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COMMENT

Drug-driving evidence

DRIVING on drugs is reckless and incredibly dangerous. In 2015, drugs were a contributory factor in 62 fatal road accidents and 259 crashes resulting in serious injuries on British roads. Police believe the true scale of drug-driving is much higher than the figures suggest.

A survey for the Department for Transport found that one-in-six drivers who died behind the wheel had illegal drugs in their bloodstream. Drug driving is a hidden crime. It's almost impossible to spot the driver who has taken a chemical cocktail – right until the moment they make a fatal mistake.

But the battle to weed out drug-drivers has suffered a major setback. Scores of motorists found guilty of drug driving could have their convictions quashed because of suspected tampering at a forensics laboratory.

Two employees of Randox Testing Services (RTS), which analyses blood, saliva and hair samples on behalf of police forces, have been arrested, raising the possibility that nearly 500 people could have been the victims of miscarriages of justice because of convictions based on incorrect toxicology test results.

The implications are horrendous. Drivers may have lost their jobs, parents may have had children taken into care and parents-to-be may have been turned down for adoption as a result of drug-driving evidence. Some may have even been sent to jail.

The Government closed down the state-run Forensic Science Service in 2012 in a bid to save money. In 2017, testing has to be done by in-house police services or, more likely, outsourced to the private sector.

If this case is proven the Government needs to look again at the funding argument for an independent state-run forensics laboratory.

At the very least, there needs to be a review of the checks and balances that are in place to prevent such a thing ever happening again.

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A little sunshine goes a long way



Do we get enough sunshine and could vitamin D supplements

make up for the missing rays? GP **Zak Uddin** reports

EVERYONE likes a bit of sunshine. When the weather's good, we all feel better. There's a good reason for that. Sunshine is the main source of vitamin D, the vitamin responsible for strong bones and muscle health. But what if we don't get enough?

Experts say we get most of our vitamin D from exposure to the sun between April and September. But in the winter months research shows there isn't enough sunlight for the body to make vitamin D in the skin. Everyone north of Birmingham is missing out.

Recent research has suggested that a simple daily, or even weekly, dose of vitamin D may prevent millions of acute respiratory tract infections every year. Respiratory tract infections, ranging from the common cold through to full blown pneumonia, are the most common complaint a GP will see and result in thousands of potentially inappropriate antibiotic prescriptions, with the majority being viral rather than bacterial. At the same time they make up more than 300,000 hospital admissions in the UK every year, and account for around 40,000 deaths.

The research, led by Professor Adrian Martineau, of Queen Mary's Hospital London, a practising respiratory physician, reviewed 25 studies, which included more than 10,000 patients, and compared supplementation with vitamin D against study individuals given dummy pills. They found an average 12 per cent reduction in respiratory infections amongst those given a supplement, with better results in those given daily or weekly vitamin D rather than large one off doses. Unsurprisingly, participants who already had low vitamin D were most likely to see the greatest benefit. There also appeared to be no side effects from taking a vitamin D supplement. The researchers believe the case is strong enough for Public Health England (PHE) to consider routinely supplementing foodstuffs with vitamin D, as is already done in countries such as Finland and the US, where milk is already fortified. They advise that it would cost the Government only a few pence per adult per year.

There has long been a theory that low vitamin D levels are linked with respiratory tract infections, as these are more common in the winter months, when the body's levels of vitamin D tend to be at their lowest. It is thought that vitamin D boosts levels of the body's anti-microbial peptides, naturally occurring antibiotic-type substances present in the lungs.

It is recommended that the average person requires 10 micrograms of vitamin D every day. Vitamin D's principle importance is in maintaining bone, tooth and muscle health, which it does through controlling levels of calcium and phosphate in the body. The majority of vitamin D is absorbed through the skin from sunlight hence its nickname as the "sunshine vitamin". And although



VITAL: Exposure to sunshine helps the body make vitamin B12 and stay well

Picture: MICHAEL ATKINSON/Northern Echo Camera Club member

vitamin D is present in certain foodstuffs, namely eggs and oily fish, it is generally not at adequate levels. For example, the average hen's egg contains just one microgram of vitamin D.

Low levels of vitamin D lead to rickets in children; the most common sign of this is bowed legs, which if not treated may be irreversible leading to lifelong disability. In adults, vitamin D deficiency causes osteomalacia, or softening of the bones, with symptoms including bone and muscle pain. At its worst, this can result in fractures.

DESPITE what seems like overwhelming evidence for routine supplementation, the head of nutrition science at Public Health England, Professor Louis Levy, has commented that the study "does not provide sufficient evidence to support recommending vitamin D for reducing respiratory tract infections". Highlighted limitations of the study are that it may have purposely ignored any trials which showed negative effects of vitamin D in its desire to prove its hypothesis. At the same time it is often difficult to ensure that those participants prescribed vitamin actually took the tablets consistently. Lack of compliance with routine medications can be a massive issue, even when patients are aware of their

importance.

With this apparent confusion, it may be difficult to know what to do for the best. At the moment, PHE recommends that the average person in the UK receives enough vitamin D through sunshine and a balanced diet during the summer months, or March to September. Between September and March, when the amount of sunlight is often inadequate to provide sufficient levels of vitamin D, it recommends considering a daily supplement of 10 micrograms. And although this may seem like an extra expense, a three-month supply of an over-the-counter once daily preparation is only £1.09.

Certain groups are obviously more prone to vitamin D deficiency, for example the frail elderly in care homes, as well as those who routinely cover large parts of their skin when out for social, cultural or religious reasons. In addition, those with darker skin may not absorb as much vitamin D as individuals with lighter skin tones. These groups may require year round vitamin D.

In addition, those at risk of respiratory infections should try to ensure that they have received their yearly flu vaccination.

If concerned, a regular appointment with your routine GP may help, for advice, support and a blood test to measure levels of vitamin D, if appropriate.

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Dr Zak Uddin