

□ **MINIMUM SENTENCES:** the think tank which concluded in 1994 that every dollar spent on treatment saves seven in terms of reduced crime,¹ has just produced another report which calls into question the effectiveness of mandatory minimum sentencing for drug offences.² Although such prison sentences appear to solve the problem by keeping drug users and dealers behind bars (the average length being 6.7 years compared to an average 'conventional' enforcement sentence of just over one year), the RAND foundation concluded that after only two years, equal spending on treatment and conventional law enforcement would begin producing greater reductions in drug use and crime. RAND's researchers calculated that if \$1,000,000 were spent annually on five possible strategies (including minimum sentences, conventional law enforcement and treatment) after 15 years treatment would be cutting cocaine consumption across America by 100 kilogrammes, conventional enforcement by 27 kilos and mandatory minimums by only 13.

1. RAND. *Controlling Cocaine: Supply versus Demand Programs*. Santa Monica, RAND, 1994.

2. RAND. *Mandatory Minimum Sentences: Throwing Away the Key or the Taxpayer's Money?* Santa Monica, RAND, 1997.

□ **MANCHESTER:** four out of five GPs prescribe drugs for opiate users, according to a recently published survey.¹ In all, 270 Manchester-based doctors completed questionnaires about their attitudes to opiate-using patients, and only 11 per cent felt that such patients should be taken off their practice lists. Generally, the GPs saw themselves as ill-equipped to deal with opiate users, two in three (65 per cent) feeling that more training would increase their confidence and 61 per cent feeling that they lacked the necessary knowledge. More felt that the treatment of opiate users was beyond the competence of GPs than not (45 compared to 35 per cent), and the majority believed that treatment should be left to the specialists (50 per cent). Despite this, three in five (60 per cent) said that shared care provided the best services and over two in five (43 per cent) had read the *Orange Book* of clinical guidelines.

1. Davies A. and Huxley P. "Survey of general practitioners' opinions on treatment of opiate users." *BMJ*: 1997, 314, p.1173-4.

□ A poll conducted for *The Economist* during the election campaign¹ confirms the view that

public opinion is not always what it seems.² Nearly 1000 people were questioned by MORI about their wishes for a new government's legislative platform. Although only 16 per cent, for instance, wanted to reduce the gay age of consent, 22 per cent favoured the legalisation of cannabis.

Despite their commitment to a Royal Commission on legalisation, fewer Liberal than Labour voters supported legalisation (20 compared to 23 per cent), while overall, one in three 18-34 year olds wanted the drug to be legalised.

1. "What people really want." *The Economist*: May 3rd 1997, p.22.
2. "Public consensus on drugs – definitely maybe..." *Druglink*: 1997, 12(2), p.6.

□ **FRANCE:** one of Europe's leading drug testing groups has concluded that the method of testing hair samples is crucial to the final results, some methods being up to six times more accurate.¹ Five hundred hair samples were tested either by direct methanolic extraction or acid, alkali or enzymatic hydrolysis. When low concentrations of drugs were present, the results were broadly similar. But when high drug doses were present in the hair, acid hydrolysis came out on top. Methanolic extraction left so many other substances in the sample that interpretation proved difficult, while the chemical processes of alkali hydrolysis meant that it was impossible to differentiate between heroin, morphine or codeine in the hair. Finally, enzymatic hydrolysis was deemed to be a blunt instrument when measuring opiates or cocaine in the hair – in some cases, results were five or six times lower than those for acid hydrolysis.

1. Cirimele V. *et al.* "Comparison of different extraction procedures for drugs in hair of drug addicts." *Biomedical Chromatography*: 1996, 10, p.179-82.

□ **AMERICA:** following last November's decision by Californian voters to allow the medical use of cannabis,¹ a preliminary injunction supporting the law has come into effect. At the end of April, US District Judge Fern Smith ruled that a doctor's recommendation of cannabis to a patient for pain relief was not the equivalent of a prescription, conflicting with the federal government's interpretation of the Californian law. Under the injunction, the prosecution of doctors who discuss the possible use of cannabis with patients is banned, though the line is drawn at buying or growing the drug.

1. *Druglink*: 1997, 12(1), p.6.

Mad Cow link to 'chasing the dragon'

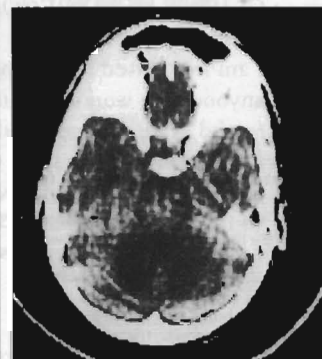
The worrying and puzzling relationship between heroin smoking and Mad Cow Disease has resurfaced with two new cases reported in New York.¹

The American man and woman – both heroin smokers – were found to be suffering from spongiform encephalopathy, the 'parent' disease to which both BSE (Bovine Spongiform Encephalopathy) and CJD (Creutzfeldt-Jakob Disease) are related.

As with those diseases, no-one has yet been able to isolate the cause of brain degeneration among some heroin smokers, but this is not the first time that the relationship has been noted. In 1982, Dutch researchers drew attention to 47 cases of spongiform encephalopathy among heroin smokers in Holland, 11 of whom had died.² Despite extensive government-sponsored testing of heroin samples and microscopic examination of brain tissue, no cause was found at the time.

Similar encephalopathy clusters among heroin smokers have been reported throughout Europe (Turin 1982-3, Madrid 1985-9, Amsterdam 1989-90) perhaps indicating that any cause may be related to a particular supply of

1. "Rare heroin-related disease makes US debut." *Forensic Drug Abuse Advisor*: 1997, 9(4), p.27-28.
2. Wolters E. *et al.* "Leucoencephalopathy after inhaling 'heroin' pyrolysate." *Lancet*: 1982, 2(8310), p.1233-7.
3. Schiffer D. *et al.* "Spongiform encephalopathy in addicts inhaling pre-heated heroin." *Clinical Neuropathology*: 1985, 4(4), p.174-80.



CAT brain scan showing low-density 'spongy' brain

heroin at a particular time in a particular location. Certainly, *Druglink* has received anecdotal reports of possible links between chasing the dragon, aluminium foil and Alzheimer's, another degenerative brain disease.

But there are only tentative suggestions, as – although by 1992 about 75 heroin-related encephalopathy cases had been reported – all that can be said for certain is that the disease hits some heroin smokers (never injectors) and is preceded by the following symptoms:

"character disorders, irritability, and crises of psychic excitement, with alternating states of motor restlessness and apathy. There followed gait disturbances . . . and slurred speech. Within 15-20 days, standing and walking were no longer possible . . . The initial drowsiness was followed by a stuporous state . . . which ended in a progressively deepening coma".³

Drug Challenge Fund

At the beginning of June, the winners of the 1997/8 Drug Challenge Fund were announced. When government funding and private financing are taken into account, over £3 million will be made available to England's Drug Action Teams through the Fund over the next year.

Over 200 bids were made – more than double the number in 1996 – and 79 projects (three less than last year) were chosen to receive a share of the £2 million allocated from government sources, mostly coming from Treasury coffers. Successful bids ranged from arrest referral schemes and community safety programmes to boxing and drama projects. At least one third of the total funding must be provided by a business or voluntary sector partner, and this was achieved, with £1.1 million being made available privately. As Ann Taylor, the minister responsible for the government's drug strategy,

said, "It must be a joint effort – government, parents, business, education, the media and young people. I am pleased that so many businesses and voluntary organisations have decided to play their part."

Private sector support was as diverse as the projects funded, with money coming from Vauxhall and Rover car manufacturers, Manchester City and Leyton Orient FC, large corporations such as Boots, BP and M&S, all the way down to local builders, chemists and clubs.

The largest single award of £66,000 went to Brent DAT for the production of an educational cartoon video. The smallest (of £1000) was given to Rotherham DAT to support an education project with ex-drug users. And finally, the biggest award overall (£131,000) went to a joint bid by all of London's DATs for an information campaign directed at the capital's 220,000 higher education students.