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We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

General practice and tropical medicine

SIR,—As one who has embarked from terminal three for work in rural Africa I was delighted to read the article by Dr Savage (14 July, p 111). I entirely agree with her remarks. Her account of medical work in Africa brings back many happy memories. I would like to add a few words to perhaps extend her ideas as applied to general practice.

With increasing immigration and increasing numbers of travellers returning from trips to developing countries GPs are going to encounter more patients with imported diseases. Statistics support this, and recent correspondence in the *BMJ* has pointed out the significant and in some cases preventable mortality from some of these exotic diseases like malaria.

Voluntary Service Overseas provides an excellent opportunity for young doctors to spend two years in a developing country working in general practice in the fullest sense of that term, as far as language differences will allow. This work is generally under the supervision of a doctor who has had considerable experience in tropical medicine. Supervision of such work cannot be as easily assessed as in this country, but the majority of such posts are of a high standard. Shortages of drugs and staff problems there will be, but despite all this it is a thoroughly worth while time that is of value in providing medical assistance to developing countries. In return the volunteer obtains more than adequate experience of

medical problems as encountered in this country plus a goodly taste, one hopes not literally, of tropical medicine and a clear insight into the importance of public health measures and preventive medicine.

Such work is of great value to any potential GP in this country, and perhaps the Royal College of General Practitioners and the Joint Higher Training Committee might care to reconsider whether two years' service with Voluntary Service Overseas could reasonably be accepted, in part at least, as training towards general practice.

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C J MANNING

Recent trends in opiate dependence

SIR,—I was surprised that neither your excellent leading article (7 April, p 911) nor Dr Max Glatt's letter (12 May, p 1279) received much attention. My personal experience over the last 15 years makes it apparent that we are once again dealing with a serious problem of drug dependence in younger people. From 1975 to 1977 most of the people I saw were in their middle 20s; recently the age has dropped, and now teenage referrals are extremely common.

Since speaking on drugs at the BMA conference in 1971, and publishing an article on cannabis,¹ I have received inquiries from

parents, social agencies, and doctors about youngsters with drug and alcohol problems, and I have treated some of them. I have also seen about 10 women a year with a drug problem at the Obstetric Hospital, University College. The number of inquiries has doubled in the last 18 months, and the average age of those I have seen has gone down from 25 to below 21. In 1978 and 1979 I have seen 41 drug users: 18 aged 16-20; 11 aged 21-25; 10 aged 26-30; and two over 30. Each individual had seven to 10 friends in the same age group also taking drugs.

The patients seen outside the NHS were told before seeing me that they would not be given a prescription for any opiate, barbiturate, amphetamine, or Valium. In spite of this they have turned up for appointments, and most of them kept in touch with me. Those who received prescriptions from other doctors were least reliable. They have an overriding need for support and psychotherapy and those on regular prescriptions from other sources have clung to a tiny dose of a drug so that at the same time they could keep in contact with the clinic or GP, even to this minimal extent.

The drugs used showed a considerable change from the early 70s when non-UCH patients usually came for cannabis-related problems. The main drugs taken in 1978 and 1979 were: eight took heroin; six took heroin phsyseptone; six took phsyseptone; seven took barbiturates with or without amphetamines; six took cannabis; and eight took many drugs. They had all at some time sniffed cocaine, regarding it as a great luxury. Most had sniffed heroin or taken linctus phsyseptone; all took sleeping pills. Half the heroin users sniffed it in preference to intravenous injection. All subjects drank alcohol or took Valium in large quantities when nothing else was