

Van Praag (1992) cautioned against "a system of diagnosing mainly grounded on symptoms detached from aetiology". The failure to consider aetiology when making a clinical diagnosis is common. In the case of schizophrenia, the error is both common and costly. The cost of the unnecessary treatment must be enormous in drugs, manpower and to the community services, the patients suffer from unnecessary side-effects and often cannot work, and, by doctors purporting to offer 'treatment', they are actually prevented from getting well, since they are not confronted by the fact that their fearsome experiences are self-induced, that they will get well if they stop taking the substance responsible, and that appropriate help is available for them to do this if they wish. As I wrote once before (Cohen, 1992), "The problem is common . . . and perhaps it is time the College tackled it . . ."

COHEN, S. I. (1992) Patients repeatedly admitted to psychiatric wards. *Psychiatric Bulletin*, **16**, 664.

VAN PRAAG, H. (1992) Reconquest of the subjective. *British Journal of Psychiatry*, **160**, 266–271.

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#### Cocaine, psychiatric admissions, and HIV

SIR: Gossop *et al* (*BJP*, May 1994, **164**, 660–664) suggest that there may be a relationship between cocaine use and HIV infection. Psychiatric patients have been identified as a potentially high-risk population for HIV infection because of their likely impairments in judgement and an increased exposure risk (Cournos *et al*, 1991).

In Trinidad and Tobago, smoking crack is the predominant mode of cocaine use, with no intravenous use reported. In a two-year review of HIV testing in St Ann's Hospital, the sole psychiatric hospital there (Infection Control Unit, 1993), it was found 6.8% of those tested were HIV positive (53 of 782). Of the HIV-positive patients, however, 31 (58.5%) were admitted with cocaine-related problems. This suggests that cocaine use in psychiatric admissions may further increase the risk for HIV infection.

With crack cocaine use increasing in the UK, particularly among the Caribbean population, there is some cause for concern, and preventive strategies for both cocaine abuse and HIV infection should be developed for this group.

COURNOS, F., EMPFIELD, M., HOWARTH, E., *et al* (1991) Seroprevalence among patients admitted to two psychiatric hospitals. *American Journal of Psychiatry*, **148**, 11225–11230.

INFECTION CONTROL UNIT (1993) *HIV Testing in St Ann's Hospital. Psychiatric Update*. Trinidad: St Ann's Hospital.

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SIR: I have worked at the Substance Abuse Prevention and Treatment Centre (SAPTC) in Trinidad, West Indies (population 1.2 million). This facility offers patients using cocaine a six-week in-patient treatment programme.

I reviewed the notes of new admissions for 1986 and 1987. There were 125 admissions in 1986 and 127 admissions in 1987 which met the DSM-III-R criteria (American Psychiatric Association, 1987) for cocaine dependence. All of them listed smoking as their most recent mode of intake, and while a few had used the intranasal route, virtually none had ever injected. (There has never been a culture of intravenous drug use in Trinidad.)

It is impossible to make direct comparisons with the findings of Gossop *et al*, given what is effectively a single route of administration in a cohort presenting to a specialised treatment facility. However, although Gossop *et al* report low dependency in their sample of crack smokers in the community, the SAPTC experience does suggest that using crack cocaine by smoking alone can result in severe dependence. Indeed, in each year there were many patients who were seen but not admitted simply because of a lack of beds, and the figures above thus underestimate the dependency problem.

Cocaine use in Trinidad was not an issue until about the 1980s when a ready supply of cocaine became available, and the problem has since mushroomed. Whatever the pattern of use in the community in the UK now, with the targeting of Europe by suppliers of crack cocaine as reported in the press and increasing availability, there is likely to be the emergence of a large group with severe problems of dependence. A major issue will be the nature of services offered to them.

AMERICAN PSYCHIATRIC ASSOCIATION (1987) *Diagnostic and Statistical Manual of Mental Disorders* (3rd edn, revised) (DSM-III-R). Washington, DC: APA.

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#### Cost-effectiveness of antidepressants

SIR: Jönsson & Bebbington (*BJP*, May 1994, **164**, 665–673) calculate that total costs per patient for