Colleges call for safe drink limits to stay

Limits for safe drinking should not be relaxed, said a working party from three royal medical colleges in Britain this week. They warn that people ought not to be encouraged to drink more alcohol to protect them from heart disease because this would increase their risk of dying of other causes.

The colleges first brought out their safe limits in 1987. These were defined as 21 units a week for men and 14 units for women. A unit contains 8 g of alcohol and is equivalent to half a pint of beer or a glass of wine.

The colleges' latest report follows widespread media coverage of research papers suggesting that alcohol protects against heart disease. A paper published recently by a Danish group suggested that drinking more than the currently recommended levels had a cardioprotective effect (*BMJ*, 6 May, p 1165). This was reported as "five pints a day keeps the doctor away" in one newspaper.

The colleges agree that low to moderate consumption of alcohol does increase high density lipoprotein lipid concentrations, lower plasma fibrinogen concentration, and reduce platelet activity, all of which could protect against heart disease. The report accepts that the effects are seen in such diverse populations as British civil servants, Japanese physicians, and Puerto Ricans, which suggests that they are real. But it warns that there is an increased risk of haemorrhagic stroke at three or more units a day and cites the INTERSALT study of over 10 000 people (*BMJ* 1994; **308**:1263-7) as showing that blood pressure increased after four units a day.

But the report is not just concerned about the effects of alcohol on the cardiovascular system. It argues that 27% of men and 11% of women already drink too much and that encouraging consumption will increase the numbers of people in the high risk group. This group is defined as drinking over 35 units a week for women and over 50 for men. Most people are already thought to underestimate the amount that they drink because the alcohol content of beer and wine can vary quite widely.

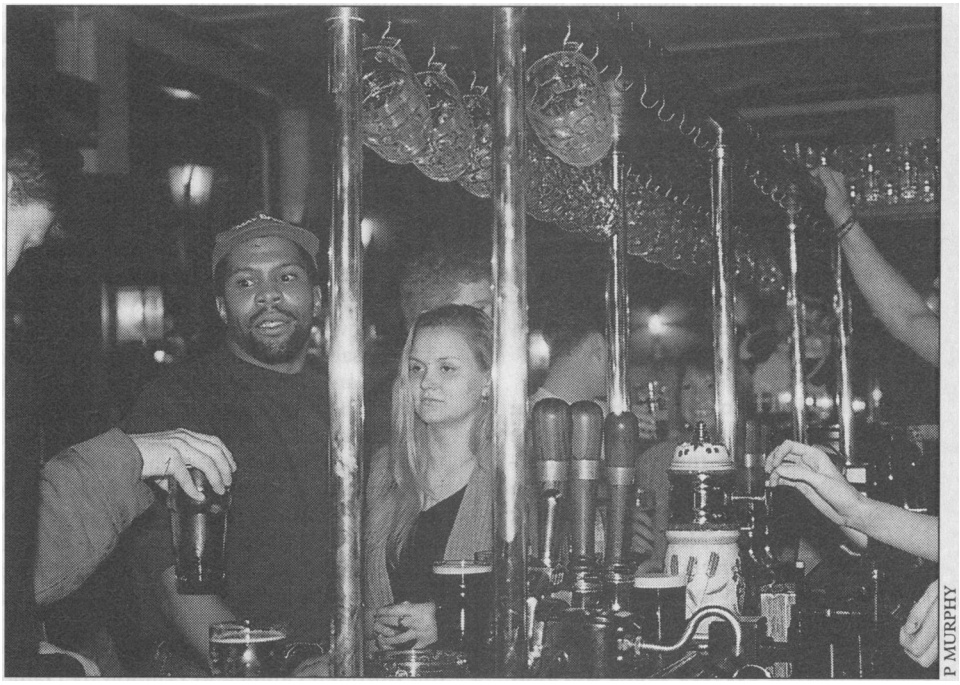
The colleges warn that drinking above three units a day for men and two for women increases the risk of death from all causes. It argues that alcohol is implicated in 20% of cases of child abuse, 40% of road accidents, and 39% of deaths in fires.

"We don't need to promote alcohol," said Professor Michael Marmot of the department of epidemiology and public health at University College London Medical School and chairman of the working party. "People can figure out how to enjoy themselves. It's reasonable for us to come in from the side of the hazards of drinking—to advise them of the risks and benefits. There has been wide coverage of how good alcohol is against heart disease without the coverage of how it increases wife battering and falls from building sites."

What concerns the royal colleges is that it is the level of the population's consumption that determines the amount of harm caused by alcohol. "The alcohol industry argue that they are in favour of reducing damage by trying to target the heavy drinkers," said Professor Marmot. "We believe that there is a relationship between the mean level of drinking in the population and the prevalence of heavy drinking. It's not necessarily a mathematically logical connection but it usually turns out to be there."

A government committee is currently considering whether to relax its own guidelines on drinking. One of the targets of *The Health of the Nation* is to reduce the proportion of people drinking more than moderate amounts. The colleges hope that by publishing their recommendations to retain their safe limits it will be harder for the government to ease up on its recommended limits.—LUISA DILLNER, *BMJ*

Alcohol and the Heart in Perspective: Sensible Limits Reaffirmed is available from the Royal College of Physicians, 11 St Andrews Place, Regent's Park, London NW1 4LE, price £6.



P MURPHY

People need advice on the risks and benefits of drinking

Pensioners win test case over care cuts

Five disabled pensioners who brought a test case in the High Court over cuts in their community care services have won a ruling that Gloucestershire County Council had acted unlawfully in cutting their help without reassessing their needs (*BMJ*, 17 June, p 1555).

But the Public Law Project, which backed their case, called it a "limited victory" because the judges ruled that resources can be taken into account when need for services is assessed.

The ruling will force Gloucestershire to reassess, at an estimated cost of £40 a head, the needs of 1500 people who have had services withdrawn. But after doing the reassessments the county can still impose the cuts.

The case was brought by Wesley Mahfood, 71, who has spinal injuries and has had a stroke; Christopher Dartnell, 76, a double amputee with prostate cancer and heart disease, and his wife, Violet, 71, who has a heart condition, hypertension, and arthritis; Constance Grinham, 79, who is confined to a wheelchair with rheumatoid arthritis; and Michael Barry, 79, who is partially sighted, has had several heart attacks, and can walk only short distances without a stick. All had their home help or respite care services cut, except for Mrs Grinham, who was told that a decision to provide her with a hoist so that

Headlines

Inquiry into death of baby who was taken to four hospitals: West Midlands Regional Health Authority is conducting an inquiry into why a 23 month old baby spent eight hours in four hospitals before being operated on for severe breathing difficulties and later dying.

Sales of alternative medicine increase: Sales of alternative medicine have risen by nearly a quarter in two years, according to the market research company Mintel. The company claims that the increase is due to rising prescription charges and concern about side effects of conventional medicines.

Soya milk formula investigation: Fears that soya milk extract may be giving babies as many female hormones as contraceptive pills are to be investigated by the UK government after research in New Zealand suggested that formula made from the extract may lead to raised concentrations of phyto-oestrogens.

Deputising service looks abroad: Britain's largest deputising service, Healthcall, is to seek doctors from abroad because of a growing reluctance among general practitioners to make night visits. Healthcall will begin recruiting next month in the Netherlands, Belgium, and Germany.

Social class affects mortality: Mortality among men working in unskilled jobs is far greater than that among those in professional occupations, according to the latest population trends published by the Office of Population Censuses and Surveys. Mortality among professional men was 34% below average, while among men with unskilled jobs it was 34% above average.

WMA gets human rights award: The American Medical Association presented a special award of commendation to the World Medical Association for its dedication to physicians and human rights. The award was for a Peruvian rescue mission last year.

King's Fund will investigate total fundholding: The UK Department of Health has commissioned the King's Fund to evaluate general practitioner purchasing in England and Scotland. The research will compare the effectiveness of total general practitioner purchasing with health authority purchasing of health care.

she could leave hospital and live at home had been rescinded.

Counsel for Gloucestershire told the court that the problem had arisen from an unexpected decision by the government in December 1993 to cut the grant on which the council's plans had been based by £3m. As a result the council had insufficient funds and decided to give greater priority to more seriously disabled people.

Lord Justice McCowan, sitting with Mr Justice Waller, said that at first sight there seemed to be much force in the argument of the pensioners' lawyers that a need was none the less a need because there was a shortage of resources and there were other competing needs. But on further reflection he was driven to decide that this interpretation would be "impractical and unrealistic and hence one to be avoided if at all possible."

He added: "In assessing need, those doing so will inevitably compare the extent of the disabilities of the persons concerned in order to arrive at a view as to who needs help more. That comparative exercise is obviously related to resources. Indeed, it seems to me that a local authority faces an impossible task unless they can have regard to the size of the cake so that in turn they know how fairest and best to cut it." The council had acted unlawfully because it had treated the cut in resources as the sole factor to be taken into account.

In a second case, brought against Islington Borough Council in London by Daniel McMillan, 53, who has osteoporosis and Parkinson's disease, the judges said that the council had not acted unlawfully in not providing cover during his home help's sick leave and holidays.

The Public Law Project, which is taking a similar test case against Lancashire County Council to court, hopes to appeal against the Gloucestershire ruling.—CLARE DYER, legal correspondent, *BMJ*

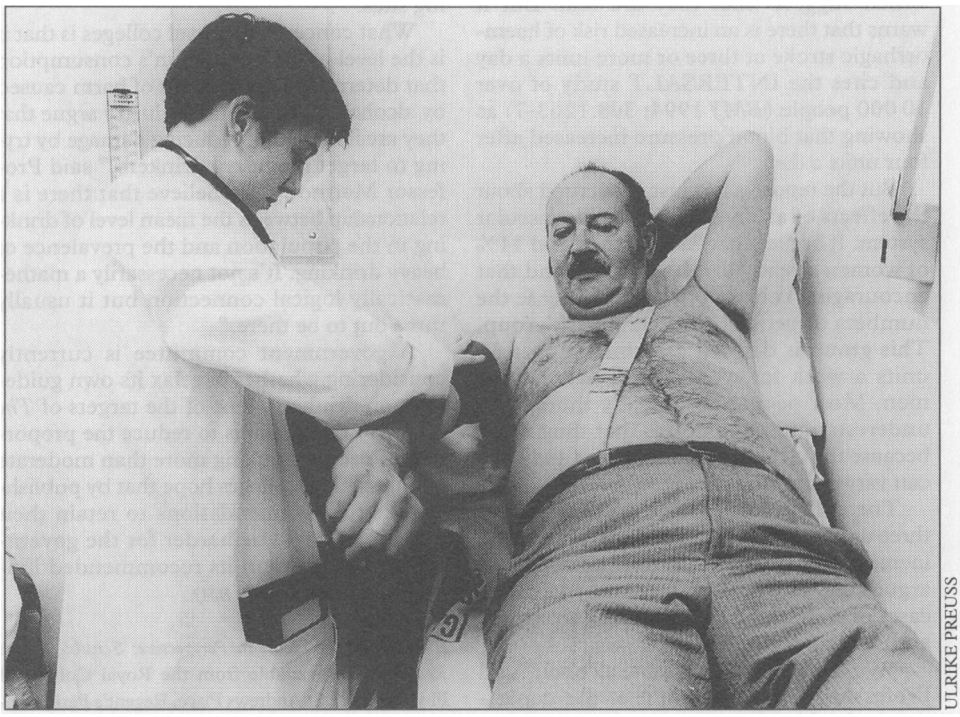
Trusts will hold all junior doctors' contracts

From next April the contracts of all British doctors in training will be held by NHS trusts, with postgraduate deans overseeing their education needs. At present NHS trusts hold the contracts of house officers and senior house officers while regional health authorities hold registrars' and senior registrars' contracts. But next year regional health authorities will be abolished. The BMA says that the move of contracts will open the door for unchecked exploitation of junior doctors and lead to difficulties in organising rotational posts. The association is worried that the existing anomalies in national terms and conditions of service will get worse when trusts hold the contracts.

Announcing the decision last week, the minister for health, Mr Gerald Malone, said that he had taken account of the comments on the discussion paper *Options for the Future Management of Postgraduate Medical and Dental Education*, which was issued in March. Most of the respondents supported the proposal that the contracts should be managed by local employers.

Mr Malone said that the government had taken the necessary legal powers to ensure that registrars and senior registrars on training rotations could be employed by trusts without the risk of losing continuity of service for employment purposes. Furthermore, he had asked officials in London and the regional offices to think about what local arrangements might be needed to ensure that the contracts were managed effectively in the context of doctors' training needs.

The Junior Doctors Committee wanted the contracts to be held by postgraduate



ULRIKE PREUSS

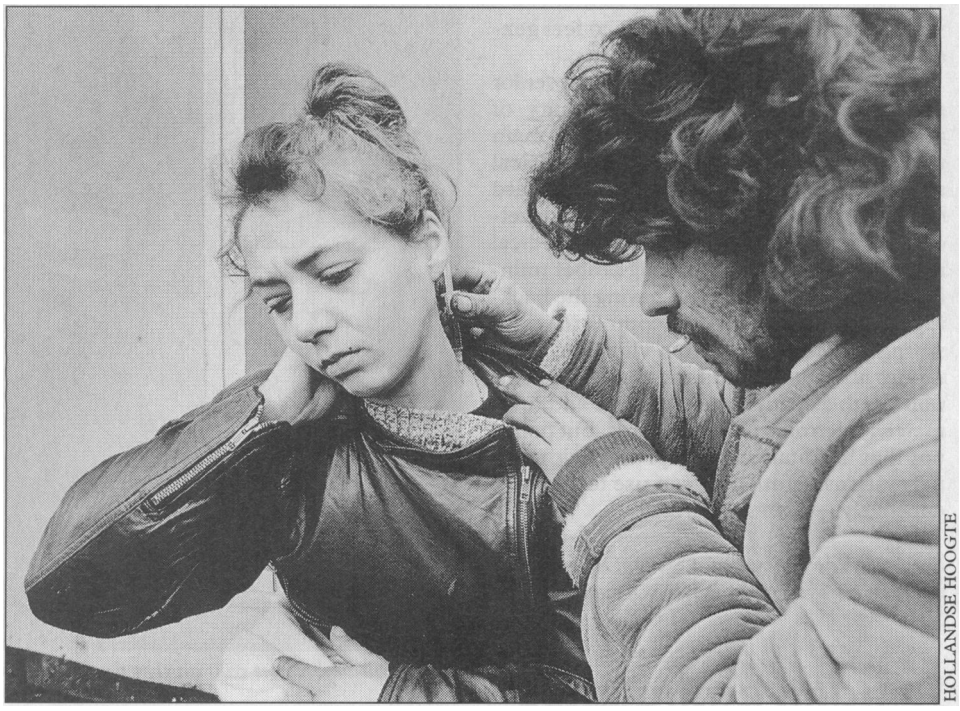
Junior doctors foresee problems if trusts hold their contracts

deans, as is the case in Scotland. But from next year the deans in England and Wales will, like regional directors of public health, become civil servants.

Last week the minister gave an assurance that the deans will manage junior doctors' training and education needs but said that in future they will be appointed jointly by universities and regional offices to split university and civil service contracts. Although they will be responsible to the regional directors, they have a direct professional line of communication through the medical director to the chief medical officer.

Because of the constraints imposed by junior doctors' educational requirements the government believes that there should be a core of national terms and conditions of service to ensure that national standards of medical education and training continue to be delivered by the trusts. This, the minister pointed out, would provide a reference point for employers "to establish fair and locally workable contractual arrangements, with a degree of flexibility to meet variations in local circumstances."

There will now be detailed negotiations on the proposals between departmental officials and the Junior Doctors Committee; the new arrangements will be reviewed in two years' time.—LINDA BEECHAM, *BMJ*



HOLLANDSE HOOGTE

The current options are failing some heroin misusers

Dutch report advises prescribing heroin for misusers

Strictly controlled medical experiments prescribing heroin to a small number of drug misusers should go ahead in the Netherlands, says an advisory report for the Dutch government. Doctors, psychologists, and experts in drug misuse spent a year investigating the value of experiments for the government's scientific advisory body, the Gezondheidsraad (the health council). It decided, from the sparse published reports and limited experience in Britain and Switzerland, that there was no evidence that prescribing heroin on medical grounds was harmful. Yet neither was there any proof of the benefits. But the group argues that additional treatment is needed as current options are failing some misusers.

The aim is to offer hope of treatment to a few of the 21 000-25 000 heroin users for whom methadone treatment and other programmes have failed. About 12 500 heroin users are on methadone programmes while another 4500 have psychosocial counselling. But up to 5000 others are not being reached by medical services.

The health council wants the government to fund experiments in several cities but to restrict the overall number of people taking part to a maximum of 500. Heroin would be prescribed in injectable and non-injectable forms in a clinic up to three times a day. A contract would be drawn up between the doctor and the drug user, covering the duration and objectives of the experiment and the rights and responsibilities of both parties.

The drug users would be strictly supervised and encouraged to find housing and education. In this way regular contact could be re-established, and the spread of AIDS, tuberculosis, and hepatitis C might be prevented. A control group would be prescribed oral methadone. The experiments would be overseen by medical ethics committees as well as national and international experts and evaluated by an independent research organisation.

The health secretary, Professor Els Borst-Eilers, formerly a vice chairperson of the health council, has said that if the scientific advice supports the idea she will back medical experiments for patients who are "incurable addicts." A majority in parliament supports the experiments, and public health departments in several cities including Amsterdam and Rotterdam have prepared plans.

Professor Willem van den Brink, chairperson of the council's committee on pharmacological interventions in heroin misusers, said that its role was to consider the prescription of heroin as a medical treatment for drug dependency. It did not take a view on the legalisation of heroin or the wider national debate about liberalising the drug policy. "We want to have a medical scientific experiment with a restricted number of people to see if there can be an improvement in their social integration and degree of criminality."

Mr Bert Minjon, managing director of the outpatients department of the Jellinek Centre, Amsterdam's largest drug agency, welcomed the report, saying that a group of clients could be selected and a pilot project launched within a year. "There is a small but very visible group of drug users who may have been addicted for more than 10 years and whom social services cannot reach. We need to make contact with these people," he said.—TONY SHELDON, freelance journalist, Utrecht

Medical records need better management

Doctors must accept more responsibility for the quality of medical records, the Audit Commission urges this week in a report that paints a damning picture of the way that many NHS hospitals manage their case notes. The NHS spends about £333m a year on managing medical records, yet, in *Setting the Records Straight*, the commission says that in too many hospitals bulging, unstructured case notes provide poor information for clinical care and audit, while harrassed records staff spend a disproportionate amount of their time looking for lost files.

In a survey of 200 records at eight hospitals the commission's auditors found that only half the case notes were structured and indexed, in just under half information on drugs prescribed on discharge was illegible, and virtually none mentioned information given to the patient.

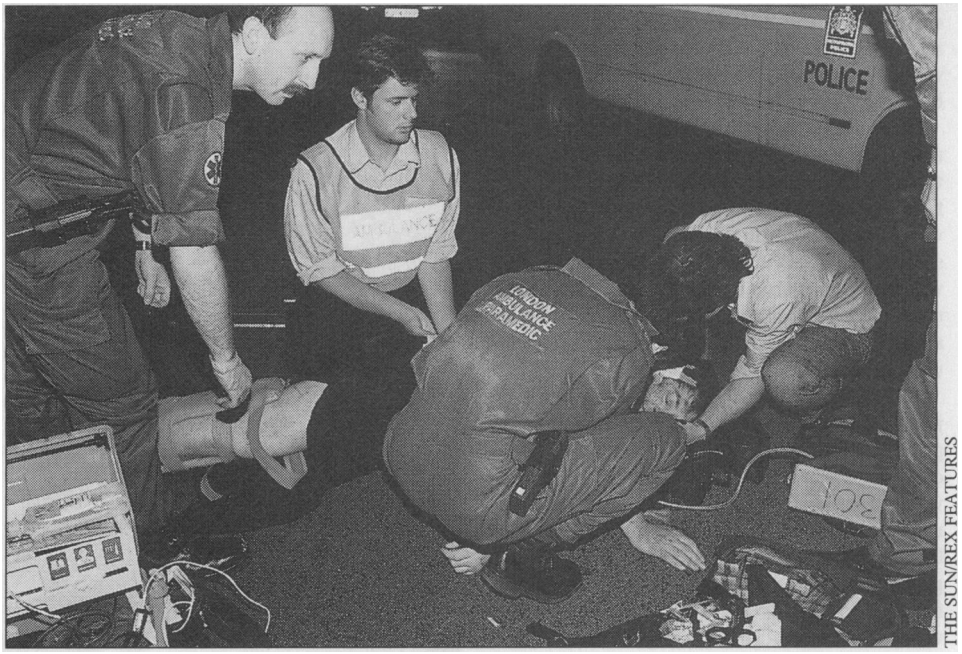
Among over 3000 notes needed for clinics the auditors found that only 64% were immediately available in the records library. The rest were in use elsewhere, although where they were being used was not recorded at all for 5%. Staff spent 30% of their time retrieving and assembling notes in the library but 70% of their time on the remaining 36% of records. The commission suggests that partly because of this lack of availability of notes specialties have begun to create separate case notes.

Another familiar problem highlighted by the report is inadequate coding of data in notes—important not just for audit and research but also for contracting. The commission found that summary sheets often contained inadequate data for coding, that 60% of records had not been coded four

weeks after discharge, and that coders generally had little contact with doctors.

More involvement by doctors and senior management in ensuring the quality of records services is one of the report's main recommendations. It suggests that medical records managers should report to a board level director and be responsible for developing a systems based approach to medical records management, ensuring proper training for staff and users, and having the backing of a medical records committee with strong representation from clinicians. The report also commends more radical solutions such as patient held records and, ultimately, electronic patient records, but points out that hospitals must improve their manual systems before they can use technology effectively.—JANE SMITH, *BMJ*

Setting the Records Straight: A Study of Hospital Medical Records is available from HMSO, price £10.



THE SUN/REX FEATURES

MPs want ambulance calls answered within 14 minutes

London ambulance service needs more treatment

The London Ambulance Service is getting better but still needs more treatment, the House of Commons health committee says in a report this week, adding that it provides an object lesson in how not to manage a public service. For 10 years the management style has swung wildly between the tough and insensitive and the passivity and indecision which is still evident.

The failings of the £107m a year service—the biggest and busiest in Britain—may well have cost lives, the MPs say. They criticise a loss of nerve after a new computer aided dispatch system collapsed in 1992. The authorities were only pushed into action two and a half years later by public outrage at the death of Nasim Begum, an 11 year old girl who died from kidney failure after waiting 53 minutes in June 1994.

In the hard hitting report blame for the "chronic under performance" of London's ambulances is traced through the chain of command up to ministers for lacking political will. A dreadful climate of industrial relations is also cited. A negative "can't do" approach has not altogether been dissipated, the MPs say.

They take issue with assumptions that London's problems are fundamentally different from those of other cities. Traffic congestion does not explain poor ambulance response times, given an eight and a half minute better response time by the fire brigade. The inappropriate use of ambulances for trivial calls could be countered by a public education campaign.

Recent increases in ambulance funding now make London slightly more favourably treated than other urban areas, but the MPs concede that this should continue so long as demand in London remains proportionately higher. They call for changes in shift and rostering arrangements and faster turnaround times at hospitals. A full scale computer aided dispatch system should be rapidly commissioned. They question the value of the helicopter emergency service.

The impending abolition of NHS regions will leave London ambulances without a pan-London authority. The MPs are worried that no contingency plans seem to exist if the London Ambulance Service is still unready to operate as a self governing trust by April 1996. The option of a special health authority should be explored.

The report suggests that criteria based dispatch may be the way of the future, but it approves the government's determination not to authorise its use until its safety and reliability have been amply demonstrated. Meanwhile, the MPs suggest that a standard response of 14 minutes should be made mandatory. They were worried to learn that purchasers were entitled to contract for a lower level of service.—JOHN WARDEN, *BMJ*

London's Ambulance Service, Second Report of the Health Committee, is published by HMSO, price £17.

Spanish abortion reform faces opposition

Spain's minority socialist government will face strong opposition when it introduces its bill to reform the abortion law. The bill would change the clause in the bill that makes abortion illegal except in exceptional circumstances—defined as ethical, therapeutic, or genetic. Women will also have the right to an abortion in the first 12 weeks of pregnancy provided that they wait for three days after receiving compulsory counselling.

The government's normal parliamentary allies have said that they will vote against the bill as a matter of principle. Josep Antoni Duran Lleida, the leader of the Unió Democrática, one of the Catalan nationalist parties that holds the balance of power and which has close ties with the Roman Catholic church, said, "Unió will see itself obliged to withdraw its support from the central government." He also warned that he would not tolerate the socialists relying on the votes of the communist led Izquierda Unida to see the bill through.

According to official statistics, there are 12 000 abortions a year in Spain. Because of the opposition from associations representing doctors working in the national health system women qualifying for legal abortions are referred to a specified group of private clinics. But thousands more abortions are carried out illegally in private clinics, some of which advertise openly in the newspapers.

There have been few prosecutions. Two doctors in Malaga were condemned and sent to prison for refusing to comply with the law but were swiftly pardoned by the government. One of them, Alberto Stolzenburg, was given a six year prison sentence and banned from practising for a further six years in 1993. Carlos Larañager, the lawyer who represented him, said that the profession was split over the issue. "The official reaction of the medical profession is strongly against abortion, and it even wants to continue sanctions against condemned doctors. But the doctors' union is in favour."

When the text of the abortion bill was first published a year ago it was seen as one of the measures by which the socialists could recover their appeal in the eyes of progressive voters. According to the last survey conducted by the centre of sociological investigations at the time, 40% of the population favour a change in the law, while 27% do not want a change.

When the prime minister, Felipe González, failed to bring in the bill by the end of last year he was accused of being in the Catalan nationalists' pocket. "It is one of the electoral programmes which was

promised in 1993," said Clemetina Diaz de Baldeón, the member of the socialist government's executive responsible for women's issues. "What the law does is to give women the freedom to decide according to their conscience, and we understand this to be the choice exclusively of women. It is a fact that some women have been sentenced and that some doctors have been sent to prison. This is what we are trying to avoid."

In the background, but still with considerable indirect influence, is the Catholic church.

After the Pope's latest encyclical there is no room for doubt about the church's advice. "It is as clear as water," said José Luis Iriza, the secretary of the committee for the defence of life on the Spanish church's governing body. "Catholics cannot vote for those parties which support abortion," he said.—JUSTIN WEBSTER, freelance journalist, Barcelona

South African GPs consider health insurance

Most general practitioners in private practice in South Africa support the introduction of some form of national health insurance system, says a new study. The report found that more than 95% of the doctors believed that all South Africans should have access to a basic package of primary health care.

The study was conducted by the health economics unit of the community health department at the University of Cape Town to assess how the country's general practitioners would feel about a national health insurance system.

The study comes as a committee instituted by the health minister, Dr Nkosazana Zuma, is investigating the funding of a primary health care system; it is due to report to South Africa's parliament this month.

According to the study, 62% of the doctors who responded either approved or strongly approved of the introduction of some form of national health or social health insurance system. Just under a quarter disapproved or strongly disapproved, while 12% were uncertain.

The survey notes that for the successful introduction of any such system the approval of general practitioners and other "stakeholders" is necessary.

In some provinces (Free State, Northern Transvaal, and Eastern Transvaal) proportionately more doctors disapproved of a national health insurance system. Most graduates from Pretoria University Medical School and Orange Free State University Medical School disapproved. (Many of these doctors will have been white and Afrikaans.) Most graduates from the other major medical schools approved (these other schools would have included Witwatersrand and University of Cape Town).

The survey reports that around four fifths of the doctors would have approved if they could be guaranteed their independent status, particularly, for example, in having their own premises and working hours. And an estimated 83% would support national health insurance if payment were made according to the (current) fee for service method. This is in contrast to a capitation method, in which doctors receive an amount of money per patient to be treated, to be determined by the state (61% disagreed with capitation and 30% approved).

More doctors would agree to being paid on a capitation basis if they could be guaranteed the same income as they have now, and more again would agree if the package for payment did not include pharmaceuticals and diagnostic tests and if they could continue to receive payments in the present way from those patients covered by insurance companies.

More than half the doctors in the survey believed that national health insurance "would lead to a more equitable system of health care in South Africa," though half also thought that such a system was "not compatible with free enterprise principles." The survey also found that 5% saw a national health insurance system as a threat to private practice. A number of doctors also believed that middle class people in South Africa were already overtaxed and should not be asked to contribute further.

Others railed against the "socialist" implications of such a system, suggesting that the quality of care would diminish and that patients would abuse the system. When asked who such a system should cover, 95% said that all South Africans should have access to a basic package of primary health care services—but almost 62% said that they would prefer a social health insurance that covered contributors only.—PAT SIDLEY, freelance journalist, Johannesburg

Nursing led ward shows promising results

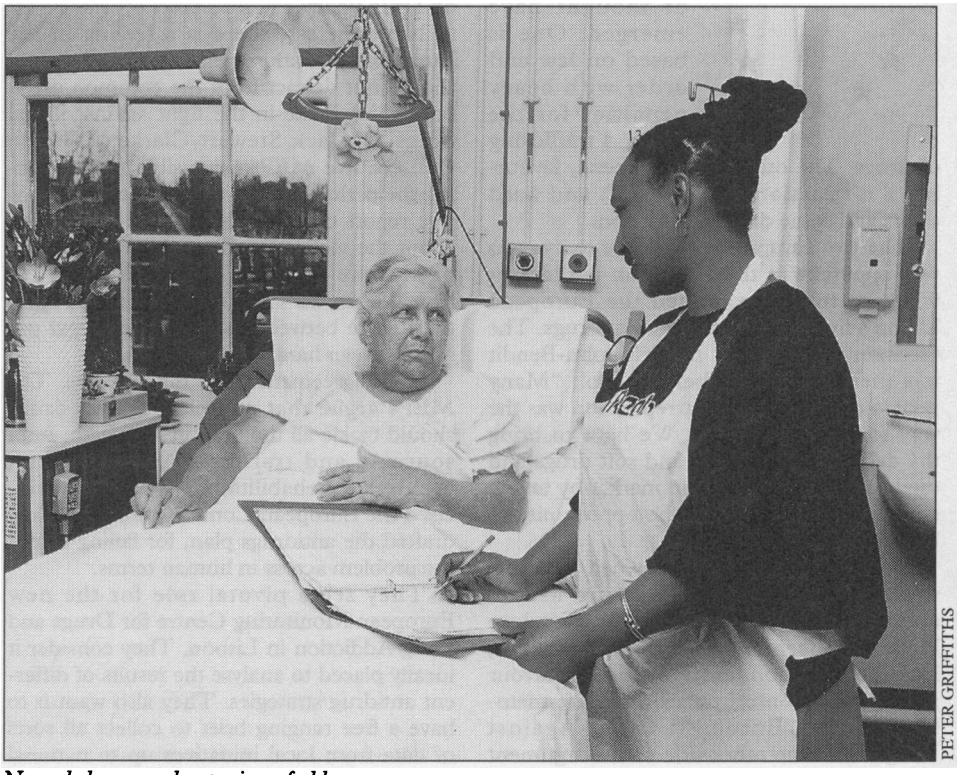
Research on a group of patients cared for in a nurse led inpatient ward has found that they were more physically able on discharge and more likely to return to independent living. The research, published jointly by the King's Fund and King's Healthcare, also found that the patients had fewer complications in hospital than those cared for in the traditional medical way.

The report is the result of an 18 month long pilot study carried out on Byron Ward, a nursing development unit at King's College Hospital, London.

The study looked at length of hospital stay (an average of 44 days but ranging from two to 137), overall health status, psychological and physical wellbeing, physical dependence on discharge from hospital, rates of readmission, complications related to nursing, and mortality.

Patients selected for the 24 bed ward were those whose need for nursing care far exceeded their need for acute medical input. Nurses on Byron Ward do not prescribe, nor do they give intravenous drugs. But primary nurse Jonathan Williams said: "The major difference is the responsibility that I have to make sure the patient remains stable. But we can always refer to other disciplines. I know where my role begins and ends."

Nurses on Byron Ward also look after education and counselling for patients' relatives. And they are keen to take account of the views of patients and their families. Jonathan Williams chairs the weekly multidisciplinary meeting and also writes dis-



PETER GRIFFITHS

Nurse led care makes patients feel better

charge summaries. He can contact general practitioners direct to request more information on a patient.

The initiative at King's College Hospital was designed to benefit patients, but it has already gone some way towards freeing junior doctors to spend more time on acute medicine. Dr Taher Mahmud, a research registrar who currently spends eight hours a week attending patients on Byron Ward, said: "Most people are inundated with chores, and this complements what we do. I believe there could be a place for this kind of ward in every hospital, although you would have to assess potential patients very carefully."

The King's Fund is emphasising that the results of the study are only interim, but Barbara Vaughan, director of the fund's nursing developments programme, said: "The reason for the positive outcomes in this research is, as yet, unclear. However, factors such as continuing care, focused attention, regaining independence, and reduction in stress and anxiety may be influential."—CLAUDIA COURT, *BMJ*

Evaluation of a Nursing-Led Inpatient Service: an interim report is available from BEBC, PO Box 1496, Parkstone, Poole, Dorset, BH12 3YD, price £8.

Leeds students retake finals

Medical students at Leeds University had to retake part of their final exams this week after it was found that a third of them had seen the questions before. Of the 50 questions on the 1995 multiple choice paper in medicine, 41 were the same as those on the 1993 paper.

Although old multiple choice papers are not normally circulated among the students, the 1993 paper had mistakenly been sent to the medical school library. The university registrar in charge of undergraduate exams declared that the paper was void. "The students have accepted the need for a fresh paper," said Frances Ledgard, the university's information officer. "But they are angry and upset with each other—those that had seen the paper were cross with the ones that complained. They are angry that the paper was left in the library."

The fresh paper will contain new questions and will be slotted in between clinical exams so that students can still enjoy the graduation ball at the end of the week.

Bill Mathie, secretary to the medical school, said that the medical multiple choice questions were usually taken from a bank of between 300 and 500. "Each department has a similar size bank. It's not larger because it takes a long time to set these questions," said Mr Mathie.

But medical students say that the multiple choice questions themselves are unfair. They have signed a petition to the medical school complaining that such questions do not fairly test their knowledge. "We think that the medical multiple choice questions are aimed too high and include membership level questions," said Andy Smith, the medical society representative at Leeds University Medical School. "People have difficulties with these questions. In medicine it can be hard to say something's definitely false. We feel that exams based on short note answers might be fairer."

Some of the students think that old multiple choice papers should be routinely available. They could then choose to work through them and would reach the level of knowledge expected of them without having to memorise medical facts in minute detail.

"If anyone fails these exams now they are going to appeal on the grounds that the situation has caused undue stress," said Mr Smith. "It's certainly hard to revise for multiple choice questions while you're doing clinical exams."—LUISA DILLNER, *BMJ*

Focus: Brussels

Hardliners and liberals unite on drugs policy

In the fight against illegal drugs two distinctive schools of thought have emerged. One is based on law and order with heavy penalties for the use and trafficking of drugs. The other is more liberal, favouring a distinction between soft and hard drugs and some decriminalisation.

The two camps rarely see eye to eye—as was apparent in the European parliament when members examined the European Union's five year plan to combat drugs. The German Green MEP Daniel Cohn-Bendit is a member of the liberal school: "Many people used to think that repression was the way to get rid of drugs. We have to bring the debate back to hard and soft drugs and see how to undermine the market by taking addicts and giving them the opportunity to become less dependent."

The two schools have spawned rival networks. Last year Stockholm started its own antidrugs programme and now has close links with over 20 other European cities, including London and Paris, which favour similar strict control policies and are members of the "European Cities Against Drugs." On the other side of the argument are cities like Frankfurt and Amsterdam, which believe in more liberal, risk reduction policies and are signatories to the 1990 Frankfurt resolution on "European Cities on Drug Policy."

Nevertheless, there is a feeling in the European parliament that these differences should not detract from the common cause both sides make in the fight against illegal drugs. Sir Jack Stewart-Clarke, a British Conservative MEP responsible for producing the parliament's own recent comprehensive report on drugs, said: "We are talking about the victims of drugs. Ninety per cent of what we are talking about all of us can agree on, so we should not get caught up in the debate between legal and non-legal use and between hard and soft drugs."

That agreement takes many forms. The MEPs argue that any plan against drugs should tackle all the links in the chain, from sourcing and trafficking to education, health, and rehabilitation. They also criticised the European Commission, which had drafted the antidrugs plan, for failing to put the problem across in human terms.

They see a pivotal role for the new European Monitoring Centre for Drugs and Drug Addiction in Lisbon. They consider it ideally placed to analyse the results of different antidrug strategies. They also want it to have a free ranging brief to collect all sorts of data from local initiatives up to national policies to build up an accurate picture of the ways in which drugs are being tackled in Europe.

But already MEPs fear that the monitoring centre may get little room for manoeuvre. "I am apprehensive it may not have the breadth of freedom to do a proper job. The first signs are it may not be given the necessary authority and the network of national information centres on drug addiction known as RETOX may not be established quickly and effectively enough to give the information needed," said Sir Jack.

The European parliament's approach also insists on a clear distinction between drug users and drug traffickers. Indeed, it favours stronger weapons against traffickers. It wants all assets seized from traffickers to be used to finance rehabilitation and support measures for drug addicts and to prevent addiction. It is pressing union governments to strengthen legislation against money laundering. The strategy also includes encouraging farmers in developing countries to grow other crops and persuading countries in eastern Europe which wish to join the union to take a tougher line on criminals smuggling drugs into the union.

No MEP believes that the drugs tide will be easily turned, but by focusing on the 90% which unites them, rather than the 10% which divides them, they have set others an example that may lead to more effective policies.—RORY WATSON, the *European*