overdose; (iv) specifically equipping primary health care providers and emergency room personnel to provide brief screening and interventions; and (v) introducing science-based models of substance abuse treatment into community settings, especially cognitive-behavioural approaches.

Interdiction strategies should include: (i) monitoring the distribution and use of precursor chemicals used in the manufacture of MA; (ii) investigating companies that distribute precursor chemicals (e.g. pseudoephedrine, ephedrine, anhydrous ammonia and red phosphorous) or equipment used in clandestine methamphetamine laboratories; (iii) expanding community policing strategies to engage the public in MA issues; and (iv) continuing to put pressure on drug-related organised crime (especially focusing on drug-related crimes such as perlemoen (abalone) smuggling and high-intensity drug dealing/trafficking areas).

Provincial responses during 2004 have focused almost exclusively on social service and policing interventions. Given the likely future burden of MA on the health sector, a greater public health response to this threat is urgently required.

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From research presentation to publication

To the Editor: Research forms part of the activities of academic medical staff. However, research only generates Department of Education subsidy income for the academic institution if it is published in accredited journals. Conference presentations do not qualify for such rewards. The University of the Free State (UFS) has tried to increase research outputs, of which the University research turn strategy (in which funds are made available for funding research and rewarding researchers) and the appointment of a medical writer in the Faculty of Health Sciences are the most important strategies.

The Faculty of Health Sciences at the UFS has an annual two-day Faculty Forum during which approximately 80 oral and poster presentations are given by staff and postgraduate students. Unfortunately not all these presentations are published. There may be specific reasons that prevent researchers from publishing Forum presentations. We therefore investigated the publication success of presentations at the Faculty Forum, factors that hinder publication and obtained suggestions from presenters regarding the promotion of publication of Forum presentations.

All presentations at Forum 2001 and all prize-winning presentations (winners and runners-up) at Forums 2000 - 2002 were included in this study. Details of presentations at Forum 2001 were obtained from the Forum programme and details of the prize-winning presentations were obtained from the Faculty Research Administration. The first author of this study (GI) conducted interviews with presenters of papers and posters that fulfilled the inclusion criteria, or with a co-author if the presenter had left the UFS. Participants gave verbal consent, and the protocol was approved by the Ethics Committee, Faculty of Health Sciences, UFS. A pilot study was conducted with five presenters whose work did not fulfil the inclusion criteria.

One hundred and two presentations fulfilled the inclusion criteria: 37 poster and 65 oral presentations. Information was obtained on 89% of the poster and 89% of the oral presentations. For these 91 presentations information was obtained from the presenter in 80% of cases, mainly through telephonic (63%) or personal interview (29%).

The 91 presentations were mainly from the clinical category.
(53%), followed by laboratory (37%) and education (10%). In 55% of cases the presenter was junior according to the Forum criteria. Thirty-eight per cent of the presentations dealt with research used for the author’s own qualification, and 26% were pure research. Table I indicates the state of affairs regarding publication at the time of the presentation and during the follow-up interview. The median time interval between the presentation and the follow-up interview was 22 months (Forum 2001, range 15 - 24 months).

There was less likelihood of write-up in the education, oral presentation, and non-winner categories. No differences were found between junior and senior researchers, or between those doing research for their own qualification or for pure research reasons.

No publication was planned for 25% of Forum 2001 presentations, compared with only 9% of the prize-winning presentations. The reasons why publication was not intended was the nature of the study, namely limitations of the study, or because the study had to be expanded and the required funds and staff were lacking.

The main problem identified with regard to making progress with publication was time. Suggestions made by presenters regarding the promotion of publication of presentations centred on five themes: (i) the identification of publishable presentations by suitably experienced staff at the time of presentation (24%); (ii) motivating presenters (in the form of incentives and recognition) to publish (37%); (iii) support (by experienced staff and in groups) for presenters to publish (31%); (iv) time (for example time-outs to work on publications and changes to staff complement to enable researchers to do research and publish) (15%); and (v) the medical writer (the value of having such a person in the Faculty) (24%).

Literature indicates publication percentages of conference presentations ranging from 40% to 50% in a variety of medical fields and localities.1-4 Those studies, however, looked at longer follow-up times, viz. up to 5 years, and only at publications in Medline-listed journals. One study did report that approximately 33% were published within 3 years3 which is similar to the 31% already published or accepted for publication for Forum 2001 presentations.

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