

a further, and very substantial, allotment of senior registrars that is again intended in part to improve training in substance misuse. In view of the continuing shortage of senior registrars skilled to meet the growing demand for consultant appointments in the subspecialty it is hoped that a substantial portion of the new tranche will be reserved for this purpose.

The report offers recommendations on training that cover many disciplines. Although occupational therapists are overlooked the needs of youth and voluntary workers are not forgotten. It is explained that medical officers who enter the prison service are not necessarily well informed about problem drug use and require appropriate introduction training. The ACMD hopes that prison officers will become more able to make referrals of drug takers to the prison medical and probation services.

The low priority sometimes accorded by managers to drug misuse reflects a lack of understanding of issues that were not prominent when managers received basic training. Therefore it is proposed that senior and middle managers should receive drugs awareness training at district level. The report considers that the training, which would include aspects of service development, should be given high priority by District Drug Advisory Committees.

The ACMD report notes that training programmes must cover the issues of prevention, early recognition and intervention. Members of primary health care teams and of the accident and emergency services are well placed to detect drug takers; so are occupational health staff and managers in the workplace. Drug misuse has long concerned employers and trade unions in the United States. Its increase in the United Kingdom now warrants similar attention in this country.

Part-time courses on substance misuse can play a major role, reaching staff who might only be available on a day release basis. One such course exists in the South of England. A similar course is proposed by the report for the North and a further for Scotland. The new courses, which would be multi-disciplinary, should receive pump-priming from central funds.

The document repeatedly emphasises that training arrangements for drug and alcohol misuse should be combined. The practical differences between client groups generally call for separate facilities at ground level, but specialist managers frequently supervise both drug and alcohol services. More fundamentally the conceptual similarities between all forms of misuse justify linkage in education. Relevantly the College expects senior registrars aspiring to consultant posts in substance misuse to receive experience in the treatment of both licit and illicit intake.

The report attends to planning at national, regional and district level. A national body is advocated which would stimulate, monitor and coordinate develop-

ments in the field. Regional drug units should be established that are integrated with parallel activities for alcohol misuse and include in their steering committees academic and drug service representatives. At district level each major service can form its own training scheme to reflect local conditions.

The report closes with a section on funding. Many of its recommendations merely need the political desire to allot existing resources. Other measures require further central and local funding. The ACMD makes the point that the initiatives in training which followed its previous publication *Treatment and Rehabilitation* substantially raised the quality of service provision. Readers will share the concluding view of the report: a serious response to drug misuse necessitates the resolution and resources to attain the highest standards of training.

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Adverse Effects of Benzodiazepines

By Claire Gudex. Discussion Paper 65. The Centre for Health Economics Consortium, University of York, York YO1 5DD. 1990. Pp. 33. £3.50 including postage. Please make cheques payable to University of York.

The tranquilliser debate is gathering pace. Litigation against drug companies, doctors and the CSM is on the horizon and public concern is increasing. This report is therefore timely since there is a need for the true position of the benzodiazepine drugs to be established.

The report concentrates on four areas of particular concern: drug dependence and the consequent withdrawal symptoms; adverse psychological effects while taking benzodiazepines; their use by the elderly, and tolerance to the drug effects.

It broadly concludes that a benzodiazepine withdrawal syndrome does exist but that there is uncertainty about its incidence. There needs to be a better definition of what constitutes a withdrawal syndrome and there is a need for proper double blind prospective controlled studies, taking into account issues of the selection of patients, compliance with withdrawal and other treatments and adequate lengths of follow-up.

The report recognises that cognitive functioning is impaired by benzodiazepines and that amnesia is a common side effect of these drugs. It notes that even short-term use can result in dependence and comments that the elderly are particularly at risk for the adverse effects of benzodiazepines. This document highlights a need for a proper reporting system to establish the true incidence of adverse effects from the benzodiazepines. Most interestingly, the author

suggests a shift in emphasis from the specific psychological and physiological issue of the benzodiazepine effects towards a more global measurement of functioning and behaviour, a measure of the quality of life with or without benzodiazepines. I wonder if this represents a counsel of perfection in an imperfect world.

The review is brief, readable and written in non-technical language. It has a balanced and informative style.

Apart from providing an up-to-date statement of the state of the literature on these complex issues, the paper offers several pointers to gaps in our knowledge and highlights areas that require future research. This would therefore be a useful paper to read for those looking for ideas in planning research projects.

Shortcomings of the review include a disappointment that although the opening paragraph hints at the opportunity of a cost benefit analysis of benzodiazepine use, there seems at present to be little infor-

mation available to allow this evaluation to take place. Nor is the issue that there may be substantial differences between daytime anxiolytics and nighttime hypnotics explored. The fact that benzodiazepines remain the most effective pharmacological treatment for established anxiety symptoms is also glossed over. This is important if one is to see the situation in true context.

This review would be of interest to workers in the expanding 'tranx industry', those involved in self-help groups, litigation and journalists. It is of particular value to those who may not have full access to the voluminous literature developing in this field. It would also be of interest to psychiatrists to position themselves in the spectrum of opinion that surrounds the tranquilliser debate.

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Miscellany

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Working Out: The MIND Guide to Employment, compiled by Michael Stuart, is available from MIND Mail Order Service, 4th Floor, 24-32 Stephenson Way, London NW1 2HD; price: £7 (including postage and packing).

Further information about National Children's Bureau publications on 'Responding to Child Sexual Abuse: Policy and Training' can be obtained from Book Sales, National Children's Bureau, 8 Wakley Street, London EC1 7QE.

Action on Accidents: the Unique Role of the Health Service costs £8 (NAHA and RoSPA members); £12 (non-members). It is available from NAHA, Birmingham Research Park, Vincent Drive, Birmingham B15 2SQ. Price includes postage and packing.

Who's Caring Today? a study of day care services for older people in Dumfries and Galloway, is produced by Age Concern Scotland, 54A Fountainbridge, Edinburgh EH3 9TP; price £3 (including postage and packing).