

learned about substance misuse at medical school or during GP training, and yet, even years ago over 50% of the GPs in Strang's² survey had seen someone with a substance misuse problem in the preceding 4 weeks.

The RCGP substance misuse unit has set up a two stage certificate course to cater for both the generalist (part 1) and specialist GP (part 2 certificate). This course is mapped to the Drug and Alcohol National Occupational Standards (DANOS) for GPs and in order to complete the certificate candidates need to complete the two user friendly substance misuse e-modules on www.doctors.net.uk. To date, 770 GPs have completed the full Part 1 Certificate since its inception June 2004. I wrote in the August 2005 *BJGP* letters section³ that 4000 of these e-modules had been completed; now it is almost double at over 7500. So there are currently over 2000 more GPs who have completed both of the e-modules (harm reduction and treatment who just need to attend a face-to-face event to be issued with the full Part 1 Certificate. With regard to training in substance misuse, things are getting better.

But, as David highlights, there are often problems at the secondary–primary care interface; hence the need for training of secondary care providers too (particularly A&E and hospital discharge teams). However, it's not just the lack of seamless care when a patient is discharged from hospital that causes problems (especially on a Friday evening it seems), but many patients on a script for substance misuse that need to be admitted to hospital, for example for serious sepsis, are unwilling to go or stay because their script is not maintained at its usual level.

I would also like to emphasise the need for primary care to commission GP and specialist services that are supportive of local populations and care providers so that this valuable work can be further mainstreamed. Perhaps David Church could consider sending a copy of this reply to his local PCO chief executive and director of public health!

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Vitamin D supplementation needs consistent and planned approach

We read with interest the results of the questionnaire survey undertaken by Metson¹ highlighting the low percentage of practices in the Thames Valley and Lambeth areas that are routinely supplementing infants with vitamin D.

In Bristol, GPs have been reporting increasing numbers of adults with osteomalacia and children with rickets or vitamin D deficiency, primarily in our Somali population. This group, made up primarily of migrants seeking asylum or being granted refugee status, has rapidly grown in the city over the last 5 years. They are particularly at risk due to the combination of black skin, veiled dress in women and socioeconomic disadvantage. A recent review of cases has indicated mostly profound deficiency in those presenting with symptoms and a high prevalence of asymptomatic deficiency in the children of cases.

The poor rate of routine supplementation is not surprising considering the inconsistency between recommendations currently available from the Scientific Advisory Committee on Nutrition (SACN)² and the National Institute for Health and Clinical Excellence.³ We understand that discussions are underway to address this inconsistency (SACN, personal communication, 2006). The low supplementation rate is compounded by the limited availability of suitable preventive preparations. Following the withdrawal of mother's and children's vitamin drops, formerly part of the Welfare Foods Scheme, there has been

an absence of easily affordable over-the-counter preparations. The Welfare Foods Scheme will be replaced by Healthy Start, although the launch date and content of the new programme remain to be finalised. In the meantime, we have been preparing local treatment and prevention guidelines in which we will be recommending the prescription of vitamin D supplements for at-risk pregnant women and nursing mothers and their infants up to the age of 5 years. Initially, we will be targeting those in our Somali population and patients with a positive family history of osteomalacia or rickets.

The recommendation by Metson and colleagues for a publicity campaign to encourage vitamin D supplementation is to be supported, but only in the presence of both consistent national guidance on the population groups appropriate for supplementation, and following the provision of easily available supplement preparations.

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Competing interests

The authors have stated that there are none.

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