Global health gap widens says World Bank

Roger Dobson *Abergavenny*

Researchers at the World Bank have warned that health policies that put the emphasis on tackling non-communicable diseases among elderly people rather than on communicable diseases among younger people risk widening the global health gap between the richest and poorest countries. They say that a shift towards concentrating on non-communicable diseases benefits the rich more than the poor.

The team, who reported their findings in last week's *Lancet* (1999;354:586-9), said that global indicators that show the rates of non-communicable diseases increasing among elderly people mask problems in poorer countries. They point out that the 1996 global burden of disease study showed that non-

communicable diseases had overtaken communicable diseases as the leading cause of death worldwide.

Instead of focusing on global averages, the World Bank's researchers used the same figures as the 1996 study but recalculated them to compare the burden of disease among the poorest 20% of the world's population with that among the richest 20%. They found that among the poorest, communicable diseases were responsible for 59% of deaths as compared with 8% among the richest. In contrast, 85% of deaths among the richest were due to non-communicable diseases compared with 32% among the poorest.

"Overall, communicable diseases were much more important for the poor than was suggested by global averages. Non-communicable diseases were correspondingly less important," wrote Davidson Gwatkin, director of the World Bank's International Health Policy Programme, and his colleagues.

Communicable diseases were defined as parasitic diseases, respiratory infections, maternal and perinatal conditions, and nutritional deficiencies. Major non-communicable diseases included malignant neoplasms, diabetes, and cardiovascular, neuropsychiatric, and digestive conditions.

About 52% of the world's poorest people live in India, and a quarter live in sub-Saharan Africa.

The researchers explored what would happen if the decline of communicable diseases were to be accelerated. They calculated that if the rate of decline were doubled, life expectancy by 2020 would be extended by an additional 4.1 years among poor people but it would be extended by less than six months among the richest people. A similar acceleration in the rate of decline in non-communicable diseases would produce the opposite result: the world's richest people would gain an extra 5.3 years compared with a gain of less than 18 months for the world's poorest people. □

Raloxifene can cut fracture risk

Scott Gottlieb *New York*

Raloxifene, a drug taken to prevent osteoporosis, has been found to increase bone mineral density in the spine and hip and to reduce spinal fracture in postmenopausal women with the disease, according to a new study. Researchers studied 7705 women aged 31 to 80 to determine the effect of raloxifene treatment on the risk of vertebral and non-vertebral fractures in postmenopausal women.

Participants were randomised to receive 60 mg a day or 120 mg a day of raloxifene or a placebo. In addition, all women received supplemental calcium and cholecalciferol, a form of vitamin D. After three years of treatment the women who had been receiving raloxifene retained a higher bone density than those who had not; they also had reduced bone turnover and a reduced incidence of vertebral fractures (*JAMA* 1999;282:637-45).

Raloxifene was approved by the US Food and Drug Administration last December and is being marketed specifically for the prevention of osteoporosis. It is one of a new generation of so called selective oestrogen receptor modulators, which are believed to mimic the positive effects of oestrogen in reducing bone loss and cholesterol concentrations in postmenopausal women while inhibiting oestrogen's ability to increase the risk of some forms of breast cancer. Tamoxifen, a drug that has been used since the 1970s in breast cancer treatment, is perhaps the best known selective oestrogen receptor modulator. But tamoxifen's popularity has been limited by evidence linking it with an increased risk of uterine cancer. In the new study, incidence of vertebral fractures, detected clinically or by x ray examination, decreased by 35-50% among women treated with raloxifene for 36 months.

Researchers also found a 2-3% increase in bone mineral density in the spine and hip respectively after two and three years of raloxifene treatment compared with placebo. □

Drug treatment beats prison for cutting crime and addiction rates

Judy Jones *BMJ*

Treating drug users who commit offences cuts crime rates more effectively than putting them in prison, according to an analysis of research in the United States and in England. Yet provision of drug treatment services is patchy, and treatment centres often have long waiting lists of users wanting help in breaking their habits, says the analysis from the National Association for the Care and Resettlement of Offenders in London.

A third of all thefts, burglaries, and street robberies in England and Wales are now drug related, states the report, *Drug-driven Crime: a Factual and Statistical Analysis*. Urine tests carried out on 839 people arrested in five areas of England (Cambridge, London, Manchester, Nottingham, and Sunderland) showed that nearly two thirds tested positive for one illegal drug and more than a quarter did so for two or more such substances. Arrested drug users interviewed in Brighton and

Derby in one recent Home Office study were spending an average of £400 (\$640) a week on drugs, although some were spending £2000 a week for a mixture of heroin and crack. Very little of this money was raised legally.

The national treatment outcome research study, funded by the Department of Health, monitored 1100 people who entered drug treatment programmes between March and July 1995. They were mainly heroin users, and between them they had committed about 70 000 crimes in the three months before treatment. Two years on, incidence of both drug use and criminal behaviour was substantially reduced, in many cases by more than half.

In the United States similarly impressive results have been seen among drug users who accept treatment, whether in therapeutic communities, community based drug free schemes, or methadone maintenance pro-

James Allen of the Addicts Rehabilitation choir, New York

grammes. Some 400 drug courts operate, requiring offenders to comply with individual treatment plans and to report progress to the judge every 30-60 days. "Conventional punishments do nothing to stop offenders using drugs but simply produce a vicious circle of crime, punishment, and a rapid return to drug use," said Paul Cavadino, director of policy for the National Association for the Care and Resettlement of Offenders and author of the report. "For every pound spent on drug misuse treatment, we save more than £3 associated with the cost of crime." □