Correspondence

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Action on Amphetamines

SIR,—Legislation introduced to control the prescribing of narcotics, and more recently the Misuse of Drugs Bill,[1] will considerably tighten the control over drugs, including amphetamines. The amount written and spoken about the increasing abuse of drugs by young people exceeds that on almost any other current topic, yet singularly little has been done by the medical profession as a whole.

Because of this, two and a half years ago the Ipswich Local Medical Committee took the initiative of suggesting an inter-professional committee to look into drug dependence in the town. The committee was set up with representatives of the teaching and pharmaceutical professions, the police, the probation and children's departments, and two general practitioners and the medical officer of health. A psychiatrist joined the committee later. The committee surveyed the drug scene as it affected Ipswich, and found a small problem of abuse, particularly with cannabis and amphetamines. After this was reported back to all the local general practitioners there was an immediate drop in the prescribing of amphetamines.

Six months ago the committee decided to recommend to all doctors that they should put a voluntary ban on the prescribing of amphetamines of any kind. These drugs were no longer used in the local hospitals, the level of prescribing by general practitioners was already low, and unanimous agreement on the ban was reached among the doctors. It was made quite clear that no doctor was denied the right to prescribe what he thought fit for any patient, but it was hoped that prescribing of these drugs would fall to a level such that it would no longer be necessary for them to be kept in the town at all. With their co-operation, retail and wholesale chemists would no longer be required to stock amphetamines, and ultimately there would be no legal source of supply in the area.

The active participation of every doctor during the past six months has led to Ipswich becoming a virtually amphetamine-free town. Already the police have confirmed that abuse of amphetamines here is negligible compared with that elsewhere. The ban has not been directed towards curbing over-prescribing by doctors—little was prescribed anyway—but was intended to remove all sources of supply. No longer can amphetamines be pilfered or stolen, or prescriptions forged, because they are not here to be had.

Now that the community has existed without a ready source of amphetamines for the past six months, I can tell the profession as a whole of the comparative success so far achieved. The committee realizes the need for extreme vigilance in looking out for new trends in drug abuse, but so far there does not appear to be a greater rise in abuse of other drugs here than in other areas where amphetamines are still available.

The medical profession could introduce a similar ban on the prescribing of amphetamines on a national scale. This would be a responsible and constructive action, and would be followed by an end to manufacture of all but a tiny quantity of amphetamine products. So far, our profession has been as guilty as any other of contributing very little towards halting a growing problem. Here is a practical way in which we can do something effective about it.—I am, etc.,

F. O. WELLS.

Ipswich.

REFERENCE

1 Misuse of Drugs Bill 1970. London, H.M.S.O., 1970.

Hopeful Signs in Lung Cancer

SIR,—While the annual total of deaths from lung cancer continues to rise, many may not realize that for certain age groups of men the number of deaths is falling. For men under age 50, the number was rising until 1956 when it reached a peak. Thus in 1953 it was 1,626 and in 1956 it was 1,707. The number then fell steadily and in 1967 it was 1,342.

Similarly for men from 50 to 59 a peak has been passed. The number rose from 4,146 in 1953 to 5,328 in 1961; and it then fell to 5,062 in 1968. For men from 60 to 69, the number is still rising, but the rise is now very small. The numbers in 1966, 1967, and 1968 were respectively 9,698, 10,201, and 10,262. Thus between 1967 and 1968 the rise was only 61. It looks as if here, too, a peak is being reached.

In view of these falls in younger age groups, what about those aged 70 or over? In 1953 the deaths in these men were only 22·4% of the total, but in 1968 they are no less than 32·3% of the total. That is to say in 1968 one-third of lung cancer deaths in men were in those aged 70 or over. The figures are taken from the Registrar General's Review: Malignant Neoplasms of the Respiratory System.[1]—I am, etc.,

J. H. BURN.

Oxford.

REFERENCE

1 *Registrar General Statistical Review of England and Wales for 1968*, Table 17. London, H.M.S.O., 1970.

Laevo-dopa for Parkinsonism

SIR,—Your leading article Laevo-dopa for Parkinsonism (21 February, p. 446) provided a timely review of the use of this drug and of its major side-effects. How-