

a sound basis for the aggregation or comparison of regional data. However, the Department of Health in conjunction with the National Forum on Drug Data has decided that implementation of the DMDs throughout the various regions is now consistent enough to warrant publication of the figures submitted for the six months ending 31 March 1993.

Data are currently collected from the majority of specialist drug units, both statutory and non-statutory, throughout the country. However, many drug users are seen within general psychiatric settings, and it is therefore vitally important to the validity of the DMDs that data are collected from general psychiatrists.

Within the general psychiatric unit, the volume of data to be collected will be less than within the specialist unit and therefore less time consuming. However, the fact that data need to be gathered only from those patients who misuse drugs means that the task is easily forgotten.

The form itself consists of one side of A4, with tick-boxes for most items: the majority of doctors who have had experience in completing the form agree that it takes around five minutes. A few regions provide software for data-entry and report-generation on site, while in the majority of regions these functions are performed centrally and specific reports generated on request to the database manager. The notification form also provides the means of meeting the doctors' obligation to notify the Home Office of those patients they consider to be dependent on a range of controlled drugs.

Data from the DMDs are already widely used. Most regional health authorities provide regular reports based on DMD statistics, as well as responding to requests for more specific information. An excerpt is available on request from a recent publication by the four Thames regional health authorities in which problem drug use in Greater London, as reported to the DMDs, was examined (Daniel *et al*, 1993). The report has been widely welcomed by service providers, purchasers and policy makers.

For further information about your regional drug misuse database, contact your regional drug misuse database manager who will normally be located within the regional health authority offices.

References

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A visit to Byelorussia

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Byelorussia or Byelorussia (ye pronounced as in B'yellow) means White Russia, metaphorically named as the only part of Russia never to have been conquered by the Tartars. One of the former Soviet republics, it lies sandwiched between Russia to the east and Poland to the west with the Baltic states to the north. To the south lies Ukraine with Chernobyl only a stone's throw from the border. This fact of geography allied to the prevailing wind resulted in more than 70% of the damage from the nuclear disaster falling to Byelorussia rather than Ukraine.

The population of Byelorussia is about 11 million, some two million of whom live in the capital, Minsk. Byelorussians were relatively more isolated from western contact and influence than their counterparts in Moscow, Leningrad and Kiev. With the collapse of the Soviet state they have been keen to make up for lost time and to establish links with other countries which will not only help them to recover from a disastrous economic situation but also to learn from ideas, medicine, social systems and legislation. It was in this spirit that Professor Vladimir Ivanov,

