

from fantasy to offence, one must recognise other needs that are met by the offence. There may be a wide variety of other cognitive processes and triggers going on and these need to be identified. These and other issues are tackled in a one year programme at the clinic which is conducted in two-week blocks of intensive group therapy.

Treatment of abused children and their families was described by Dr Judith Trowell of the Tavistock Clinic. The understanding of resilience factors is important; some children and adults are much less traumatised than others. Factors which are important include previous good parenting, basic trust between the child and another adult, inner strength and telling children that the abuse was not their fault. A choice of worker should be offered, by gender and race. After helping the family to cope with the immediate crisis phase, the therapists will need to help them obtain good legal advice and counsel and prepare victims for court. The next phase of treatment will need to focus on the distress, confusion and shame experienced by the victim, and later, perhaps

after a pause, help may be required in dealing with intimate relationships.

Following the afternoon group discussions, the meeting reconvened to hear summaries of their findings and to clarify a list of points for action. It was stressed that there should be a government inter-departmental pooling of resources which should be devoted to research, training, raising awareness and treatment. Consistent treatment of sex-offenders, both in and out of prison should become a priority and radical alternatives to prison sentences should be examined. Rule 43 was criticised as a poorly coordinated crisis management device which was polarising the attitudes of prison staff and inmates. These comments were made all the more resonant in the wake of the Strangeways Prison riots, which took place soon after the conference. The need to develop properly funded research and training programmes was seen as a priority, demanding immediate action. Further consideration also needs to be given to the plight of those who are reluctant to report assaults, and to elderly victims of sexual offences.

World Ministerial Drugs Summit*

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I attended this meeting, jointly organised by the United Nations and the United Kingdom, as an observer for the College. The additional title of the Summit was "to reduce the demand for drugs and to combat the cocaine threat", and these twin themes ran through the three days of the meeting.

For many years a sharp distinction has been drawn between 'consumer' countries, those developed countries with significant numbers of problem drug users, and the developing 'producer' countries from where the drugs originate. Both have tended to blame the other: the 'producer' countries blaming the 'consumer' countries for increasing the demand for drugs which distorts their often precarious economies, and the 'consumer' countries blaming the producers for flooding them with drugs and thereby increasing drug taking among young people. Two factors are beginning to change these attitudes. Firstly, the manifest failure of the 'war on drugs', the attempts to stem the supply of illegal drugs; secondly, the 'producer' countries are now experiencing significant drug dependence problems of their own, often on a widespread scale. Thus there is now a community of interest in looking at ways of reducing the demand for drugs, and not just trying to limit supply.

*Held in London, 9-11 April 1990.

In one of the most interesting sessions there were contrasting presentations from the Netherlands and the USA. Eddy Englesman, the Head of the Drugs Branch of the Dutch Ministry of Health, is a long time advocate of the policy of 'normalisation' which encourages the integration of drug takers into ordinary society. Dr Herb Kleber presented the contrasting American view. Dr Kleber works in the US Office of National Drugs Control Policy and he explained how the drugs war was being taken to the hearts and minds of the American people; far from normalising drug misuse, the US strategy is aimed at the opposite effect; in Kleber's phrase "drug use should now be considered denormal (sic)". The term "user accountability" is increasingly being employed and Kleber outlined the view that drug misusers should be accountable not just for their behaviour, but that they should be aware of the wider consequences of their behaviour. The impression given overall was that the US is taking demand reduction seriously, and putting efforts into a range of school, workplace and community based projects.

In a session on treatment and rehabilitation, there were presentations from Thailand, Hong Kong and Stockholm. It was reassuring to see the common features in these very different countries' approaches

to managing addiction, and how similar they are to those employed in services in the United Kingdom. Thailand has its own equivalent of our non-statutory agencies, in the form of the Buddhist temples, which receive some government subsidy and which employ herbal medicine, meditation, and spiritual means to achieve and sustain abstinence.

What did come across, time and again, was how poorly prepared many developing countries are to implement prevention and treatment and rehabilitation programmes. If more effort, funding and international cooperation can be put into demand reduction in the future, then this Summit will not have been wasted.

The National Conference on Alcohol: Towards a national policy?*

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The annual cost of alcohol misuse in Britain has been estimated at £2,000 million. This figure includes the cost of alcohol-related ill health, the consequences of crime and road traffic accidents, and the impact of excessive drinking on industry.

In his keynote address, Sir Geoffrey Howe, in his capacity as Chairman of the Ministerial Group on Alcohol Misuse, outlined the government's present range of policies for reducing the level of alcohol misuse and some of the possibilities for the future. What cannot now be denied, however much the drinks industry would like to, is that the price of alcohol in relation to mean disposable income determines the level of alcohol consumption within a given society. Consumption in turn, correlates very closely with the prevalence of alcohol-related problems. Broadly speaking, policies may be aimed either at reducing overall alcohol consumption or at addressing the factors involved specifically in the misuse of alcohol – "anti-alcohol" versus "anti-misuse" in the words of Dr John Rae, Director of the Portman Group.

The main anti-alcohol measure is for the government to increase the excise duties levied on the sale of alcohol, but this is not without adverse consequences. Moderate drinkers are forced to pay more for their pleasure, the retail price index is pushed up, falling sales jeopardise employment and exports in the drinks industry and, taken too far, increased duties may result in reduced revenue for the exchequer. Professor Griffith Edwards proposed that a compromise might be to maintain the supply of alcohol at its present level by economic action in order that the benefits of anti-misuse initiatives should not be washed away in a "tide of liquor". Fortunately, EC policy is for alcohol taxation to remain under the control of individual governments

*Held on 6 April 1990 at The John Radcliffe Hospital, Oxford.

and, if anything, alcohol consumption in Britain has fallen slightly over the past decade.

There is a wide range of possible anti-misuse policies which could be applied or co-ordinated at a national level. Medical lobbying in France by Professor of Public Health, Gerard Dubois and his colleagues has recently resulted in legislation which almost completely bans alcohol advertisements. By contrast, advertising in Britain is controlled by a voluntary code of practice which outlaws the specific targeting of young age groups but continues to allow the portrayal of drinking as associated with social success. The pricing of low-alcohol drinks might also be an area amenable to legislation, and the introduction of random breath testing by roadblock is resisted only by the government; all other parties, including the NCCL, are in favour.

Research suggests that a young onset of drinking is associated with later alcohol misuse and, although causality is not clearly established, it would seem reasonable to seek to reduce under-age drinking. Publicans are already receptive to the idea of identity cards for young drinkers, as a recent change in the law makes it an offence to serve under-age drinkers whether knowingly or not. From the point of view of the civil liberties movements, identity cards meet with certain reservations, but it would be hard to object to well-monitored, voluntary schemes run at a local level.

In the workplace, alcohol is a surprisingly costly factor when accidents, sick leave, erratic workmanship and slipshod management decisions are taken into account. As well as banning alcohol from the workplace (as London Transport has done), much can be done to promote awareness that problems may exist in up to 10% of the work force. The incentive for individual companies to address this issue might well come from considering the experience of Mr Bob Randall, who described how his programme at GEC for the identification and