the strength of oral contraceptives used by teenagers would be an important factor in reducing unwanted pregnancies. Ms Fleissig's paper, however, states that 60% of teenagers were not using any contraceptive when they conceived.

A study in Bracknell found a similar high rate of unplanned pregnancies and that teenagers were the group at highest risk.[3] The combined pill was the most effective contraceptive for teenagers, with a failure rate of 2·2 per 100 woman years (unpublished data), and most teenagers conceived after using no contraception (50%) or condoms (13%) and only 24% after using the combined pill. The main reason that women gave for not using the pill was fear of side effects. Rather than increasing the hormone dose of combined pills for teenagers we should be trying to reduce their fear of taking the pill.

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"Difficult to place" psychiatric patients

SIR,—The discharge of psychiatric patients from large mental hospitals into the community, discussed by Dr Jeremy Coid in his editorial,[1] is occurring world wide. Taking account of the community's attitude to this, however, may be crucial to its success. Exceeding the limits of the community's tolerance could lead to the policy "backfiring"—jeopardising the future of community care and increasing rather than decreasing the stigma attached to mental illness.

To try to do something about the dearth of research on this topic the World Health Organisation held two colloquiums (in 1982 and 1985 in Umea, Sweden). Several research projects were begun, but unfortunately funds ran out and protocols diverged somewhat from the original intentions, reflecting individual researchers' interests. Nevertheless, interesting comparisons can be made of the attitudes to mental illness in several European countries based on the results of questionnaire studies sharing similar questions (table). (All centres used variously modified and updated versions of the opinions about mental illness scale.[2])

Generalisations from these figures should obviously be very circumspect. There does, however, seem to be a north-south divide in Europe, except with respect to the desirability of more resources and a mandate for the mentally ill to be employed and to be treated outside psychiatric hospitals. While the Swedish respondents seemed the most tolerant, the British respondents emerged as being relatively unafraid of the mentally ill, seemingly giving a mandate for community based treatment and more resources to be made available and regarding mental illness as not unlike other illnesses.

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Condoms as primary method of contraception

SIR,—The juxtaposition of the editorials on emergency contraception[1] and on the prescription of condoms by general practitioners to reduce the risk of transmission of HIV[2] may be fortuitous, but their messages overlap. The editorial on emergency contraception draws attention to the need to provide this particularly after a condom has been used and refers to work from Tower Hamlets. Similar data from a very different district, Oxford,[3] have also been published, and failure of condoms, for whatever reason, has been linked with the slight but inexorable increase in rates of termination.

In reviewing the contraceptive practice of the first 25 patients to attend the newly established fertility control unit at this hospital asking for termination of pregnancy, we found that, whereas nine had not been using any contraception, 12 had been using condoms. In two of these 12 cases the condom had been used incorrectly, and in 10 the condom had apparently failed—in six cases this had been obvious to the patient at the time. Only one of these patients had adequate knowledge of postcoital or emergency contraception to seek advice, but her general practitioner had refused to prescribe this method; the reason is not apparent.

Dr David Kirby's plea for general practitioners to be allowed to prescribe condoms as a control measure for the HIV epidemic is laudable,[2] but we are puzzled in view of the above by an implied reluctance to provide condoms for those requiring them purely for contraception. This group of patients should be welcomed as they may benefit from expert counselling. Condoms are useful for reducing the chances of acquiring sexually transmitted diseases and pregnancy. With regard to sexually transmitted diseases they may be the best we have to offer; they certainly are not with regard to pregnancy. Just as those who are known to be HIV positive are advised to use other methods of contraception as well as condoms for protection against infection,[4] all family planning doctors, whether working in general practice or in specialist community clinics, must be active in promoting effective primary contraception and adequate emergency contraceptive services. Such a service can be organised from a general practice,[5] but encouraging the use of more effective contraception may reduce the pressing need for it.

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Percentages of people in four European countries who agreed with statements about mental illness

	Sweden (n=1081)	United Kingdom (n=1987)	Italy (n=945)	Greece (n=574)
It's only people with a weak psyche who develop mental illness	8	19	58	68
More money from taxation should be spent on severe mental illness	57	78	62	94
Mentally ill people scare me	27	8	65	63
A mentally ill person can do a skilled job	67	65	20	58
I might marry a person who had been mentally ill	33	5	13	37
Anyone can become mentally ill	90	88	31	34
The mentally ill should be isolated in psychiatric hospitals	24	5	33	12
I wouldn't mind living next door to someone who is mentally ill	72	55	43	
I wouldn't mind living near a treatment centre for mental illness	77	70	21	
It is best for the mentally ill to live and be treated in the community	53	72	48	
A relative of mine has been mentally ill	27	37	13	4

Chronic paranoid psychosis after misuse of MDMA

SIR,—Drs Philip McGuire and Tom Fahy's report of three cases of psychosis induced by MDMA ("ecstasy")[1] should not come as a surprise given the drug's prevalence and pattern of use among certain social groups.

In a study of 89 people in London who had used MDMA (57 male, 32 female; mean age 22·8 (SD 0·33) years) 46 had used the drug more than 20 times, 23 more than 40 times, and five more than 100 times. The frequency of use varied, but roughly a third of the sample reported using the drug at least once a week, with a minority reporting "binge" use, when 10-20 tablets might be consumed over a weekend. These patterns of use had been sustained for periods from six months to three years. Polydrug use was commonly reported (83% had tried amphetamine and cocaine, 76% had tried lysergide), and many drugs were taken with MDMA, most notably alcohol, cannabis, lysergide, and amphetamine, leaving the way for potentially adverse interactions. Most of the subjects reported the effects as pleasant with few adverse symptoms. Nearly 40%, however, reported feelings of "paranoia," and many reported irritability and depression after use. There were also two well described cases of panic attacks occurring on several occasions after prolonged use.

Drs McGuire and Fahy are right in saying that most users perceive MDMA as safe (37% thought it was more dangerous than other drugs currently being misused), but over half thought that they might take amounts that might be harmful to their health. Cases of psychosis linked to use of MDMA have been reported in the United States, usually as a result of very high doses; the psychosis may be persistent and resistant to treatment with haloperidol.[2,3] Interestingly in two of the three cases reported by Drs McGuire and Fahy jealousy had a central role and this might be related to the drug's acute effects of stimulating sexual arousal.