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- No letter should be more than 400 words.
- For letters on scientific subjects we normally reserve our correspondence columns for those relating to issues discussed recently (within six weeks) in the *BMJ*.
- We do not routinely acknowledge letters. Please send a stamped addressed envelope if you would like an acknowledgment.
- Because we receive many more letters than we can publish we may shorten those we do print, particularly when we receive several on the same subject.

## Alcohol abuse

SIR,—Dr Luisa Dillner in her editorial on alcohol abuse is right to emphasise the need for an energetic political campaign on alcohol problems. Her prescription, however, ignores most of the progress that has taken place over the past four years in getting misuse of alcohol on to the national agenda.

Campaigning by Alcohol Concern and other agencies at the time of the licensing bill in 1987 forced the government to respond by setting up the ministerial advisory group. This has resulted in extra funding of £4.5m for the Health Education Authority's alcohol programme and over £6m over four years for Alcohol Concern to develop new services to help problem drinkers.

The government has opposed, on health grounds, the European Community's proposals to harmonise tax and has raised duties on alcohol in successive budgets—as well as VAT on alcoholic drinks. The law on under age drinking has been tightened, making it more difficult for landlords to sell alcohol to the under 18s. The codes on advertising alcohol have been tightened. The road traffic bill contains powers to set up rehabilitation courses for convicted drink-drivers, a major step forward. The next parliament will almost certainly see the enactment of legislation allowing random breath testing despite current resistance by the government.

There is an energetic campaign on alcohol problems, and Alcohol Concern is in the forefront. The drinks industry is certainly a powerful lobby, but public opinion is even more influential. The whole nature of public discussion on alcohol has been transformed over the past few years, and the previously cynical media now recognise the links between heavy drinking and risks to health. Instead of a separate pressure group being resuscitated, Alcohol Concern invites the medical profession, already well represented in its ranks, to join in campaigning to achieve the World Health Organisation's targets.

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1 Dillner L. Alcohol abuse. *BMJ* 1991;302:859-60. (13 April.)

SIR,—Dr Luisa Dillner's quotation from the World Health Organisation, to the effect that Britain is committed to making "significant decreases in health damaging behaviour such as the use of alcohol," is not accurate.<sup>1</sup> The original WHO document reads: "the overuse of alcohol." The error is a significant one and demonstrates how easy it is for important distinctions to become lost in the debate over alcohol abuse.

The Portman Group shares WHO's goal of reducing excessive consumption and misuse of alcohol. But it does not accept WHO's argument

that everybody's consumption must be reduced to stop the excessive or stupid drinking of the few. The idea that blanket, unfocused measures can deal with such diverse phenomena as teenagers who drink too much at a party, middle aged men who drink too much before driving, and compulsive drinkers who drink too much too often is unconvincing.

The Portman Group's strategy is to target the misusers, not the majority of sensible drinkers. We are achieving this by initiatives in alcohol education (in collaboration with the government and the Health Education Authority), direct action such as measures to reduce the purchase of alcohol by those under age, and research that addresses specific problems such as the relation between alcohol and violence.

I had assumed when I took on the job of director of the Portman Group that the medical profession would share my desire to cut down the misuse of alcohol. I still believe that this is true of most doctors. But Dr Dillner, like Alcohol Concern, seems to be more interested in attacking the drinks industry than in reducing alcohol misuse.

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1 Dillner L. Alcohol abuse. *BMJ* 1991;302:859-60. (13 April.)

SIR,—Last year I drew the *BMJ*'s attention to an American paper that gave powerful support to the hypothesis that moderate consumption of alcohol is associated with significantly decreased mortality from coronary heart disease.<sup>1</sup> I received a polite response from Dr Richard Smith, editor designate, saying that he noted the study but unfortunately felt that coverage was inappropriate because "We have had two editorials on alcohol consumption and mortality in the past five years or so, and I don't think the time is yet right to have another one."

Earlier this year I again drew the *BMJ*'s attention to a paper by Duffy that raised important questions concerning the belief that the damage caused by misuse of alcohol is correlated with the consumption per head in society.<sup>2</sup> Together with an earlier study by the Home Office<sup>3</sup> Duffy's paper indicates that levels of misuse act independently from consumption per head—a conclusion that raises important issues in the consideration of public health policy. The report was ignored by the *BMJ*.

I was surprised, therefore, to read Dr Luisa Dillner's editorial,<sup>4</sup> which repeated the conventional wisdom about how to control consumption and again ignored the growing evidence of the benefits of moderate consumption. Instead we were treated to advocacy for a national campaigning group to reduce consumption.

It is fairly easy to reduce consumption, as measures taken in the last budget will show, and I

can understand the political and medical attractions of being associated with "success." But as Duffy's paper indicates, this reduction in consumption will be borne by the moderate consumer who drinks perhaps two or three times a week, not the abuser.<sup>5</sup>

Far from "going flat," as the article claims, the campaign against misuse of alcohol has never been more active, benefiting from increased funding from the government and the drinks industry. The fact that it is concentrating on research and education and not indulging in wasteful rhetoric may lessen its glamour and visibility but not its effectiveness.

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- 1 Boffetta P, Garfinkel L. Alcohol drinking and mortality among men enrolled in an American Cancer Society prospective study. *Epidemiology* 1990;1:337-48.
- 2 Duffy J. *Trends in alcohol consumption patterns 1978-1989*. Henley on Thames: NTC Publications, 1991.
- 3 Tuck M. *Alcoholism and social policy: are we on the right lines?* London: HMSO, 1980. (Home Office Research, No 65.)
- 4 Dillner L. Alcohol abuse. *BMJ* 1991;302:859-60. (13 April.)

SIR,—Dr Luisa Dillner's editorial on alcohol abuse suggests that research on alcohol related problems that is funded, even indirectly, by the drinks industry must necessarily lack objectivity. It refers to work commissioned by the Portman Group on drinking and disorder and comments that "alcohol campaigners" are worried by a suggestion arising from this work that licensing hours might be extended to reduce the problem.

My company carried out the research for the Portman Group, and we are responsible for the recommendation. We have seen the enormous problems that arise when many pubs close simultaneously, especially at weekends, creating difficulties with policing and transportation. Displays of macho aggression may also occur in town and city centres. We have looked closely at the positive results of deregulating licensing hours in Holland and noted the generally beneficial effect of extended opening hours in Scotland.

Ironically, it is here that we have come into conflict with several of our major clients in the brewing industry, who are, to put it mildly, not very enthusiastic about the idea. This is because most of the evidence suggests that extended trading periods, although increasing costs, do not increase gross consumption.

Our proposals are for experimental trials of extended or deregulated opening times in selected areas in England and Wales. Several police forces would welcome such experiments. Coventry, which has a bylaw prohibiting the consumption of alcohol in the streets, has already explored the possibility of introducing such a scheme. Feedback from recent conferences of Alcohol Concern also indicates that not all alcohol campaigners are averse to the idea. In contrast, the National