Alcohol and Alcoholism

Polish lessons on alcohol policy

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Within 24 hours of taking over Poland in December 1981 the Military Council of National Salvation imposed a ban on the sale of alcohol. Similarly, in Gdansk in August 1980 at the beginning of the strike in the Lenin shipyards that led eventually to the formation of Solidarity, the independent trade union, the selling of alcohol was banned. It was banned also in all other areas where there were strikes. What was particularly interesting about the total ban imposed during the strikes was that both sides—the regional governments and the strike committees—claimed that they had introduced the bans. This confused the alcohol researchers who had gone to study this “experiment” of prohibition until they looked back at other Polish industrial disputes. More often than not one side had accused the other of being “nothing better than a mob of drunks.” Consequently in the modern disputes each side was anxious to show that it was against alcohol abuse and that its policies were inspired by political zeal and not alcohol.

These are the most recent and most dramatic examples of the political importance of alcohol in Poland, but ever since the last century, when landowners were accused of using alcohol to subjugate their serfs, it has had this importance. Just as in Britain (3 October 1981, p 895), Poland has had waves of increased alcohol consumption associated with increased alcohol-related damage over the last three centuries, and, just as in most Western countries, consumption and damage have been increasing in the last 20 years. Yet, in contrast to the British Government, the Polish Government has paid great attention to alcohol problems. A series of laws relating to the treatment and prevention of alcoholism have been passed since 1956, and since 1957 there has been a government commission on alcohol problems. In 1971 a permanent government commission on alcohol problems, composed of vice-ministers of all the interested ministries, was established. Its job was to “co-ordinate and initiate prevention of alcoholism throughout the country, prepare programmes of prevention of alcoholism and alcohol abuse, and draft appropriate legislation.”¹ It was helped by an expert advisory committee, which until recently was headed by a doctor. And with the rise of Solidarity, alcohol became an even more political issue. The new organisation too had policies on alcohol and had also set up its own advisory committee.

Consequently, when it is being argued increasingly in Britain^{2,3} and other countries⁴ that the answer to the rising tide of alcohol problems lies more with politicians than with health and social workers, there was much in Poland to interest those concerned with alcohol. I went to Poland (in December 1981, leaving four days before martial law was imposed) and met among others the last chairman of the government’s expert advisory committee and the man who had organised Solidarity’s expert committee. I was also supplied with data by researchers from

the alcohol research unit in the Psychoneurological Institute in Warsaw, and with all this information I can tell a story that has intrinsic interest as well as lessons for those in all countries concerned to limit alcohol problems.

Alcohol and alcohol problems before Solidarity

The appearance of Solidarity divides recent Polish history into two parts⁵ not only because of Solidarity’s activities but also because of the severe economic problems that played such an important part in Solidarity’s formation. This division applies to alcohol policies, and I want first to consider alcohol use and problems in Poland before Solidarity.

Table I shows data on alcohol for Poland from 1956 to 1980^{1,6}; it is interesting to compare it with similar data for England and Wales (table II). Alcohol consumption per head during the last 30 years has always been lower in Poland than in England and Wales, but the proportionate increase has been greater. These figures (like all figures) deceive to some extent, however, because a higher percentage of Poles (about 20% as opposed about 5% of Britons) do not drink at all.

Poles drink in quite a different way from the English and the Welsh. Firstly, they drink mostly spirits—mainly vodka. For every year of the last 40 years always more than 60% of all the alcohol drunk in Poland has been in the form of spirits (and as foreign spirits like whisky and cognac are sold by the government at a much higher price than Polish vodka most of the spirit consumed is vodka) (table III). However, the Poles

TABLE 1—Alcohol consumption and alcohol-related damage in Poland from 1950 to 1980

Year	Per caput consumption in litres of 100% alcohol	Deaths from liver cirrhosis per 100 000 population	Admissions to hospital for alcoholic psychosis per 100 000 population	Admissions to sobering-up stations (in 000s)	First admissions to hospital for treatment of alcoholism per 100 000 population	Deaths from alcohol poisoning per 100 000 population
1950	2.96					1.0
1956	3.44		2.3	7.6	2.5	1.0
1960	3.81	3.4	2.0	102.3	7.4	0.4
1961	3.97	3.9	2.3	113.6	8.4	0.7
1962	3.88	4.8	2.3	118.3	9.9	0.9
1963	4.0	5.8	2.5	122.3	9.2	0.9
1964	3.89	5.9	2.0	129.6	9.7	0.9
1965	4.10	6.0	3.2	144.2	10.7	1.2
1966	4.30	6.6	3.6	157.4	11.8	1.4
1967	4.64	7.1	3.8	171.8	11.9	1.4
1968	4.98	7.5	3.6	172.5	10.2	2.0
1969	5.61	8.1	4.2	184.8	11.5	2.1
1970	5.27	8.3	4.7	214.1	13.1	2.0
1971	5.63	9.0	5.1	223.9	13.9	2.3
1972	6.17	9.4	5.9	238.6	14.1	2.4
1973	6.65	9.7	6.5	247.6	15.4	2.6
1974	6.35	9.6	6.1	247.1	16.6	2.5
1975	7.10	10.2	7.2	292.0	16.7	2.7
1976			8.7			
1977	8.3					
1978	8.0		10.5			
1979	8.0		10.1			
1980	8.4		10.7			

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TABLE II—*Alcohol consumption, convictions for public drunkenness, deaths from cirrhosis, and alcohol-related hospital admissions in England and Wales, 1950-76*

Year	Annual per caput consumption of persons aged 15 and over in litres of 100% ethanol	Convictions for public drunkenness per 10 000 population aged 15 years and over	Deaths from cirrhosis with and without mention of alcohol per million population	Hospital admissions with primary diagnosis of alcoholism or alcoholic psychosis
1950	5.2	14.0	23	
1951	5.3	15.8	25	512
1952	5.3	15.8	26	668
1953	5.1	15.7	26	775
1954	5.2	15.5	26	799
1955	5.3	15.8	26	1 053
1956	5.3	17.4	26	1 385
1957	5.3	19.3	27	1 535
1958	5.3	18.7	26	1 595
1959	5.6	18.6	27	2 044
1960	5.8	19.3	28	2 479
1961	6.2	21.0	30	
1962	6.1	23.3	28	
1963	6.2	22.8	28	
1964	6.5	21.0	28	5 423
1965	6.5	19.8	29	5 774
1966	6.5	19.0	29	6 088
1967	6.7	20.3	28	6 232
1968	7.0	21.2	30	6 391
1969	7.0	21.2	32	6 689
1970	7.3	21.6	28	8 091
1971	7.7	22.9	32	9 230
1972	7.7	23.7	34	10 167
1973	7.9	25.9	37	11 565
1974	8.9	26.8	36	12 495
1975	9.4	27.0	37	12 751
1976	9.7	28.0		

Source: Royal College of Psychiatrists Special Committee^aTABLE III—*Pattern of alcoholic consumption in Poland*

Year	Percentage of alcohol consumed as		
	Spirits	Wine	Beer
1938	88.0	1.7	10.3
1950	78.4	3.8	17.8
1951	75.5	5.2	19.3
1952	73.1	6.4	20.5
1953	69.7	6.8	23.5
1954	68.8	8.5	22.7
1955	69.0	9.5	21.5
1956	69.0	10.4	20.6
1957	70.1	11.1	18.8
1958	66.2	12.9	20.9
1959	63.3	15.1	21.6
1960	62.4	14.8	22.8
1961	61.4	16.1	22.5
1962	63.1	15.8	21.1
1963	62.9	14.7	22.4
1964	61.1	15.6	23.3
1965	63.1	14.6	22.3
1966	64.4	13.0	22.6
1967	65.4	12.7	21.9
1968	65.3	12.7	22.0
1969	64.7	13.4	21.9
1970	63.1	13.7	23.2
1971	63.0	13.9	23.1
1972	64.3	13.3	22.4
1973	65.6	12.5	21.9
1974	64.4	13.5	22.1
1975	66.7	13.0	20.3
1976	69.2	14.1	16.7

drink their vodka neat, and they drink it to get drunk. Even in these hard times I managed to experience true Polish drinking: as the meal appears on the table a glass (it used to be a tumbler) of neat vodka appears with it. Even in the politest circles this is drunk straight down and followed by several more glasses. Within 15 minutes you are expected to be mildly drunk. This does not happen at every meal but at special meals, and each person would normally consume between 0.25 and 0.5 l of vodka. To some extent this traditional pattern of drinking has been eroded by campaigns encouraging sobriety but is still the norm.

Most Poles drink either in their own home or in the home of friends. Only about a third of all drinking goes on in bars or restaurants. Just as in Britain, women drink less and on fewer occasions than men and experience fewer problems, although, again as in Britain, their traditional abstemiousness may be changing. It is illegal to sell alcoholic beverages over 4.5% strength to people under 18. Nevertheless, most children have drunk a little by the time they are 12 and the number of young

people seen in alcohol units has been beginning to increase.

Despite these traditional patterns of hard drinking one thing that is different between Britain and Poland is public attitudes on policies to control drinking: in 1976 in response to the question "Do you think something should be done by the State or the society to ensure that people drink less in Poland?" only 4% said no. More than 85% thought yes, and 34% thought something should be done urgently. Most Britons, however, are against the government taking action such as banning advertising and raising prices to reduce alcohol consumption (10 October, p 972).

Causes of rising consumption

Many factors underlie the increase in consumption of alcohol per head in Poland. The State has considerable powers to influence consumption: spirit production, through the Spirits Industry Enterprises (POLMOS), is a State monopoly, and although the means of producing wine and beer are not State owned, it has considerable power over them. Most of the alcohol consumed in Poland is produced there: imports and exports count for little. The State also controls the number of retail outlets.

But, although the State has this power and although it has since 1956 had a commission to oversee alcohol policy, many competing interests have to be taken into account when making policy. In the '70s about 10% of State revenue came from alcohol and about 40 000 people (0.8% of the work force) were employed in producing it and about 50-70 000 people in retailing it. Even in a centralised economy health factors are by no means the only ones to be considered when policy is being decided.

Between 1950 and 1980 in Poland, as in most other countries, it was price relative to income that seemed to play the main part in determining alcohol consumption per head. (This usually all-important mechanism has broken down in the last year in Poland, as I will describe later.) Between 1950 and 1975 there were nine increases in the price of alcohol, ranging from 12% to 40% and each time leading to a temporary moderation in the increase in consumption. To take a broader perspective, however, the price of alcohol relative to real income (table IV) goes a long way to explaining the consumption pattern. In the early

TABLE IV—*Real wages, living costs, and price of alcohol in Poland in selected years*

	1960	1965	1970	1975
Average real wage index	100.0	107.7	119.5	169.0
Living cost index	100.0	111.3	120.3	135.5
Alcoholic beverages price index ..	100.0	125.2	145.3	184.8

'60s, when the price of alcohol increased faster than real wages, consumption remained steady. In the late '60s average real wages began to rise fast and outstripped the rise in the price of alcohol. Accordingly, consumption rose. Indeed, between 1950 and 1970, when consumer expenditure rose from 249.4 billion zlotys to 790.4 billion zlotys, the proportion spent on alcohol rose from 8.5% to 13.2%. Variations in price also explain the small swing away from vodka that occurred in the '60s (table III): wine and beer became slightly cheaper relative to vodka. This trend was reversed when vodka became proportionately cheaper.

Other factors seem to have had only a small influence on consumption. As we are often reminded by alcohol advertisers in Britain, there is no alcohol advertising in Poland as in the rest of the Eastern bloc. It is not illegal; it just does not happen. There are, however, licensing laws and strict rules on places where selling alcohol is not allowed—for example, factories, educational establishments, and sports centres. In theory the number of retail outlets is controlled, but in practice these

controls have not been observed and in 1979 there were some 50 000 outlets in Poland.

Rising alcohol-related damage

Against this backdrop of rising consumption an increase in alcohol-related damage would be expected, and the statistics show that this has occurred (table I). The incidence of deaths from cirrhosis almost trebled between 1960 and 1975. First admissions for the treatment of alcoholism per 100 000 of the population more than doubled between 1960 and 1975—of course, reflecting to some extent the increase in facilities. A 1956 law introduced compulsory treatment of alcoholics, but this became less and less practicable—both because sufficient facilities were not available and because compulsory treatment of unwilling patients was proving fruitless. As well as eight specialist alcohol units in Poland in 1976 there were some 431 “temperance outpatient clinics” and a handful of Alcoholics Anonymous groups. Between 1960 and 1976 deaths from alcohol poisoning increased about sevenfold. Furthermore, the Poles keep figures on hospital admissions for alcohol psychosis; indeed, Professor I Wald, the director of the Psychoneurological Institute, believes that in Poland this is the most sensitive indicator of alcohol problems. Between 1960 and 1979 the incidence of such admissions quadrupled.

Another thing that the 1956 alcohol law did was to “decriminalise” drunkenness. Instead, those drunk and “behaving indecently in public” were taken to sobering-up stations, where they were detained for 24 hours, seen by doctors, and then asked to pay. The first station was founded in 1956, and in 1976 there were 35 with 1517 beds. Admissions to these have soared (table I), but much of this is a function of increased availability. Figures were also available on convictions for drunken driving, but changes in the law, changes in the energy with which policemen implemented the law, and the paucity of cars made these unhelpful.

So before Solidarity appeared, despite alcohol always having been an important political issue in Poland and despite the government having had almost complete control over alcohol production and sale and having an interdepartmental committee for deciding policy, alcohol consumption had been increasing, as had alcohol-related problems.

Alcohol initiatives since Solidarity

Solidarity was very concerned about alcohol problems right from the beginning. Indeed, many of its members believed that the Polish Government had used alcohol to suppress the Polish people. They said that the Polish Government had only two concerns: to make as much money as possible out of alcohol and “to keep the society drunk so that it was easy to manage.” Three pieces of evidence were brought forward to support that claim: firstly, alcohol was always very freely available in Poland when most other consumer goods were not; secondly, until 1976 there was censorship on information on alcohol and alcohol problems; and, thirdly, the government allowed far more retail outlets to operate than were legally allowed.

As I said at the beginning of this article, prohibition was introduced at the beginning of the strikes in the summer of 1980. Furthermore, the strike committees were very strict about not allowing alcohol to be consumed by the strikers. Once the strikes were over and Solidarity had made its accusations that the government had used alcohol to suppress the people, it and the government began to vie with each other to produce more radical policies to reduce alcohol consumption. In two months the government reduced the number of alcohol outlets from about 50 000 to 30 000. Meanwhile, Solidarity wanted them reduced to 3000. This was clearly ludicrous, and various alcohol experts dissuaded it from such drastic action. It did, however, produce a plan for combating alcohol problems, though some of

the points in it were equally ludicrous—one, for instance, was for all people admitted to sobering-up stations to be tested for syphilis. One thing that Solidarity called for and with which the government agreed was for the abolition of “low quality” fruit wine; this was the drink of the young, but “low quality” was not defined and implementing the policy was thus difficult.

The result of all this rhetoric was that people panicked and began to buy up alcohol as fast as they could. Expecting that a severe policy would be introduced, and at a time when everything was beginning to disappear from the shops, people bought whatever they could. It was then that queues for alcohol first appeared.

The breakdown of alcohol policy

In February 1981 General Jaruzelski came to power and brought with him a ten-point plan; one of these was to increase the campaign against alcohol abuse. A few days later the government announced that the price of alcohol would soon be increased. The queues became longer. Also at this time alcohol production began to fall because the farmers were refusing to sell their potatoes to the government. Furthermore, the government (perhaps to save its face) decided officially to decrease alcohol production by 20–30%. Eventually in March the price of vodka was increased by 50% and that of wine and beer by 10–20%. But a few days after these increases were announced there were more strikes and prohibition was introduced for another 10 days.

The result of all this panic, confusion, and prohibition was that price was no longer the main determinant of consumption. People were willing to spend anything on the black market and in the shops to get alcohol. Supply rather than price was the crucial factor in determining consumption. Then in the summer alcohol was rationed: people were allowed half a litre of vodka a month. This led to people buying alcohol whether they drank or not, and after further price increases on 1 December a bottle of vodka cost 400 zlotys (there were officially about 60 zlotys to the pound). Yet the average monthly income was only 7000 zlotys.

So in December 1981 Polish people were spending much of their income on alcohol and yet getting only small amounts because so little was available. Were people producing their own alcohol and what was happening to those people dependent on alcohol? Little information was available on arrests for illicit production of alcohol, but several doctors told me that poisons units were having a busy time—less with people drinking methanol but more with alcoholics who had been drinking antifreeze or whatever came to hand. In contrast, the psychiatric units were seeing few people with alcohol problems.

The future and the lessons

What will happen now? With the arrival of martial law maybe alcohol problems will be forgotten, but a new alcohol law was planned for 1982. Among other policies it was going to stop compulsory treatment of alcoholics, give a greater emphasis to prevention, and provide more support for social and voluntary programmes. Solidarity, too, had submitted proposals. The main thrust of these was to decentralise control over problems and allow local communities to make more decisions. Solidarity also wanted to depend more on education and less on manipulation by price as a means of reducing problems. (This is ironic as it is essentially the same policy as the British Conservative Government's; what is radical in one society is square in another.)

What lessons are there for us in Britain? There is much to fascinate the alcohol student, but I have come away with two main lessons. One is the specific one that in certain circumstances trying to control alcohol consumption by manipulating price will not work. The more general lesson is that counter-acting alcohol problems by political means may not be quite as easy as it seems it might be to those of us living in a country where such measures are largely ignored.

All of the information in this article has come to me from Professor I Wald, Jacek Moskalewicz, and Antoni Bielewicz—all of the Psychoneurological Institute, Warsaw. I am very grateful for all the help and kindness they showed me.

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Clinical Topics

Chronic inflammatory bowel disease in childhood

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Abstract

The diagnosis of Crohn's disease in childhood has been facilitated by the use of fiberoptic endoscopy with biopsies, complemented by double-contrast radiology. Clinical suspicion leads initially to several relevant blood tests. These are followed by endoscopy and multiple colonic biopsies or barium follow-through studies depending on whether large-bowel or small-bowel disease is suspected. The present approach to diagnosis is based on corroborative investigative techniques—endoscopy, radiology, and histology. The availability of paediatric colonoscopes of small diameter should make it possible for paediatricians to perform limited examinations, but when more extensive endoscopy is indicated the child should be referred to special centres.

Introduction

Until recently Crohn's disease was thought to be uncommon in children. This may be because systemic manifestations dominate the early clinical picture¹ and many paediatricians in the past have been reluctant to embark on all the procedures necessary for diagnosis. Children, especially those aged from 2 to 8, tolerate proctosigmoidoscopy and rectal biopsy badly except under general anaesthesia. The air contrast barium

enema necessary for accurate assessment of inflammatory changes is uncomfortable, and most paediatric radiologists rely on the inferior single-contrast method. Either technique gives an appreciable dose of irradiation. Inadequate results from these existing methods of examination are in our view now superseded by a single fiberoptic endoscopy with biopsies. This is complemented when necessary by high-quality double-contrast radiology adapted to paediatric use to show inflammatory changes. These techniques permit accurate and early diagnosis of chronic inflammatory bowel disease—that is, Crohn's disease or ulcerative colitis—in childhood. We present the current approach to the management of a child with chronic inflammatory bowel disease at St Bartholomew's Hospital.

Clinical assessment

The early symptoms suggestive of Crohn's disease in childhood² (based on a previous study from our unit) are non-specific—lethargy, abdominal pain, and chronic diarrhoea. Nevertheless, at diagnosis, often many months or even years later, more symptoms are present, including, in decreasing order of frequency, loss of weight, abdominal pain and diarrhoea, lethargy, slow growth and delayed puberty, variable bowel habits with constipation, and psychological problems.

In the previous study physical examination at the time of diagnosis showed growth retardation with weight below the third percentile, perianal abnormality (anal fissures, perianal skin tags, and anal fistulae), clinically obvious anaemia, abdominal tenderness, and erythema nodosum. In some children with Crohn's disease no abnormality may be found.

In contrast, the early symptoms of children with ulcerative colitis are more specific—diarrhoea, bleeding per rectum, abdominal pain, tenesmus, anorexia, and loss of weight. Most children do not have any physical signs, but pallor is fairly common and abdominal tenderness is present. Psychological symptoms and failure to grow are uncommon.

Investigative approach

The flow diagram illustrates the current approach to investigations. In a child with any clinical features suggestive of

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