

## Teams for the Year 2000

Sir,  
The editorial by Dr D. Brooks (February *Journal*, p.67) was the most stimulating reading I have had for some time. It pinpoints the fundamental problem that must be solved if primary care is to advance in a meaningful way during the next one or two decades.

As a course organizer, over the last 18 months I have met with community nursing and health visitor tutors in an attempt to establish a multidisciplinary halfday release programme. There has been some success in integrating established community nurses and health visitors into the course, but so far a total failure in achieving integration with general practitioner trainees, student nurses and student health visitors.

Only the integrated training of students of all disciplines can improve the

performance of future primary care teams. Dr Brooks clarified for me some of the problems that had been frustrating me. I now feel ready to try once again to set up a truly integrated course for all primary care students.

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## The Positive Health Team

Sir,  
Readers of the *Journal* might like to know about the Wessex Regional Health Authority's Positive Health Team, especially as our next Spring meeting is on 'Prevention'.

I am the general practitioner on this multidisciplinary team whose broad aim is to promote the health of Wessex

residents by emphasizing individual and collective responsibility for good health. The team acts at regional level and regionwide to initiate, support and assess appropriate activities. It has produced several useful lifeline reports on promoting the use of seatbelts, prospects of prevention, dental health and smoking prevention. At present we are completing a report on the prevention of disability, and this will include a survey of preventive practice in Wessex by general practitioners. These reports can be obtained from Dr John Catford, Secretary, Wessex Positive Health Team, Wessex Regional Health Authority, Highcroft, Romsey Road, Winchester, Hampshire SO22 5DH.

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# CONFERENCE REPORT

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## Misuse of Drugs

Dr C. A. H. Watts of Ashby De La Zouch represented the College last January at a conference that had been organized by the DHSS on the misuse of drugs. He has prepared this brief report of the proceedings.

THE conference was opened by Norman Fowler, the Secretary of State, who stated that drug abuse was a dangerous, widespread and growing problem. He announced that the Government was prepared to allocate £2 million over three successive years to encourage interested bodies to research into the subject and to facilitate ways of helping people with a drug problem.

The day was divided into three sessions—the first considered management of clinical practice. During this it was pointed out that the traffic in drugs was derived from three main sources: the black market, thefts from dispensaries and the bad prescribing habits of some doctors.

The second session was devoted to the training of professionals in the treatment of drug abuse and it was agreed that there is a need for more training on the subject for all workers in the field. Existing arrangements mean that there are areas with virtually no facilities and this encourages all services to ignore the problem or pass the buck.

Clinical guidelines and prescribing safeguards was the topic for the third

session. Most doctors are reasonable and careful in their prescribing. Suspicion should be the rule when any stranger comes to the surgery asking for a prescription for a dangerous drug. He should always be asked the name and address of his own doctor so that the latter can be contacted by telephone, and only if the request is genuine should the drugs be allowed.

The conference identified two types of lax prescriber: those who are weak and easily persuaded to hand over a prescription, and those who have a mercenary motive and who are virtually pushers within our own profession. The conference felt that if any hint of such malpractice becomes known to fellow practitioners, then it is correct and in the best interests of the offender to warn him against his irregular behaviour. To stop this traffic, it was suggested that doctors allowed to prescribe to drug abusers should be limited to certain experts especially licensed by the Home Office. Such doctors handing over limited supplies of drugs should always prescribe them as syrups, as then they are not injectable and are less portable than bottles of tablets.

The importance of security arrangements in chemists' shops and dispensaries was stressed. It was suggested that in big towns only one pharmacist and one big hospital should be authorized to stock and dispense addictive drugs. Some hospitals already make use of a distinctive pink prescription form for opiates. It was suggested that this practice could be extended with advantage to FP 10 forms when addictive drugs are prescribed.

Drug abuse, like alcoholism, is a major social problem which is on the increase and is all too readily ignored. The victims are often difficult to handle, let alone treat, and the recovery rate is low. Drug abuse is not an attractive subject but it poses a challenge to our profession. The general practitioner has a part to play in this campaign whether he likes it or not. He must learn to recognize the victim and it is hoped that some doctors will be prepared to lend a hand in a more practical way by taking a share in the treatment. Special courses of training will be necessary and, to maintain morale, the worker will have to be a member of a team. It would be too dangerous and depressing to work in isolation.

The task is difficult, but the high ideals on which our College was created are still extant, and all who volunteer for this mammoth undertaking will be a further expression of that idealism.