

Conference briefings

Drugs, alcohol and tobacco: making the science and policy connections*

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This conference was organised by Professor Griffith Edwards and the opening address was given by Her Royal Highness The Princess Royal. It coincided with the official opening of the National Addiction Centre (NAC) on the campus of the Institute of Psychiatry at 4 Windsor Walk.

The conference, attended by luminaries in the addiction field who came from the USA, Canada, UK, Eastern and Western Europe, Africa and Australia, spanned four days, and was a mixture of keynote addresses, panel discussions and lectures. The emphasis was on debate.

The Princess Royal touched upon many of the important issues which were to be discussed. She stressed that the NAC would provide a unique resource which combined an effective array of research, training and clinical work, but that it had a role far and beyond, by being part of a national and international network. This occasion was seen as a fitting one to explore how science could serve policy, and vice versa.

Speakers covered many controversial topics: identification of commonalities in different countries, the optimal conditions for making science happen, prevention in different substance fields, the response of science to changing policy demands, science and treatment policy, and the legalisation debate.

*Conference held from 16–19 July 1991 at the Institute of Psychiatry, London.

Thus, the conference galvanised a range of perspectives. It became clear that the needs and values of scientists and policy makers differed even perhaps to the extent of being polarised. The recognition that the policy maker required simple, rapid, low cost results catalysed the scientist into thinking about mechanisms for delivery of research findings which could be easily understood and translated into the policy-maker's agenda.

The complexity of the interactive process between science and policy was continuously evident, especially since science is only one part of policy, which can, moreover, be influenced by value judgements and political expediency. It was emphasised that, of course, the influence of science is not only through governmental agencies. This led to a debate on the role of scientists as citizens, and where the scientist's moral and ethical responsibility lies. There were no simple answers.

The meeting crystallised the foundation for in depth appreciation that science policy studies are a worthwhile area for analysis. That this relationship, and hence a feasible system for implementation, is at an early stage of development was further stressed by the following quote from the *Talmud* in Jerome Jaffe's summary: "The day is short, the task is difficult, it is impossible to complete, but we are forbidden not to try".

The Sixth Annual TAPS Conference*

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It is very much to the credit of policy-makers and funding bodies that the importance of evaluating the

process and outcome of the hospital closure programmes that got underway in Britain during the 1980s was recognised and that research studies were instituted. In a series of conferences the Team for the Assessment of Psychiatric Service (TAPS) has

*Held on 4 July 1991 at the Robin Brook Medical Centre, St Bartholomew's Medical College, London.

presented the design and results of an evaluation of the closure of Friern and Claybury Hospitals in North London, and also offered a forum for other workers in the field. TAPS conference reports are eagerly awaited and closely scrutinised by students of community psychiatric care.

The Sixth Annual TAPS Conference provided a rich diversity of information on key issues in the development of psychiatric services that are not based on the mental hospital. A variety of research traditions were represented, from social psychiatry, through community medicine and health economics to sociology and applied social policy. It is not possible in a brief review to do justice to the 20 presentations: literally so since the afternoon split into three parallel sessions.

Hospital closures are first and foremost about money. The aim is to release the funds caught up in old-style psychiatric hospitals to produce a more effective service, while at the same time improving the quality of care of former long-stay hospital residents. Linda Pickard, presenting results from the RDP study of the Cane Hill Hospital closure, underlined the complexity of this task. TAPS data presented by Graham Thornicroft confirmed previous findings that discharged patients show no clear clinical changes over the first year in the community but prefer community care and move to much less restrictive social environments.

The economic data are much less straightforward. Professor Martin Knapp's paper will deserve close reading when it is published. Encouragingly it appears that costs are linked to outcome: patients receiving expensive community care do better than those receiving less expensive care. However, health authority reprovision is significantly more expensive than other sectors, even controlling for patient disability. (One assumes that residual hospital costs must also be increasing as less disabled patients are discharged and economies of scale are lost.) It is also becoming clear that a significant proportion of the long-stay patients discharged from Friern and Claybury are readmitted. Readmission is not necessarily synonymous with failure of placement, although David Dayson was able to present data on a "hard to place" group of patients whose initial

resettlement has resulted in a further prolonged hospital stay. 'Statistical examination of the characteristics of these patients leads to the unsurprising conclusion that even more "hard to place" patients remain in Friern and Claybury (which appear to have adopted the usual rundown strategy of discharging the least problematical patients first). The capacity of community-based facilities to meet the needs of difficult patients, and indeed the so-called "new long-term", is a key issue and has yet to be demonstrated.

The conference reflected the growing awareness that hospital closures, although of great significance, are less important than the challenge of developing comprehensive local services. TAPS itself is now studying the functioning of acute psychiatric services within the historical Friern catchment area, and is engaged in a comparative study of dementia provision within and outside the mental hospital. Papers from Denmark and the United Kingdom underlined the uncanny capacity for workers in (some) facilities given the title Community Mental Health Centres to ignore the needs of people with long-term mental illnesses. Matt Muijen presented the results of the Maudsley Daily Living Programme, which produced truly astonishing savings in in-patient days for acutely ill patients (compared with the atypical control condition of standard Maudsley care) and clinically, if not statistically, significant long-term improvements in patient outcome. One fashionable balloon was pricked by Walid Hamid, who presented a careful study of homeless hostel residents in Camden: contrary to popular myth only a minority suffered from severe mental illness, and a previous history of hospital treatment was a rarity.

One oddity about the conference was the dog that barked only very quietly in the night. There was remarkably little discussion of the impact of current Government policy on community care on the practicalities of reprovision and no analysis of the brave new world in which the undeniable social care functions of psychiatric hospitals are to be undertaken by Local Authority Housing and Social Services Departments. I predict that this issue will dominate the 1993 TAPS Conference, which should take place three months after *Caring for People* is fully implemented.