Alcohol and Alcoholism

The politics of alcohol

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In a saner world, where national sovereignty, military machismo, and governmental amour-propre counted for less, the politics of alcohol would probably be a great deal more important than the politics of the Falkland Islands. Disraeli said that: "The first priority of Government must be the health of the people," and yet the cabinet minister at the Department of Health and Social Security, despite being the biggest spender, is 18th in the pecking order. (He has recently been relegated.) About five times as many people as the entire population of the Falkland Islands die every year from alcohol in Britain, and many hundreds of thousands more suffer from the diverse effects of alcohol.¹ Not only life and happiness but that other essential of political dispute—money—is vitally important too: in 1979 Britons spent almost £9000m on alcohol (7.7% of all consumer expenditure); in 1980 the Government had an income of £3597m from tax on alcohol; in 1979 3.4% of the working population were employed in the drink industry; and in 1980 Britain had a positive balance of trade from alcohol of £449.3m.² Furthermore, there are many sides and factors in the potential conflict over alcohol. At one extreme are ardent prohibitionists, and at the opposite extreme bodies who insist on the rights of drink manufacturers and advertisers to market their products as aggressively as possible unhindered by any governmental intervention. In the middle are a host of governmental and non-governmental organisations and individuals concerned in some way with the many effects of alcohol.

The idea that some kind of political action is necessary to reduce alcohol damage is now well established. Professor R E Kendell made the case for political action very cogently in the *BMJ* in 1979,³ and the World Health Organisation,⁴ the Royal College of Psychiatrists,¹ and the Central Policy Review Staff (the Government "think tank")⁵ have all taken a similar line. The decks are now being cleared for political action to combat alcohol problems, and this article looks at some of the many organisations who will have a part to play.

Need there be conflict?

Is it not journalism of the lowest and most sensational order to draw comparisons between the Falkland Islands crisis and the problems with alcohol abuse? Surely there are no "sides" in this issue, and every faction is concerned to reduce alcohol damage: drink manufacturers dislike drunkenness and cirrhosis of the liver just as much as doctors and other health and social workers do. A "negotiated settlement" would be much preferable to any kind of conflict between the drink trade and those concerned to reduce alcohol damage, but all the evidence is that this cannot be.

Alcohol damage in Britain—or, indeed, in any country—cannot be reduced without that country consuming less alcohol.

The link between alcohol damage and consumption per head may not adhere exactly to the equation devised by Ledermann,⁶ but all the evidence is that the relation is very close.^{7,8} The shape of the curve that shows how many people drink how much cannot be changed, which means that if Britain consumes more then it will experience more alcohol damage. To reduce alcohol damage consumption must be reduced, and this conflicts *directly* with the interests of alcohol manufacturers. They will argue that by educating for moderation a country can drink more but have fewer people who drink a lot and experience damage. But the evidence suggests that this cannot happen, and so the drink industry and those concerned to reduce damage are thrown into conflict.

Therefore, should those who are concerned to reduce damage—researchers, educators, and treatment agencies—accept money from the drink industry because it has a lot to give and is only too anxious to be seen to be "doing good?" This is a question that each group is free to answer for itself, but any campaign that is effective in reducing consumption is unlikely to be offered any money anyway.

I want now to examine the various "sides" in the conflict. The drink industry is immense, rich, and powerful, whereas, as a recent report has pointed out, the anti-alcohol lobby is in complete disarray.⁹ The Government, meanwhile, seems unwilling to take any clear line and leaves the different government departments concerned with alcohol to pull in different directions.

The drink trade

In 1979 in Britain there were: 81 brewing companies owning 142 breweries; 129 distilleries; 230 vineyards; 75 700 pubs and hotels selling drink; 20 000 private hotels and restaurants with restricted licences; 32 700 licensed and registered clubs; 41 100 off licences; and 12 000 independent wholesalers and importers.² Drink manufacturers have invested a lot of their large profits in new production and distribution facilities, and the industry is very modern and efficient; it does not suffer from the "British disease."² It is ready to expand greatly its production, although recently consumption has fallen off.¹⁰ About 750 000 people are employed in the drinks industry, and this is one of the few categories of employment that is expanding (table I). The jobs are dispersed all over the country, but some towns—for example, Burton-upon-Trent, Tadcaster, and Dufftown—are almost utterly dependent on the industry for jobs. Most of the beer, cider, and spirits drunk in Britain

TABLE I—Changes in total number of employees, employees in manufacturing industry, and employees in the drink trade between 1970 and 1980 in UK

Category	1970 (000)	1980 (000)	% change
All employees in employment	22 404	22 008	-1.8
All manufacturing industry	8 727	6 660	-23.7
All alcoholic drinks	600	750	+25.0

are manufactured by British companies in Britain. Furthermore, as I have said, alcohol brings in much needed foreign currency (table II) and revenue for the Government (table III).

TABLE II—Imports and exports of alcoholic drinks in 1980

Drink	Imports £m	Exports £m
Wine of fresh grape	284.5	24.6
Cider	0.6	3.3
Beer	35.6	19.0
(excluding Ireland)	(19.3)	(18.4)
Spirits	110.8	834.0
(of which whisky)	(6.2)	(747.6)
Total	431.6	880.9
(of which EEC)	(324.0)	(208.7)

TABLE III—Revenue from alcoholic drinks in the fiscal year 1980

Drink	Excise duty £m	VAT £m	Total £m
Beer	917	611	1528
Wine	362	218	580
Spirits	1152	325	1477
Cider	12	—	12
Total	2443	1154	3597
All tax receipts by HM Government (% Deriving from alcoholic drinks)			54331 6.6

Many of the companies that produce alcohol are vast and have many other interests. The Imperial Group, for instance, has four divisions, including a tobacco division, which has the majority of the British market, and a brewing and leisure division.¹¹ The brewing division includes: the Courage Group and associated companies; John Smith's Tadcaster Brewery Ltd; and the Saccone and Speed Group, which owns many wine merchants—Arthur Cooper Ltd, for instance. Cantrell and Cochrane Ltd, Hay Lager Ltd, and Taunton Cider Co Ltd are associated companies. Table IV shows beers, lagers, and ciders produced by the group and wines and spirits supplied by them. In 1981 the group had sales of £4525.6m and profits before taxation of £106m: the trading surplus of the brewing division was £50.7m, a 20% increase on 1980.

TABLE IV—Some of the brands of alcohol produced or distributed by the Imperial Group

<i>Ales and stouts</i>
John Courage Strong Bitter; Courage Best Bitter; John Smith's Yorkshire Bitter; Tavern Ale; Courage AK; Directors' Bitter; Courage Midlands Mild; SIPA; Light Ale; Brown Ale; Velvet Stout; Bulldog Pale Ale; Magnet Pale Ale; Barley Wine; Imperial Russian Stout; Old Tom; John Smith's Export Pale; John Smith's Sweet Stout; John Smith's Double Brown; Magnet Old.
<i>Malt liquor</i>
Colt 45.
<i>Lagers</i>
Hofmeister (own brand); Harp; Kronenbourg; Henniger Diet Pils and Henniger Kaiser Pilsner (sole distribution rights in UK).
<i>Cider</i>
Taunton Cider.
<i>Wines and spirits</i>
Southern Comfort; Riccadonna Vermouth; Dry Cane White Rum; Lanson Champagne; Rocamar Spanish wine; Scotsmac; Glen Grant 8-year-old Scotch Malt Whisky; Hankey Bannister Scotch Whisky; Cherry Heering liqueur; Jack Daniels Tennessee whisky; Black Tower Liebfraumilch.

There are other companies of comparable size, and the five biggest breweries are among the 126 top companies in the UK.¹² The companies have trade organisations, which include the Brewers' Society, the Wine and Spirits Association, the Scotch Whisky Association, and the National Federation of Licensed Victuallers. When there was first talk of the anti-alcohol lobby forming a pressure group, the industry responded with the idea of forming a group specifically to oppose the new anti-

alcohol organisation. With its huge economic power the industry obviously has great political influence, and in 1979 it donated £107 445 to the Conservative Party and its associates.¹³ Allied Breweries made the biggest donation of any company—£62 000.¹³

In addition, 35 members of Parliament have a direct financial interest in the drink trade and a further 39 have an indirect interest.^{14 15} Ministers are required to give up their outside connections, but, before becoming a minister, Norman Fowler, the present Secretary of State at the DHSS, was a director of a subsidiary company of J Walter Thompson, one of the world's leading advertising agencies, which has large alcohol accounts, and Geoffrey Finsberg, a junior minister at the DHSS, was a parliamentary adviser to the National Union of Licensed Victuallers.

Other groups have a heavy interest in Britons continuing to drink as much as they do. Foremost among these are advertising companies: £100m is spent each year on advertising and promoting alcohol, making it one of the largest sources of revenue to advertisers.¹⁶ The Advertising Association has a team working all the time gathering evidence to try to show that an advertising ban would do nothing to reduce alcohol damage.¹⁷ Through advertising the media, too, benefit greatly from alcohol revenue, and this applies even to the BBC, who often televise events sponsored by alcohol producers.

The anti-alcohol lobby

The power, influence, wealth, efficiency, and modernity of the drink trade contrast greatly with the sad disarray of the anti-alcohol lobby. A DHSS study group appointed by Sir George Young when he was a minister at the DHSS to look into the effectiveness of the voluntary organisations concerned with reducing alcohol damage reported two weeks ago and found "serious deficiencies."⁹ These findings came as no surprise to those familiar with the organisations.

The report was written by John James and Jan Filochowski from the DHSS from the Policy Strategy Unit, and Nicholas Hinton and Francis Gladstone from the National Council for Voluntary Organisations. They looked at no fewer than seven anti-alcohol organisations which receive funds from the DHSS: the National Council on Alcoholism; the Medical Council on Alcoholism; the Alcohol Education Centre; the Federation of Alcoholic Rehabilitation Establishments; Turning Point; Alcoholism Community Centres for Education, Prevention, and Treatment; and Alcoholic Recovery Project. The study group concentrated on the first four of these organisations, which between them received £300 000 from the DHSS in 1980-1. All four, but particularly the National Council on Alcoholism and the Medical Council on Alcoholism, were strongly criticised in the report, which recommended that they should be scrapped and a new organisation created.

The report suggested that there were five main tasks for those concerned to reduce alcohol damage: public education and prevention, including influencing Government; co-ordinating services for problem drinkers, including work-based programmes; training both primary workers and specialists; advising and supporting local services; and providing a forum for debate. The group identified these five main tasks for two reasons. Firstly, because duplication of work and rivalry are two of the main problems with the existing organisations, and in a brighter future the tasks should be clearly defined and allocated to particular organisations. Secondly, the group suggests that drink trade money will be acceptable for financing some of these tasks—treatment, training, and research, for instance—but not others, particularly political preventive campaigns.

The report recommended that the new national voluntary organisation would: inform and advise local services; plan and develop services and training; make grants for training; and work with industry. The Health Education Council (and presumably the Scottish Health Education Group, although the report does not specifically mention it, as the DHSS remit does

not cover Scotland), meanwhile, should expand its programme on alcohol problems. The medical royal colleges should take over part of the Medical Council on Alcoholism's role and promote the study of alcohol problems in undergraduate and postgraduate medical education. Finally, the job of political campaigning, the report recommends, should be taken on by a "small and compact organisation," which would start under the aegis of the medical royal colleges and later be sponsored by the DHSS.

The group knew when writing its report that such an organisation was waiting in the wings. The presidents of the royal colleges have been discussing the project for over a year, and there is every hope that it might begin before the end of 1982. It will be modelled on the successful Action on Smoking and Health (ASH), but will have an even more formidable job to do in changing public attitudes and countering the might of the drink trade.

Kenneth Clarke, the Minister of Health, has called for reactions to the report by the end of June. The workers of the various organisations criticised will naturally be upset, but most people interested in and working with alcohol problems will probably agree with the conclusions of the report and look forward to a long overdue reorganisation.

The Government: "piggy in the middle"

Poised between the might of the drink trade and the ineffectiveness of the present anti-alcohol lobby is the Government, which is pulled in many different directions. As I have said, 16 different Government departments have some interest in alcohol; table V shows the departments and their interests. The

TABLE V—Government departments concerned with alcohol

Department of Health and Social Security

Trends in the effects of alcohol consumption. Health and social service provision for victims of alcohol misuse. Health education on alcohol. Sponsoring research into alcohol abuse and related problems.

Ministry of Agriculture, Fisheries, and Food

Sponsorship of alcohol industry, including distribution and retailing. International aspects, trade, that bear on the wellbeing of industry. Regulation of drinks for purity, etc. Nutritional aspects of alcohol consumption.

Home Office

Licensing law. Offences of drunkenness. Other criminal offences associated with consumption of alcohol and treatment of offenders with alcohol problems. Police interest in drink related road accidents. Broadcast advertising of alcoholic drinks, in the context of the Home Office sponsorship responsibilities for broadcasting.

Law Commission Office

Function of JPs in licensing laws.

Department of Transport

Road accidents and related legislation (Great Britain, in association with Scottish Office).

Department of the Environment

Football hooliganism, as affected by alcohol (with Home Office). Sponsorship of sport by alcohol industry.

Customs and Excise

Duties on alcoholic drink, including international negotiations.

Treasury

Fiscal policy. Prices. Balance of payments for trade in alcohol. Economic significance of alcohol industry. Public expenditure effects of alcohol abuse.

Department of Trade

Prices. Competition and pricing policy as it bears on the alcohol industry, including distribution and retailing. Policy on container sizes and metrication. Consumers' interest in advertising and promotion. International trade in alcoholic drinks. Press and cinema film industries. Alcohol consumption in the Merchant Navy and the civil aviation industry. Tourism.

Department of Employment

Effect of alcohol abuse on accidents, absenteeism, and productivity.

Department of Education and Science

Health education in schools. Effect of alcohol on young people in education.

Civil Service Department

Effect of alcohol abuse on the efficiency and conduct of the civil service.

Ministry of Defence

Policies affecting the control of alcohol in the armed Services and the treatment of its misuse.

Scottish Office

Welsh Office

Northern Ireland Departments

Treasury, the most powerful Government department, is concerned that the enormous revenue that it gets from alcohol should not be threatened by a greatly reduced consumption. The Department of Trade wants to please the drink industry, while the Department of Employment will want to ensure that jobs provided by the trade are kept intact. The DHSS, however, should be aiming at reducing alcohol consumption. Over and above this, the politicians will not want to do anything to upset the electorate, which, as a *Sunday Times* poll (table VI) showed,

TABLE VI—Public reaction to strategies for reducing damage caused by alcohol

Strategy	Percentage in favour	Percentage against
Tougher sentences for drinking and driving	87	13
Random breath tests	66	34
More Government advertising on the dangers of drink	63	37
Health warning on all cans and bottles of alcohol	55	45
Tougher licensing laws	50	50
Ban on advertising drink on television	46	54
Ban on alcohol sales in supermarkets	37	63
Total ban on advertising	29	70
Large increases in price of alcohol	26	74

Source: MORI *Sunday Times*.

is not yet ready to accept any drastic political action to cut consumption.¹⁸

So with so many departments concerned with alcohol, many of them pulling in different directions, should there be a department or an interdepartmental committee concerned exclusively with alcohol, which could co-ordinate Government policy? The Central Review Staff considered this question and decided that there should be: it recommended the formation of an Advisory Council on Alcohol Problems. In considering the question it pointed out that according to the WHO Britain was exceptional in not having a co-ordinating agency, and it concluded that: "Neither the existing machinery within Government nor the bodies outside it provide the means for coherent formulation of policies. . . ."

The Government, however, has ignored this sound advice, which was offered in 1979. The Government wants to "have its cake and eat it," and to have ample scope for carrying out contradictory policies suits it well. Significantly the Central Policy Review Staff report, agreed to be a sensible, clear, and progressive report,¹⁹ was never published. What has been published is *Drinking Sensibly*,²⁰ an inept and uninteresting booklet that seems mostly to be concerned with providing excuses for Governmental inaction. The alcohol equivalent of ASH is badly needed.

Conclusions on political action

Political initiatives to limit alcohol damage would include actions such as: regular increases in the tax on alcohol at least to maintain its real price; a ban on alcohol advertising; reduction in the number of alcohol outlets; stiffer laws on drunken driving, including random breathalysing; a ban on any further loosening of the licensing laws; and an increase in the educational campaigning on the problems of alcohol. Just as with action on smoking what is really needed is a Government committed to reducing the harm and which acts in a co-ordinated way to achieve that end. But political action will be neither easy nor a panacea. There is formidable opposition to any political measures designed to cut consumption. Furthermore, as Poland shows (9 January, p 98), political action in isolation may not always have the desired effect, and to reduce alcohol damage action must continue on every front, including education and treatment.

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Medicine and Books

Investigation of the pancreas

Pancreatic Disease in Clinical Practice. Ed C J Mitchell and J Kelleher. [Derived from a symposium held at St James's Hospital, Leeds.] (Pp 432; £30.) Pitman. 1981.

The past three years have seen the publication of important new books on the pancreas. Manchester and Marseilles gave us *The Exocrine Pancreas* (£32) in 1979, and in 1981 Cambridge and Toronto produced *The Pancreas* (£18) and Leeds published *Pancreatic Disease in Clinical Practice* (£30). This latest contribution may be wholeheartedly recommended as the current definitive study, though it is not as exhaustive as *The Exocrine Pancreas*. A reviewer has his defences up when presented with a 42-author tome based on a symposium held two years before, but Dr Mitchell and Dr Kelleher are to be congratulated on selecting a technique that has brought the subject as fully up to date as possible. The many distinguished names among the contributors increase the authority of the text.

The pace of advance in investigation of pancreatic disease means that views held even recently are now obsolete. Thus the use of the pancreatic selenomethionine isotope scans, formerly championed by some of the learned contributors, is rightly consigned to the diagnostic dustbin. It is interesting to speculate whether nuclear magnetic resonance will prove practically useful or whether the technique will always remain applicable only to specialist centres as with ¹¹C-labelled amino-acid imaging. Encouraging results are certainly being obtained with real-time ultrasonography and pancreatic biopsy and cytology. The benzoyl-tyrosyl aminobenzoic acid/¹⁴C-aminobenzoic acid test looks promising as non-invasive, first-line investigation.

There is a commendably lucid account of amylase estimation, but the chapter on radioimmunoassay of trypsin is woolly, perhaps inevitably so because of the nature of the subject. At the end of the section on pancreatic investigation Dr Joan Braganza discusses the usefulness of pancreatic investigations with reference to Bayesian theory as applied to uncommon diseases. Some of the impact of this potentially useful account is lost by the failure to give rigorous definitions of the terms used.

The last 120 pages are devoted to management of disease, and as usual with the pancreas it is here that the medical profession has to admit its failings. Endoscopic pancreatography never saved the life of a patient with cancer of the pancreas. Nor arguably did any form of radical surgery or chemotherapy, discussion of which might well have been reserved for the interesting section on current controversies.

Management of acute pancreatitis is littered with shattered dreams and dashed hopes, and minimum management is clearly appropriate. The roles of routine bladder catheterisation, nasogastric suction, and ouabain treatment are all contentious despite the firm advice given on their usefulness. It is sad that peritoneal lavage has been used on 98 patients in one series without the use of controls. Consequently after five years it could be said only that "It is my very strong clinical impression that therapeutic peritoneal lavage is a valuable therapy in patients with severe acute pancreatitis." We have had just this difficulty before with glucagon, aprotinin, and cimetidine, all of which have been shown to be worthless in acute pancreatitis. Randomised controlled trials rule, OK?

I commend this textbook almost unreservedly. The layout and typeface are pleasing, the illustrations are generally good, and the content is lucid and modern. Are there any cavils? The words consensus, neutropenia, superseded, and cholecystectomy are all misspelt, sometimes more than once. There must be a better word than "overview." And the sentence "If the technique for collection of duodenal contents is unsatisfactory, or if only inexperienced technical manpower is available, the duodenal contents may be sampled" confuses. Presumably this is a transcription error, but it is not clear whether or not the author is advocating the collection of pure pancreatic juice by cannulation of the ampulla. The section on pancreatic enzyme replacement treatment is misleading. The most potent available preparations in Britain are pancreatin BP and Pancrex V powder. Prescribers are strongly urged to consult page 52 of the current *British National Formulary* before putting pen to paper.

Even so, these are minor and peripheral defects. A purchaser of this book is guaranteed excellent value for his investment.

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Anglo-American discussion of drugs

Monographs in Clinical Pharmacology. Vol 5. "Drug Treatment of Respiratory Disease." R B Cole. (Pp 334; £19.) Churchill Livingstone. 1981.

Monographs in Clinical Pharmacology are edited and published in America. The author of this particular volume, the fifth in