The BMA also suggested a helpline similar to the Driver and Vehicle Licensing Agency helpline for doctors who are concerned about a patient's fitness to drive. A doctor concerned about a patient's fitness to carry firearms could ring the firearms helpline and discuss the details with a medical advisor. This advisor could take appropriate action to investigate the case, and if the gun licence holder refused to cooperate the license would automatically be revoked. Disclosure of medical details would be allowed under guidance from the General Medical Council in the public interest.

This week the Home Affairs select committee on control of handguns proposed a change to existing procedures, suggesting that applications for firearm and shotgun licences should contain all relevant medical information and should be signed by a general practitioner. However, applicants should not be asked to undergo psychological screening.[1] Many bodies including the BMA have asked parliament to ban the private ownership of handguns, but the final decision rests with Lord Cullen. If he does not recommend a ban, he will need to decide on new licensing procedures. The medical profession will have to face up realistically to any recommendations about its role, urgently reconvene the debate, and formulate a response that aims to safeguard members of the public rather than falsely reassure them.

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1 House of Commons Home Affairs Committee. Fifth report. *Possession of hand guns*. London: House of Commons, 1996

Teenage drug use

On the increase, and clear links with advertising and sports sponsorship

See pp 394, 398, 400, 401

Are young people in Britain rapidly descending into a state of Hogarthian depravity, as they stagger from the tobacconists to the boozer, mugging an old lady on the way to pay the neighbourhood drug pusher? Tabloid newspapers looking for silly season stories will certainly find plenty to fill their pages from Miller and Plant's survey (p394) of drinking, smoking and illicit drug use among British 15 and 16 year olds.[1]

Notable soundbites include the finding that three quarters of the sample had been drunk at some time in their lives, while half had consumed more than five drinks in a row at least once in the past 30 days. One in three smoke, four out of 10 have used an illegal drug, and although only 1-2% have tried heroin or cocaine, this is equivalent to 15 000 teenage users nationally. Furthermore, the presence of a clear relationship between drugs in the broadest sense and school performance provides a marvellous opportunity to link Britain's allegedly declining standards of school education with rising substance misuse.

However, for those who are seriously concerned with the health of young people in Britain, the information from this admirably large survey—7722 children, the first of its kind across Britain as a whole—is only useful in a comparative context. As the authors point out, the levels of use reported are confirmed by the findings from other studies.Other comparisons suggest that cigarette smoking may be increasing among girls; and while overall use of alcohol is unchanged, frequency of drinking has increased and there has bean a large rise in all kinds of drug experimentation since 1989.

These are worrying trends; there are growing indications world wide that even in countries with the most aggressive tobacco control policies, teenage smoking has stopped declining.[2] The increasing frequency of drinking, combined with the high level of "bingeing", fully justifies the concerns recently expressed by the Royal College of Physicians regarding the effects of alcohol misuse on the young.[3] However, drug misuse is more likely to be the outcome of poor school performance than the other way round.[4]

Three other papers in this week's *BMJ* shed light on some of the causes of these trends. In a survey of Dundee children aged 12 to 15, McKeganey *et al* (p401) found high levels of self reported drunkenness, linked to consumption of new brands of sweet tasting alcoholic drinks ("alco-pops") targeted at the young.[5] While *et al*'s investigation (p 398) of the uptake of smoking in a cohort of 11 to 12 year olds found a relationship between awareness of the most advertised cigarette brands and heightened risk of taking up smoking among girls.[6] The authors also concluded that cigarette advertising increases children's awareness of smoking in a general way—in contradiction of the tobacco industry's claim that advertising is conducted solely to promote competing brands to existing smokers.

Finally, Vaidya *et al* (p 400) provide a rare study of the effects of sponsorship on 13 to 16 year old teenagers' experimentation with tobacco in a developing country.[7] They found links between higher experimentation and false associations between tobacco and sport among those who had watched the tobacco sponsored Indian cricket team.

In all three cases, the links between drug misuse and undesirable commercial activities are clear, but definitive proof is lacking—allowing those who profit from them to deny cause and effect once more. But given the unfavourable trends relating to all forms of drug abuse among the young, the need to remove every possible inducement to increased consumption grows more and more urgent. The case for a ban on tobacco advertising is already accepted by two of Britain's leading political parties; but the Labour Party (for one) is much less certain about sponsorship, which may be just as damaging in certain cases.

All parties are of course sworn to promote the welfare of the nation's youth and to stamp out teenage crime. They could make a useful start with an election commitment to seriously restrict the marketing of alcohol in forms more likely to appeal to the under age than to older age groups—but as with tobacco sponsorship, don't hold your breath.

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