EDITOR'S CHOICE

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Stories for summer: drinking and rioting

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It's received wisdom in public health circles that raising the price of things like alcohol and cigarettes reduces their consumption: indeed there's strong evidence that price rises work, most recently rehearsed in the *BMJ* in the debate over minimum prices for alcohol (*BMJ* 2011;342:d1063, doi:10.1136/bmj.d1063). I was therefore struck by the view of Russian alcohol experts that raising the price of alcohol was not a solution to Russia's problem of alcohol misuse.

Shaun Walker's feature describes how alcohol misuse accounts for more than half the deaths of men of working age in Russia "and goes a long way to explaining why the life expectancy for men has hovered around 60 years in the past decade" (doi:10.1136/bmj.d5240). Yet, as Walker explains, consumption per head in Russia (15.8 litres of pure alcohol per person a year) is not that much greater than in many other European countries (Moldova, the Czech Republic, and Hungary consume more, and UK consumption is 13.4 litres). What helps to account for the damage is Russians' consumption of surrogate alcohol not meant for drinking—such as perfume and surgical spirit—and their habit of going on extended benders, or *zapoi*. There's also great regional variation, with the problem worse in remoter and colder regions. The Russian experts quoted in the article think that raising the price of alcohol would simply result in people drinking more surrogates: "You need to tackle the primary reasons why people drink . . . poverty and a lack of cultural or spiritual satisfaction."

That sounds as though it could be an explanation for England's recent riots. In his column Des Spence blames many things and talks of generational worklessness, social exclusion, drugs, and alcoholism (doi:10.1136/bmj.d5253). But, like the politicians, he also worries about a culture of rights without responsibilities

and one that blames professionals. "Politicians should understand that there is no perfect system: professionals make mistakes. The drive to control everything is resulting in chaos."

Martin McKee and Rosalind Raine take a rather different perspective in their editorial on the riots (doi:10.1136/bmj.d5248). A public health perspective has, they say, been neglected in all the comment on the riots, yet it may have something to offer: crime and its causes are, after all, one of the wider determinants of health. They point out that mathematical models of epidemics have been shown to explain the characteristics of riots. They think that it is possible to do ecological analyses to work out why riots happened in some places and not others and case-control studies comparing people who riot with those who don't. Finally, public health approaches can help to identify plausible interventions to respond to rioting—and they end with a plea for randomised controlled trials of different types of sentences for crimes.

That might seem a far cry from clinical medicine—and indeed one of the criticisms of the white paper on public health in England made by Jonathan Shapiro and Chris Spencer Jones in their editorial is that it plays down the medical and clinical aspects of public health and its role in the NHS (doi:10.1136/bmj.d4834). "At a strategic level [the public health system's] zeitgeist will be more about social engineering and less about service planning, a function that risks being separated entirely from epidemiology and the knowledge of disease."

There's lots more of interest in this double issue—and we hope it will keep you going till our next issue on 3 September.

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