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Amphetamine dependence in Australia

Chris McCall¹ painted a bleak picture of amphetamine-type stimulant abuse in Australia. Amphetamine has little appeal in Australia, although methamphetamine is certainly its most problematic stimulant, despite both drugs having similar therapeutic effects. The World Report¹ briefly mentioned the decade-long monitoring of drugs with abuse potential in South Australia.2,3 In 2016, this surveyance expanded to the National Wastewater Drug Monitoring Program, in partnership with the University of Queensland. Results on the Sewage Core Group Europe website, which provides waste water data to the European Monitoring Centre for Drugs and Drug Addiction, show that amphetamine use is high in parts of the Netherlands, although methamphetamine use has been consistently higher in parts of North America over previous years than in Australia.

This is not to say that Australia does not have a problem. Waste water analysis allows for the direct quantification of the amounts of methamphetamine, which in South Australia showed a 3-times increase in use from 2011 to 2018. A 50% drop in early 2018 has largely been maintained to the present. The National Wastewater Drug Monitoring Program reports show that methamphetamine is the most prevalent stimulant everywhere in Australia.²

We agree with McCall's comment about the methamphetamine problem

in Australia being complex with no easy solutions. However, the reference to festival pill testing is perhaps misleading. Methamphetamine has never been associated with festivals in terms of drugs seized or detected.⁴ 3,4-Methylenedioxy methamphetamine and alcohol are the drugs of choice at these events.^{4,5} Therefore, any interventions aimed at introducing drug checking at festivals are unlikely to address the actual methamphetamine problem.

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For the **Sewage Core Group Europe website** see
https://score-cost.eu

Minimising long-term effect of COVID-19 in dementia care

We thank Huali Wang and colleagues¹ for highlighting that dementia is also a pandemic in an ageing society,² albeit the word pandemic generates a negative perspective of dementia.

The UK is now dealing with the issues that China has already dealt with. People with dementia in the UK, both those living with families and alone, have lost the invaluable support offered by art, music, and exercise groups.³ Family carers have lost precious respite



For more on **Bread for the World** see https://www.brot-fuer-diewelt.de/en/bread-for-the-world/

opportunities, such as those offered by day centres, because of COVID-19, causing them to feel they are alone and abandoned.4 The burden of care was increased by the lockdown enforced in March, 2020, with government advice being that all people older than 70 years should self-isolate, denying them the informal support of family and friends. We, along with other professionals, are deeply concerned regarding the effect of COVID-19 on the wellbeing and on the physical and cognitive function of those with dementia. We are also concerned that increased family carer burden and stress will diminish family carers' ability to cope long term, meaning that more people with dementia will enter full-time care prematurely.5

COVID-19 has brought death and dying to the forefront, yet dementia is the most common cause of death in men and women older than 80 years.⁶ Etkind and colleagues⁷ predict that deaths from dementia will increase from around 59 000 per year in 2014 to around 220 000 per year by 2040.

Wang and colleagues1 reflect that a vital organisational response in their management of COVID-19 for families affected by dementia would provide better support for family carers to help maintain resilience and psychological and mental wellbeing. The UK is arguably in a good position by having existing services to provide such support. Admiral Nurses are specialists in dementia care who use a case management approach to support the whole family unit affected by dementia, from the point of diagnosis to end-of-life care, and provide continued support of family carers in bereavement.8 It is more important than ever that the commissioners of health and social care for dementia do not break the care trajectory into an ever-increasing fragmented pathway for those affected9 and adhere to National Institute for Health and Care Excellence guidance¹⁰ to minimise the effect of COVID-19 on one of the most vulnerable groups in our society.

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Essential medical equipment for Gaza

In June, 2018, *The Lancet* published our Correspondence about a crossborder collaboration that led to the acquisition of an advanced gastrointestinal endoscopic unit for the European Gaza Hospital.¹

Despite the publicity for this important project, several issues

continue to make essential medical equipment acquisitions for the gastroenterology service of the European Gaza Hospital difficult, to say the least. In the past year, numerous efforts have been made to purchase a costly, but much needed. endoscopic ultrasound system—an important complementary service for an advanced endoscopy unit. We had exhausted all possible avenues when a colleague told me about a Christian organisation in Germany called Bread for the World. Since their focus was hunger, I was not optimistic about their willingness to help. However, we wrote and explained to them the crucial need for an endoscopic ultrasound system in Gaza.

A representative contacted us requesting information to substantiate our request. We gave them a link to our Correspondence.¹ The decision makers were deeply moved by that letter and, to our amazement, responded. Physicians for Human Rights Israel received a donation from Bread for the World to cover the full cost of a new endoscopic ultrasound system (about US\$200 000). The endoscopic ultrasound system has been ordered and will soon be delivered and installed at the European Gaza Hospital.

This event could not have happened without the publication of our Correspondence in *The Lancet*. On behalf of all our collaborators, we are writing to express our deepest gratitude and thanks to the Editor-in-Chief and the Editors for publishing our Correspondence.

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