What is already known on this topic

In many areas there is widespread concern about the possible association between illegal drug use and violence

Previous research carried out in the United States has identified a close association between the carrying of weapons and use of illegal drugs by young people

Little comparative information is available on the possible relation between weapons and drugs in young people in the United Kingdom

What this study adds

Weapon carrying is comparatively widespread among young people in Scotland

Over a third of males surveyed and nearly a tenth of females had carried a weapon, and such weapon carrying was closely associated with the use of illegal drugs

A national educational campaign is needed, stressing the risks and dangers of weapon carrying among young people

Discussion

These data on weapon carrying and illegal drug use in adolescents are based on self report and so may contain both underreporting and overreporting. It is important to bear in mind that weapon carrying refers to ever having carried a weapon. With these limitations in mind the data must give cause for concern.

The west of Scotland has had an association with weapon carrying and gang fights for many years, immortalised in the "no mean city" account of life in Glasgow. On the basis of the data presented here, the culture of weapon carrying among young people seems to be continuing although it is not confined to any one city. It is far from clear why a substantial proportion of young people in Scotland feel the need to carry a weapon and this needs further investigation. Whatever the reasons, having a weapon potentially increases the risk of harm. Research in the United States has shown an association between involvement in violence and the use of illegal drugs.11 12 It is possible that a proportion of young people in Scotland who use illegal drugs will become involved in violence, and some of these may carry weapons.

Agencies working with young people need to better understand why some young people feel the need to carry weapons and to discourage this behaviour. Where such weapon carrying relates to the young person feeling vulnerable, it may need to be tackled in the context of broader approaches, for example, in relation to bullying. One report found that the carrying of weapons at school was associated with fights, having had goods stolen or damaged, and threats of injury with a weapon while at school.¹³

Organisers of events where young people congregate clearly need to be aware that some young people may be carrying a weapon and to take steps to reduce this likelihood. National information and educational campaigns into the dangers of weapon carrying are needed, targeted at young people and parents. Finally, although the UK home secretary has advised that adults should be more prepared to intervene when

young people misbehave, we suggest the need for caution as some young people may be carrying an offensive weapon.

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Corrections and clarifications

ABC of arterial and venous disease: Acute limb ischaemia In the section entitled "Saddle embolus" (p 765) in this article by Ken Callum and Andrew Bradbury (18 March, pp 764-7), an editing slip led to a presence rather than an absence of femoral pulses. The first sentence should have begun: "Patients with acute embolic occlusion of the aortic bifurcation have no femoral pulses...'

Immediate and long term effects of weight reduction in obese people with asthma: randomised controlled study In this paper by Brita Stenius-Aarniala et al (25 March, pp 827-32) we inadvertently failed to remove a reference to error bars from the caption to figure 1. The graphs in the figure are correct; there should be no error bars. Moreover, Pertti Mustajoki, one of the authors, is a consultant in endocrinology (not pulmonary medicine).

Systematic reviews and meta-analyses on treatment of asthma: critical evaluation

In this paper by Alejandro R Jadad (26 February, pp 537-40) the first author's name in reference 27 slipped through wrongly spelt; the correct spelling is Hammarquist.