to glass emerged as a good way to identify “hypersensitive” people. These glass adhesive tests were difficult to perform, but the best test to separate patients with vascular disease from healthy subjects—the platelet electrophotoreaction to low doses of adenosine diphosphate—was even more tedious and, worse, was only semiquantitative. Experiments with this technique suggested that the platelets responded abnormally to adenosine diphosphate because of a factor present in the plasma, but the nature of this component was never elucidated fully. The technique that survived was measurement of platelet aggregation, which is relatively quick and easy to perform. Nevertheless, in clinical studies measurements of the release of platelet granules in response to aggregating agents and arachidonic acid, and measurements of platelet factors released into the circulating blood, are probably more useful than simple aggregation tests.10 11

In round two of the platelet saga, in the 1970s, some of the many agents that had been found to modify platelet behaviour in vitro were tested in clinical trials to see whether they had an effect on thrombotic conditions. Aspirin, a potent inhibitor of the platelet release reaction and of the second phase of adenosine diphosphate induced aggregation, was the obvious drug to try, and early studies suggested that it might be beneficial for the secondary prevention of myocardial infarction.12 13 The results of the largest trial, however (aspirin myocardial infarction study; AMIS), showed no benefit,14 although there are doubts whether the dose of aspirin was appropriate.15

Twenty years ago dipyridamole (Persantin) was shown to inhibit various aspects of platelet function,16 and it is now widely used as an antithrombotic agent. The evidence of its efficacy is not convincing, although it is thought to inhibit the formation of thrombus in patients with artificial heart valves or dialysis shunts,17 18 and in combination with aspirin it may prevent a second myocardial infarction19 or the occlusion of a coronary vein graft.20 Further trials are needed to confirm these effects.

The ED50 method of assessing platelet aggregation does not seem to be affected by the recent use of aspirin, so clearly it is not measuring anything to do with platelet synthesis of thromboxane; thus it is not a complete test of platelet function and it should not be regarded as superior to simple aggregation measurements.

Our main problem in investigating the link between platelets and vascular disease is that we do not know which platelet function test, if any, is relevant to human thrombosis. Once a convincing clinical trial has shown that an agent that modifies platelet behaviour also inhibits thrombus in man, we shall be able to look back to see which platelet test might have predicted the effect. Until we have such a trial there is no reason to suppose that any one test is superior to another or, indeed, that platelet function tests are of any importance at all in vascular disease.

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Media drug campaigns may be worse than a waste of money

The government is rightly concerned about the proliferation of the misuse of drugs, but in its anxiety to be seen to be doing something about the problem it may be about to make a mistake. In London the Department of Health and Social Security has set aside £2m for a prevention campaign\(^1\) and will announce at the end of the month how exactly it will spend the money. In Edinburgh the Scottish Home and Health Department has already instructed the Scottish Health Education Group to mount a mass media campaign on drug misuse. To spend money in this way is to go against the advice of the government's experts that campaigns in the press and on television may be worse than useless: not only may they be a waste of much needed money but they may increase the prevalence of drug misuse.

Last year the Advisory Council on the Misuse of Drugs, which was set up more than 10 years ago to advise ministers, produced a report on preventing drug problems.\(^2\) On page 17 it reports the Health Education Council's advice that "caution should be exercised in the use of widespread publicity ... partly because of the risk that all chosen educational methods attach disproportionate importance to drug misuse and arouse in some people an interest which they would not otherwise have felt." After weighing all the evidence the advisory council bluntly stated: "National campaigns aimed specifically at reducing the incidence of drug misuse should not be attempted."\(^2\)

This recommendation is supported by many other studies. Dr Nick Dorn, of the Institute for the Study of Drug Dependence in London, writes in an important review that "no known methods of drug education can be said to reduce drug use."\(^3\) Other large reviews from the United States have noted the ineffectiveness of most drug education campaigns while at the same time recognising the inadequacy of most studies of this matter.\(^4\) One review looked specifically at students and concluded: "Among student populations there is evidence to suggest that these programmes may exacerbate the use and sale of drugs."\(^5\)

What ministers in London and Edinburgh should realise (and they have been told) is that unemployed youngsters on Merseyside do not react in the same way to exaggerated drug campaigns in the media as do their middle aged constituents in Rushcliffe and Aylesbury. Ministers should listen to the advice of their experts; it would be a great shame if the experts were left with the impression that ministers care more about what their constituents think of the campaigns than about what effect the publicity may have on potential young drug takers.