

Medicine and the Media

This column covers books, plays, films, and broadcasting on medical topics as presented to the public at large. Comments should be brief, must be topical, and may be shortened editorially. The list of contributors will be published at the end of every three months.

STEVE WAS 15 when he had his first fix—Chinese heroin—and his girlfriend, Jacky, was 16; they are now 21 and injecting or swallowing practically anything they can lay hands on. Ex-Chief Detective-Superintendent Lee, mastermind of the drug haul Operation Julie, interviewed them and three others from Aylesbury—Nick, Mick, and Peggy (a man)—on *Brass Tacks* (BBC2, 23 August). All talked freely about themselves and were filmed openly (except for Nick, who preferred to remain anonymous and in silhouette); all had stolen to raise money for drugs, but none of them liked doing this—Peggy remarked that it was wrong that he, a junkie, should rob someone of their hard-earned money; and none of them were registered as addicts, apart from Nick, who is now being treated by Dr Norman Imlah at the Birmingham drug addiction unit.

The object of Dick Lee's report was to show that these addicts had nowhere to go for help in Aylesbury, where, he said, there are from 15 to 20 addicts of whom the Home Office knows nothing (but the police evidently did know, which surely amounts to the same thing). The Home Office, he stated, maintained that there were only 2000 junkies in Britain, but if Lee's findings were reflected all over Britain, which he thought likely, there must be 20 000 of them. The figure of 2000 is presumably for those addicts who are registered, and the Home Office knows perfectly well that there are many more than this. And can Aylesbury, within easy reach of London and with some of its overspill population, really be said to be a typical small town, and can the findings be applied to, say, Ashby-de-la-Zouch or Keswick? Lee's other point was that they all committed crimes, and, despite recommendations from magistrates that they should be treated if funds were available, nothing had been done. But there are many other demands on funds, and addiction units should be put in a wider perspective.

Lee maintained that the number of junkies is rising, but he gave us a one-sided view: the young people we saw had all been on drugs for five or six years, but we saw and heard nothing about what's happening to the 15- and 16-year-olds now, so we don't know how many new addicts there are.

The Thames Valley police and the Home Office declined Lee's invitation to take part in the programme; hardly surprising, in view of the rough treatment they have received at the hands of the media in the past. Mr John Warner, of the US Drug Enforcement Administration, was asked for his views and said that Western Europe was about 5-7 years behind America in the severity of the addiction problem, but the law here is quite different and surely any comparisons could not be valid. Above all, could these five nice young people—clean and articulate—possibly be described as typical (or Steve's delightful concerned mother for that matter)? I think not—HW.

RARELY HAS THE contrast between television and radio been shown so well as in two phone-in programmes which followed the *Brass Tacks* feature on drug addiction. One was a

pasteboard committed account which took a long time to put over some anecdotal findings, while the others ranged widely, allowing people with different points of view to get these across. Radio Medway's studio panel of three had different experiences of the problem, while the presenter on Radio London had done his homework well and was able to supplement or refute points made by his contributors.

An ex-addict phoned to say that there were a similar number of unregistered junkies in the Medway towns, and the same was said later about Wimbledon and North London. The programme had glamorised addiction, an addict's wife noted—but the reality was sordid: junkies raiding their children's piggy banks for cash, injecting themselves in the street, and being found dead in public lavatories. Pointing out that the regulations had been based on the setting up of satellite clinics, a caller stated that Bexley Hospital had had to close its inpatient unit temporarily for want of a consultant psychiatrist to head it. A nurse-addict thought that both GPs and local psychiatric hospitals were ducking their responsibilities in refusing to wean addicts by administering methadone, which they were allowed to do legally.

Both the Home Office and the DHSS came in for a lot of criticism and it was stated that the former had refused to record deaths in heroin addicts as a separate statistic. The DHSS was not offering the facilities, particularly for support and follow-up, and it could take this attitude because officially there were enough clinics to cope with the number of registered addicts. One London clinic established to treat 60 addicts was now treating double this number, and many large towns in Britain had no clinic at all. But could a unit really be justified for treating only 15-20 addicts, asked one caller. Yes, replied another, because the harm they were doing society in terms of criminal offences and spreading the addiction was very costly. Nobody pointed out, however, that such under-provision is seen elsewhere in the NHS—for example, in haemodialysis or hip surgery.

Finally, another participant said that exactly the same sort of programme could have been devoted to alcohol. It was a feature of our society that its members expected a pill for every ill to be instantly available; what was needed was education on social ills in general—SL.

HALF AN HOUR is not much time for an account of China's progress in cancer research. Members of the Royal Society delegation, just returned, were given only a few sentences each in *Science Now* (BBC Radio 4, 26 August). Like most Western visitors, they had been impressed with the decentralised health service based on barefoot doctors; with the lack of flies; and with screening programmes for the early detection of conditions such as oesophageal cancer. Sir Richard Doll explained that anti-smoking propaganda had to face the formidable obstacle that Chairman Mao had been a heavy smoker all his long life. Much of the programme dealt with the restoration to favour of intellectuals and academics now that the Gang of Four had been discredited—something well known to China watchers but of less interest, I would guess, to the mass of listeners. Perhaps the snippety, shapeless form of the programme was unavoidable once the decision was made to interview the delegation. I would have preferred the considered reaction of any one single visitor—RS.