

Letter from . . . Chicago

Smurfers' paradise

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Last year an anonymous witness before a congressional committee on narcotics testified wearing a black hood rather than risk ending up draped in a white shroud. In his evidence he described how he had often crisscrossed the continent supervising a multimillion "smurfing" operation to convert illegally obtained currency into "clean" money. He explained that he used money couriers or "smurfs" to buy money orders or cashiers' cheques, keeping each purchase below the \$10 000 limit at which banks must report the transaction to the federal government. Enormous amounts of illegal money were thus processed, reflecting the magnitude of the present epidemic of drug taking and trafficking.

Yet people in most cultures have been taking mood altering drugs since time immemorial. Only the Eskimos, unable to grow plants in the cold, remained drug free until they came into contact with the outside world. Elsewhere cocaine became popular around 1840 when it was first extracted from coca leaves. For a long time it was widely recommended (and sometimes taken) by many physicians, including Sigmund Freud. The illustrious if imaginary Sherlock Holmes delighted in its use. It formed the active ingredient of Coca Cola until replaced by caffeine in 1903. In America it became restricted to doctors' prescriptions in 1914.

Cocaine produces euphoria and stimulates sexual desire, acting within five minutes when taken intranasally but within 15 seconds if injected into a vein. Smoking highly purified cocaine gives an ecstatic high within six seconds. Repeated use causes tolerance and many subjects become anhedonic, incapable of enjoying pleasure. Contrary to earlier opinions the drug is now thought to be addictive, causing severe withdrawal symptoms. It is believed to act by increasing dopamine receptor density, blocking the peripheral uptake of dopamine and also of norepinephrine, sensitising the tissues to the action of catecholamines, and increasing myocardial oxygen demand. It has been described as having possibly caused myocardial infarction in a young woman with no history of heart disease and anatomically normal coronary arteries. Acute intoxication may cause fatal seizures or respiratory depression, and since 1970 the death rate from acute overdose in many North American cities has risen by over 300%. Chronic cocaine administration may cause mental dysfunction and addiction. This is difficult to treat, but the use of imipramine, desipramine, methylphenidate, and bromocriptine are being investigated—the imipramine apparently blocking norepinephrine reuptake, the bromocriptine acting as a dopamine receptor agonist.

Smuggling cocaine in frozen shrimps

In the United States the consumption of heroin is now stable but that of cocaine is escalating. Some 70 tons are brought in yearly, 75% from Colombia, where the justice minister was assassinated in

1984 for interfering with the trade. The drug comes in mainly through Miami, often hidden in the most unlikely cargo such as pineapples, watermelons, or frozen shrimps. Enormous profits are being made, over 100 times the production costs. At least 10 million Americans are believed to be using cocaine at least once a month, and another 10 million have tried it at least once. The use of cocaine is now no longer restricted to the rich and the famous but has spread to the middle classes and especially to the baby boom generation. The belief that it is a relatively harmless drug is often shared even by judges, and in recent years pushers have found it profitable to switch from peddling heroin to cocaine. Yet even rats fare poorly when given unrestricted access to cocaine, dying faster and in greater numbers than control rats exposed to unlimited quantities of heroin. If the death rate from cocaine has been low in the past this may reflect its relative unavailability in large quantities. With the highly concentrated cocaine preparations now being sold for intravenous use the death rate may be expected to rise substantially. Also disconcerting is the presence of the carcinogen benzene in half of the cocaine seized in Florida—this being used in its preparation in Colombia since ether has become less easily available.

What can be done to combat this new epidemic? The federal government spends billions trying to keep the drug out of the country but manages to confiscate less than 10% of what is brought in. The states have started to monitor doctors' prescribing habits and they require narcotics to be ordered on triplicate forms. The law imposes severe penalties for drug possession, allowing the confiscation of assets obtained from narcotics and even of houses where trafficking has taken place. A commission on organised crime wants federal agencies and contractors to test their employees for drugs, a suggestion that has brought forth howls of consternation from the guardians of our civil rights. Instead, they ask, why not enforce present laws and send the crooks to jail? But so far nothing has worked. In desperation even some conservatives have concluded that things could be no worse if heroin, cocaine, and marijuana (but not barbiturates and other psychotropic drugs) were legalised. Why not decriminalise the drugs we cannot control anyway, they argue, predicting that we would end up with fewer criminals but probably with no more addicts than we already have.

Liberty versus safety

Turning to other laws, we find considerable revisionism on the issue of mandatory seat belts. In the endless debate weighing civil liberties versus public safety many people continue to resent being told what to do and having their privacy invaded by "silly laws that treat adults like children." So compliance with seat belts remains low and the argument over their efficacy continues. At least two states will have binding repeal referenda next November, and in some six out of 19 states where seat belts are compulsory the legislators have introduced repeal Bills. Another law of even a greater potential impact took effect in March when under the Gramm-Rudman balanced budget act all government departments had their budgets cut automatically by a fixed amount. There will be reductions in a wide range of activities from health care and student

loans to surveillance flights over volcanos. Several government departments have instituted hiring freezes, and some officials have actually had to answer their own telephones. Yet bureaucracy in America remains alive and well, a recent study finding that \$77 billion or 22% of all medical bills is being spent on administrative costs. As the reimbursement to hospitals is being cut the reporting requirements increase and the review bodies proliferate. In Chicago one teaching hospital was reported to have lost \$6 million in 1984 and \$15 million in 1985. Within two years half of all United States hospitals are expected to run sizable deficits. Yet a recent study suggests that 90% of the nation's 6800 hospitals remain overstaffed and bogged down with unnecessary paperwork.

Also inefficient, according to a recent presidential commission, is the management of the Defense Department. In addition to such glaring waste as buying exorbitantly priced coffee pots and toilet seats, the commission found overall managerial shortcomings costing billions of dollars. In the navy, meanwhile, a court martial jury found the former chief of cardiac surgery at Bethesda Naval Hospital, who is legally blind in one eye, guilty of causing the death of five patients through "blunders, mistakes, errors, and arrogance." In New York, in a repetition of the 1982 cyanide tragedy, a 23 year old woman died after taking two Extra Strength Tylenol (paracetamol) capsules contaminated with cyanide. A second bottle containing tainted tablets was later found in a Woolworth store in the same neighbourhood. The manufacturers, Johnson and Johnson, promptly discontinued the production and sale of all over the counter drugs in capsule form, replacing them with tablets and coated pills. Two weeks later there was another suspicious death, a man in Tennessee found dead next to a bottle of the capsules and an autopsy showing 20 times the fatal amount of cyanide in his body. Then investigators announced that in the New York case the packaging of the container had been tampered with, showing that the cyanide had been put into the capsules after the manufacturing process. In the same month other investigators looked into some 40 complaints that pieces of glass were present in the jars of a popular brand of baby food. They found no evidence of tampering; and the company, complaining that a lynch campaign

was being mounted against it, decided against recalling their product. The French government, meanwhile, acted promptly to stop the export of certain brands of Brie cheese into the United States until they could be certain they were not contaminated with *Listeria monocytogenes*—even though the cases reported so far have been linked only to Mexican cheese.

Too little beer or too much?

In February, among concerns about the dangers of smokeless tobacco, President Reagan signed into law a Bill that banned advertisements on radio and television and required that all packages of snuff and chewing tobacco should carry official warnings explaining their dangers. Some 10 million Americans, one third teenagers, use smokeless tobacco. This has been associated with an increased risk of oral and nasal cancer, as well as perhaps affecting lipids, catecholamines, blood pressure, and the fetus during pregnancy. On the positive side, however, a survey of 17 000 people has indicated that beer drinkers experience 13-25% less illnesses than controls, perhaps because they lead more active and healthier lives, perhaps because beer protects against heart disease. The researchers also considered the possibility that beer drinkers may suffer from excessive optimism and understate their illnesses. They also warned that too much beer may be too much of a good thing, in that drinking more than 34 beers a week was associated with a 1% increase in illnesses—a daunting though not statistically significant finding.

Finally, in what may offer possibilities for another smurfing operation, it was announced that the securities commission had charged a psychiatrist with obtaining inside information from a patient in order to make substantial profits on the stock market. Brokers, especially those undergoing psychoanalysis, have been warned to be careful about what they tell their psychiatrists. On the other hand, it was suggested that the broker making the most money for his psychotherapist should be given an annual prize, perhaps a Golden Award.

A woman in her early 30s started her first attack of ulcerative colitis two weeks after the insertion of a copper containing intrauterine contraceptive device. The attack gradually settled down and there was virtually no trouble during a subsequent pregnancy. I have just reinserted another such device and her colitis has greatly worsened. Is the copper from the intrauterine device absorbed and does it exacerbate ulcerative colitis?

There is no evidence that either copper or an intrauterine contraceptive device is likely to exacerbate colitis, and I can think of no theoretical reason why they should.—J R BENNETT, consultant physician, Kingston upon Hull.

Is there any scientific evidence to support the suggestion that consuming "red" meat is harmful to health whereas "white" meat (poultry) and fish are more "healthy" sources of protein?

The major argument in the current debate on desirable changes to our diet relates primarily to the fat in the various meats and other sources of animal protein. There is little evidence to suggest that red carcase meats are harmful in respect of other constituents; in fact, these meats are excellent sources of iron and zinc and make substantial contributions to the dietary supply of vitamins, especially vitamin B₁₂. Much of the current advice regarding the consumption of red meats derives from the recommendations for reducing the fat content of the diet and increasing the proportion of polyunsaturated fats to saturated fats.² The fat associated with carcase meats, particularly beef and lamb, is highly saturated, whereas that from poultry and fatty fish such as herring and mackerel is less saturated, fish being an especially rich source of long chain polyunsaturated fatty acids. Carcase meats are highly esteemed foods and their contribution of high quality protein, minerals, and vitamins is nutritionally valuable. In view of the pleasure that many people derive from these foods it is likely that they will and should continue as part of our diet and the current dietary advice is best interpreted as advice to choose leaner cuts and to resist the temptation to consume the separable fat

surrounding the meat.³—D A T SOUTHGATE, head of nutrition and food quality division, Food Research Institute, Norwich.

- 1 Hazell T, Southgate DAT. Trends in the consumption of red meat and poultry. *British Nutrition Foundation, Nutrition Bulletin* 1985;10 (44):104-17.
- 2 Department of Health and Social Security, Committee on Medical Aspects of Food. *Diet and cardiovascular disease*. London: HMSO, 1984. (Policy report on health and social subjects No 28.)
- 3 British Nutrition Foundation and Health Education Council. *Eating for a healthier heart*. London: BNF and HEC, 1984.

A 5 year old Asian girl sustained burns of both hands four months ago. The lesions have healed and there are no contractures but there are large depigmented areas that contrast with her dark complexion, causing concern to her parents. Will this be permanent? Is there any treatment to induce local pigmentation?

Not infrequently after an injury such as a burn, there is a loss of pigment in the skin that is more apparent in those who are racially pigmented. The areas of depigmentation on the back of this girl's hands are obvious and this has produced a pronounced cosmetic disability. This will probably improve but complete repigmentation of the skin may not occur. Another possibility is that she has vitiligo and that the burns have resulted in a Koebner or isomorphic phenomenon that is commonly seen in this condition. If it is vitiligo it is unlikely that the areas will fully repigment. Nevertheless, often, and especially in the young, there is some spontaneous repigmentation usually around hairs that remain pigmented. At present, the only effective treatment for vitiligo is oral psoralen photochemotherapy (PUVA treatment).¹ At the age of 5 she is too young for this, and although topical psoralens are often used to repigment localised areas of vitiligo, this can be hazardous and not infrequently results in blistering of the skin. This leaves cosmetic camouflage such as Covermark or an artificial tanning solution that contains dihydroxyacetone as the most helpful "treatment."—S S BLEEHEN, reader in dermatology, Sheffield.

- 1 Ortonne JP, Sannwald C, Thivolet J. Oral photochemotherapy in vitiligo. *Ann Dermatol Venerol* 1978;105:617-24.