires higher levels of supervision and administration and hence is more expensive than oral forms of opioid maintenance treatment. It is not clear in the current economic and political climate what additional evidence, or arguments, would persuade policy makers to overcome their reluctance to implement this treatment.

**Michael Farrell**, FRCP, FRCPSych, National Drug and Alcohol Research Centre (NDARC), University of New South Wales, Sydney; **Wayne Hall**, DPhil, FASSA, Centre for Youth Substance Abuse Research, University of Queensland, Brisbane, Australia

**Correspondence:** Michael Farrell, National Drug and Alcohol Research Centre (NDARC), University of New South Wales, Sydney, NSW 2052, Australia. Email: michael.farrell@unsw.edu.au

First received 22 Jan 2015, accepted 17 Feb 2015

### References

- 1 Strang J, Groshkova T, Uchtenhagen A, van den Brink W, Haasen C, Schechter M, et al. Heroin on trial: systematic review and meta-analysis of randomised trials of diamorphine-prescribing as treatment for refractory heroin addiction. *Br J Psychiatry* 2015; **207**: 5–14.
- 2 Spear B. The early years of the British System in practice. In *Heroin Addiction and Drug Policy: The British System* (eds J Strang, M Gossop): 3–28. Oxford University Press, 1994.
- 3 Hartnoll RL, Mitcheson MC, Battersby A, Brown G, Ellis M, Fleming P, et al. Evaluation of heroin maintenance in controlled trial. *Arch Gen Psychiatry* 1980; **37**: 877–84.
- 4 Marks J. Management of drug addicts: hostility, humanity, and pragmatism. *Lancet* 1987; **1**: 1068–9.
- 5 Rihs-Middel M, Hämmig R. Heroin-assisted treatment in Switzerland: an interactive learning process combining research, politics and everyday practice. In *Heroin-Assisted Treatment: Work In Progress* (eds M Rihs-Middel, R Hämmig, N Jacobshagen): 11–22. Swiss Federal Office of Public Health, 2005.
- 6 Rehm J, Gschwend P, Steffen T, Gutzwiller F, Dobler-Mikola A, Uchtenhagen A. Feasibility, safety, and efficacy of injectable heroin prescription for refractory opioid addicts: a follow-up study. *Lancet* 2001; **358**: 1417–23.
- 7 Farrell M, Hall W. The Swiss heroin trials: testing alternative approaches. *BMJ* 1998; **316**: 639.
- 8 Ferri M, Davoli M, Perucci CA. Heroin maintenance for chronic heroin-dependent individuals. *Cochrane Database Syst Rev* 2011; **12**: CD003410.
- 9 Berridge V. Heroin prescription and history. *N Engl J Med* 2009; **361**: 820–1.
- 10 McKeganey N. Should heroin be prescribed to heroin misusers? *No. BMJ* 2008; **336**: 71.

100  
words

## Anorexia nervosa

Ulrike Schmidt

Anorexia nervosa is a serious mental disorder, mainly affecting women. Levels of disability and mortality are high. It typically starts peri-pubertally, i.e. at a developmentally sensitive time. Many sufferers have anxious, perfectionist and obsessional traits. Self-starvation and extreme thinness become rewarding to sufferers, whereas food, eating and normal body size are feared. Early intervention is essential: psychological therapies and/or skilled refeeding in hospital (in severe cases) are the treatments of choice. With family-based treatment, 60–80% of adolescents with anorexia nervosa recover, whereas only 20–30% of adults who have a more enduring form of the illness recover with best available treatments.

The British Journal of Psychiatry (2015)  
207, 4. doi: 10.1192/bjpp.113.143388