

GP treatment of drug and alcohol problems

Sir: To improve the quality and effectiveness of our services, we carried out a survey of local general practitioners asking about treatment of drug and alcohol problems. Questionnaires were sent to all 200 GPs practising in our catchment area which covers two inner London boroughs. They were asked to answer seven questions and supply additional comments both about their own practice and our service. We received 99 replies.

In response to "Do you offer your patients detoxification from alcohol?" 57% replied "Yes". Of those, over half used chlormethiazole which is recommended in the *British National Formulary* to be used only under in-patient supervision. The remainder used chlordiazepoxide or diazepam.

Although 84% of respondents routinely inquired about illicit drug use, 28% said that they did not work with patients who used illicit drugs. Just over half said they prescribed replacement drugs. The commonest drug offered for opiate addicts was methadone mixture, usually on a short reducing regime rather than maintenance or longer term reductions. Forty per cent did not feel they were receiving enough back up from our service. Respondents were asked to make suggestions as to how our service could be improved. The comments can be divided into four main areas.

- (g) More communication.
 - (h) Earlier appointments. There seemed to be a discrepancy between waiting times as perceived by service providers and users. Our policy is to offer an appointment to all new referrals within 10 days of first contact. However, patients often told their GP they had to wait two to three weeks.
 - (i) More accessible service. This included access to telephone advice outside office hours and at weekends, and clinics located closer to the client's home or neighbourhood.
- Not enough crisis intervention/detoxification in-patient beds.

In carrying out this survey we have built a clearer picture of GPs' needs and hope that this will enable us to come closer in meeting those needs.

Another advantage is that it allows our service to inform the local purchasers of drug and alcohol services about what the GPs are offering and requesting, rather than be instructed by these agents of choice (the purchasers) about what they think the GPs and local community require.

TIM MCGREGOR and HUW THOMAS, *Drug Users and Alcohol Liaison Team, 151 Blackfriars Rd, London SE1 8EL*

Suicides in prisons

Sir: Concern has been expressed in the media and medical literature (Rowlands, 1995) regarding the disproportionate number of suicides in prisons. The suicide rate for young men aged 15 to 34 in prison is five to six times that of the general population (McClure, 1987).

In the Department of Health document *The Prevention of Suicide* Dr E. Dooley (1994) discusses Home Office guidelines (Circular Instructions 20/1989 and 52/1990) which outline preventive strategies to identify inmates at risk of suicide, reducing opportunities for self-injury and ensuring education of staff. Dooley suggests difficulties with attempts to monitor risks, i.e. suicide risk is not constant in most cases; screening methods produce too many 'false positives' and cases who give little indication of intention may be missed.

While these points may have validity, studies in the United States suggest that a pro-active strategy, as well as a change in staff attitudes, may reduce prison suicides. An example is the Crisis Service Model (Hayes, 1994) implemented in New York State and involving 300 county jails with receptions exceeding 310,000 per year. There were four major components to their suicide prevention programme: establishing a prison policy with procedural guidelines; establishing suicide prevention intake screening guidelines; an eight-hour staff training programme; and training with a mental health practitioner manual. From 1985-1990, there was a reduction from 31 to 17 in recorded prison suicides (with three suicides occurring in 1993).

We would suggest that implementation and audit of similar models in the United Kingdom merit consideration.

DOOLEY, E. (1994) Prisons. In *The Prevention of Suicide* (eds. R. Jenkins *et al*) pp. 104-108. London: HMSO.
HAYES, L. M. (1994) Jail suicide. *Crisis*, 2, 59-61.