Monitoring Drug Use in a Community

SIR: Peveler (*Journal*, May 1988, **152,** 711–712) challenged the conclusions we made regarding the most cost-effective way for a community to monitor its drug problems and emphasised our point that the relationship between drug users and the services in an area is a dynamic one. All Health Districts have been required to monitor the extent of their drug problem, however, and for most, a multi-source enumerative study such as Dr Peveler advocates will be too expensive a procedure.

We helped the South West Regional Health Authority supervise the monitoring of its eleven constituent Health Districts in 1985, in the light of our experience in Bristol and that gained from the North East London Drug Indicators Project (Hartnell, 1985). We saw how it was possible for the members of voluntary and statutory services of the District Drug Advisory Committees to draw together their views of the extent of local drug problems and the attitudes of drug takers towards services. It was apparent that where treatment facilities were lacking, new problem drug users first came to the attention of the police and probation service. Our work throughout the South West confirmed our conclusions from the prospective study in Bristol (Parker *et al,* 1988), that of all the statutory services who had contact with drug users, it would be most cost-effective to survey five, namely accident and emergency departments, psychiatrists, general practitioners, the Home Office Addicts Index, and probation officers. The results should necessarily be interpreted in the light of the Drug Advisory Committee's knowledge of local circumstances. In fact, the Oxford survey (Peveler *et al,* 1988) would support these conclusions. Apart from the five we recommended, the only other statutory agencies they included were social services, (which knew of no heroin users), the police, (four convictions only), and the hepatitis returns (12 cases). At least 73% of the notifications to all agencies surveyed in Oxford would have been detected by concentrating on the five we listed.

It is pertinent to emphasise some of the differences between the Bristol survey and that undertaken in Oxford. The former considered the prevalence of problem drug use associated with illicit drugs or solvents, while in Oxford the case definition was restricted to misuse of heroin or methadone. Dr Peveler, in his letter, discounts the Accident & Emergency Department as a source of information. In Bristol – where our nurse member surveyed all casualty attenders on a regular basis – the three departments were particularly valuable. They provided a vivid picture of young or inexperienced drug users presenting with the adverse effects of drugs, particularly amphetamines, magic mushrooms, LSD, or cannabis, and demonstrated the potential that casualty nurses have for early intervention with this group. One department also knew many chronic opiate addicts who attended for the treatment of their infections, trauma, etc., preferring its anonymity and accessibility to their GP's surgery. Only a handful of heroin users attended the Accident & Emergency Department to ask for drugs and were refused, as in Oxford (Parker *et al,* 1986).

The Oxford group invested heavily in field work with drug users. It subsequently combined information from agencies with that from drug users and other sources, while acknowledging the differences in the reliability of the data. It would be of considerable interest to hear how the heroin users, picked up solely by sources listed as "direct admission, other user, relative, other user's suspicion or other's suspicion", differed from those known to agencies. Could this information have been gleaned from key individuals, e.g. from voluntary agencies, youth services or the police? These would be represented on a Drug Advisory Committee and would also have some knowledge about the extent of other illicit drug misuse.

Monitoring problem drug use does not always appear to be a priority for health districts. We conclude that well-planned surveys of the five agencies we listed, interpreted with local knowledge, would provide a cost-effective assessment of the extent and nature of a district's drug problem.

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Inappropriate Placement of a Patient with Childhood Hypomania in a Mental Handicap Hospital for 51 Years

SIR: We wish to report the case of a patient with hypomania in her childhood, who was admitted