

Volume 29

Number 4

December 2009

In this issue

Editorial 1

Minimum pricing

Inside government's
national alcohol
conference

National Alcohol
Awareness Day 2009

Celebrity drinking

NAAD 2009 poster
competition 2

Alcohol and the
performing arts 3

This bulletin will be published quarterly. Items for publication to be forwarded to the Editor

© Medical Council on Alcohol 2009

MCA
5 St Andrews Place,
Regent's Park,
London NW1 4LB
Tel: 020 7487 4445
Fax: 020 7935 4479

Registered Charity
Number 265242

FROM THE EDITOR



Dr Guy Ratcliffe

Minimum pricing

Opposition towards a minimum pricing policy for alcoholic beverages continues with some supermarket representatives expressing their concerns to the parliamentary health select committee when they met recently.¹ The supermarkets' preferred option is more education, but by whom and how do they suggest it is organised?

Inside government's national alcohol conference

At a recent 'Inside government' conference (November 2009) the possible introduction of a social marketing strategy was mooted, whereby commercial marketing tools could be used to influence health and social behaviour change. A new textbook on the subject has recently been published,² a copy of which will appear in the MCA library.

At the same conference a most successful pilot study in St Neots, Cambridgeshire, was reported. This was instituted by the community alcohol partnership in an attempt to reduce consumption of alcohol in public by under-age drinkers. It led to a 42% reduction in antisocial behaviour offences, and over 90% reductions in young people found in possession of alcohol and in alcohol-related litter. No matter what a central alcohol strategy may propose, it is local actions taken to address local issues that are likely to be more effective.

National Alcohol Awareness Day (NAAD) 2009

A recent BBC Radio 4 programme included a piece concerning alcohol dependency in which a protagonist strongly recommended a revamp of Hogarth's *Gin Lane* to illustrate the problems associated with alcohol in the 21st century. The MCA has taken up this challenge and, with the great support of the Executive and Education Committees, as well as the BMA Students Welfare Committee, has introduced a poster competition for UK medical students, based on both *Gin Lane* and *Beer Street*, which will replace the original computer competition as NAAD 2009. **Further details of the competition are available on page 2.**

Celebrity drinking

The reporting of celebrity drinking by the media is all too common. The performing arts industry has an integral relationship with alcohol. Indeed, alcohol has featured prominently in many films and plays, *Days of Wine and Roses* and *Leaving Las Vegas* being but two examples. Any attempt to provide expert assistance to a group of performers as part of an occupational health initiative is to be applauded: Dr Jenny Lisle's paper is both informative and timely.

References

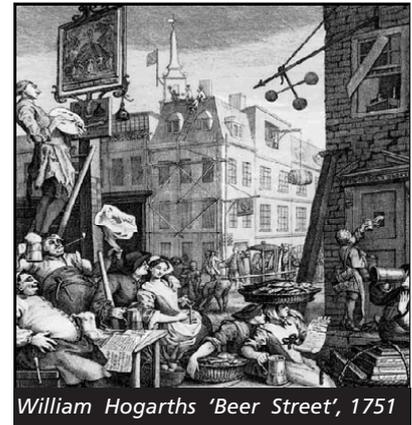
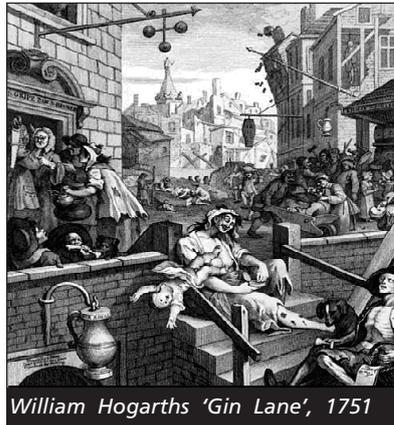
- 1 *BMJ* 2009; 339: b4287.
- 2 French J, Blair-Stevens C, McVey D, Merritt R. *Social marketing and public health*. Oxford: Oxford University Press, 2009.

Alcoholis publication dates

This bulletin will be published quarterly in March, June, September and December.

National Alcohol Awareness Day (NAAD) competition 2009

www.m-c-a.org.uk



This year's NAAD will be a poster competition in conjunction with the BMA Students Welfare Committee. The underlying theme will be of a Public Health message to outline the dangers of excessive alcohol with entrants producing a poster based on either or both the 18th Century etchings of William Hogarth, known as *Gin Lane* and *Beer Street* (for history see below). In other words the poster will be a 21st Century version of Hogarth's classic(s).

Prizes:

Four winners will receive a three to four week placement in a centre for the treatment of substance abuse somewhere in the world: previous winners of NAAD in 2005 and 2007 have visited Seattle, Montreal, Vienna and Scotland. Details can be found www.m-c-a.org.uk.

Judging:

This will be organised by the MCA and will include judges from the BMA as well as outside agencies.

Entry Rules:

1. The competition is open to all UK medical students.
2. The closing date for entries is 28 February 2010.
Entries should be forwarded in hard copy or via email: mca@medicouncilacol.demon.co.uk
Any queries please contact the MCA via email or telephone: 020 7487 4445
3. Poster size must be A3.

4. The following media are acceptable for the poster:
 - Watercolours
 - Oils
 - Pen and ink
 - Charcoal
 - Pencil
 - Photographs
 - Computer generated with graphics etc or a combination of one or more of the above.
5. If photographs of people are included, then written permission from the person or persons in the photographs must be obtained and forwarded with the entry.
6. Once entries have been received the MCA will retain copyright.
7. Students are encouraged to Google Hogarth, *Gin Lane* and *Beer Street*, and proceed from there.

'Gin Lane'

An etching and engraving published in February 1751, it depicts a scene north of Covent Garden demonstrating the effects of gin on society. There was a plague of gin drinking in London during the first half of the 18th Century after controls at the beginning of the century had been lifted, as a result of which gin stills proliferated with up to 1 in 6 houses in this part of London selling gin, much of which is imported. Gin was said to be responsible for a fall in the birth rate, for an increase in the infant mortality rate and for a fall in the total population, despite an increase in immigration.

Acts to reduce consumption in 1736 and 1743 were ineffective. A campaign launched in 1750, of which Hogarth's etching was part, led to the Gin Act of 1751 which introduced licensing of retail premises with resulting reduction in consumption.

Below the 'Gin Lane' etching are three verses from Townsley

"Gin, cursed fiend, with fury fraught,
Makes human race a prey;
It enters by a deadly draught,
And steals our life away.

Virtue and truth, driv'n to despair,
Its rage compels to fly;
But cherishes, with hellish care,
Theft—murder—perjury.

Damn'd cup! that on the vitals preys,
That liquid fire contains,
Which madness to the heart conveys,
And rolls it through the veins."

Beer Street'

Hogarth produced the Beer Street etching at the same time as *Gin Lane* partly to emphasise that the risks of drinking English ale were believed to be far less than the far stronger alcohol content of imported gin. Beer was said to inspire artists, refresh tradesmen and labourers and could even be safely consumed on rooftops. The central figures in the etching appear affluent

and healthy, if not a little portly. It is suggested therefore, that Beer Street was Hogarth's attempt at defining what in today's parlance could be described as sensible or responsible drinking. However, conjecture surrounds the relevance of the sign-writer. The horrors of *Gin Lane* provided imagery for propaganda against alcohol for another hundred years.

The 'Beer Street' etching also includes Townsley's three verses which make further contrasts to England and France:

"Beer, happy produce of our isle,
Can sinewy strength impart;
And, wearied with fatigue and toil,
Can cheer each manly heart.
Labour and art, upheld by thee,
Successfully advance;
We quaff the balmy juice with glee,
And water leave to France
Genius of health! thy grateful taste
Rivals the cup of Jove;
And warms each English generous breast,
With liberty and love."

Alcohol and the performing arts

Dr Jenny Lisle, Independent Consultant in Public Health

Image by iStock



People engaged in the performing arts have a culture and lifestyle which has long been associated with generous consumption of alcohol. This is borne out by data from the General Household Survey which shows that both men and women engaged in the arts have higher levels of drinking than those in other occupational categories, at levels exceeding the recommended 14 units for women and 21 units for men. Those working in the arts were the second highest consumers of alcohol overall.

The performing arts includes musicians, actors, singers and dancers who perform in a wide variety of work settings such as orchestras or bands, opera or theatre companies, film or television and in live performances such as circuses, gigs and music festivals. Many are self-employed freelancers. This article will focus mainly on orchestral musicians rather than trying to address the alcohol issue in relation to performing artists in general. In fact, there are many categories of musician, for example classical, folk, jazz, rhythm & blues/soul, reggae, rock/metal, rap/hip-hop, often involving a combination of instrument and voice. Identification

with a specific group is common and a recent study in California suggested that young people who listen to hip-hop are more likely to abuse alcohol and that every major rapper had a degree of involvement with alcohol.

Musicians' drinking habits are likely to be similar to, but in many cases will probably exceed those of the population as a whole, which means that more than 30% of male musicians and 16–20% of female musicians are drinking at levels that put them at risk of physical and psychological harm. The International Labour Organisation estimates that almost two-thirds of alcohol abusers are in full-time employment. Musicians may be an

occupational group more at risk than others since the alcohol issue is widely known about within the music world but musicians are reluctant to acknowledge this, for reasons which will be discussed in this article.

Performing arts medical associations (Box 1)

It was not until the 1980s that performers became a focus of interest for physicians who in the UK formed an organisation which over the years evolved to include other health practitioners interested in the performing arts and became known as the British Association of Performing Arts Medicine. BAPAM is a charitable organisation with a remit to cover all musicians as well as actors and dancers, although instrumental musicians constitute two-thirds of clinic users.

In the USA the Performing Arts Medical Association (PAMA), also initially a medical organisation limited to physicians, quickly grew to include all types of health professional, as well as performers, educators, arts administrators and others dealing with the health of musicians, dancers, singers and actors.

PAMA is an international organisation and its official journal, *The Medical Problems of Performing Artists*, is the first clinical medical journal devoted to the aetiology, diagnosis and treatment of medical and psychological disorders related to the performing arts. Original peer-reviewed research papers cover topics

Box 1. The aims of Performing Arts Medical Associations

BAPAM and PAMA are committed to:

- promoting the highest quality of care to all performing artists and bringing to that care an appreciation of the special needs of performing artists
- developing educational programmes designed to enhance the understanding and prevention of medical problems related to the performing arts
- promoting communication among all those involved in the healthcare and wellbeing of performing artists
- fostering research into the aetiology, prevention, treatment and rehabilitation of medical problems of performing artists.

including neurological disorders, musculoskeletal conditions, voice and hearing disorders, anxieties, stress, substance abuse, disorders of ageing and other health issues related to performers. However, almost all research has focused on injury, playing-related pain, musculoskeletal and mental health problems. There is a dearth of research covering the issue of alcohol and performers despite abundant anecdotal evidence.

Historical drinking culture

Traditionally brass players have a reputation of being heavy consumers of alcohol but although widely known, this is not readily acknowledged. Often musicians in a particular section of an orchestra are not needed for the whole performance so the established custom has been to repair to a theatre bar or to a local pub until required. The pub is often the only place to go during breaks between performances or after rehearsal, there being limited time and no alternative places for relaxation since there are often no backstage facilities.

As a result, players have been known to perform when drunk and on occasion have missed a performance. I heard Handel's Messiah at a concert when the entire brass section failed to return in time for the Hallelujah chorus. On another occasion I was asked to see a cellist who had a long-standing alcohol problem and had fallen off her stool in the orchestra pit during a performance. She eventually agreed to go for treatment in a residential centre with financial support provided by the Musicians' Union. She has since successfully rejoined the orchestra, playing without relapse for over ten years and has remained abstinent.

The Musicians' Union believe that although alcohol has always been a problem amongst certain groups of performer, frequenting bars being the norm and a part of the culture, there are some signs of a gradual, but positive culture change. However, the Musicians' Benevolent Fund, which

assists musicians who have fallen upon hard times, believes alcohol is an issue in many of the cases seen. Alcohol might sometimes come up as an underlying problem, although not as presenting problem, during a BAPAM clinic consultation. One of the persistent obstacles to musicians' health is a culture of secrecy and reluctance to admit to problems.

Risk factors for alcohol misuse in musicians

Occupational issues and lifestyle

Although alcohol is a part of many musicians' lives, this may be associated with underlying occupational issues which cause stress. Living on the breadline, thinking that you may lose your job tomorrow, is part of orchestral life in Britain. Germany, Austria, France and other European countries, offer greater financial security, more generous public funding and generally better working conditions. In the UK, orchestras often do not have their own rehearsal venue and have less rehearsal time before performances. There is greater insecurity, both financial and due to the intense competition for jobs. Most orchestral musicians, even in top orchestras, are employed on a freelance basis; relatively few have permanent contracts.

There is pressure to perform well on each and every occasion since a poor performance will be judged and can ruin a career. There is pressure to keep up with hectic schedules, rehearsals, back-to-back performances, as well as other playing commitments necessary to generate income. Frequent travelling to different venues for performances is the norm. Eating regular meals and finding time for relaxation can be problematic for musicians. Drinking alcohol in order to relax can become a habit.

Performance anxiety

Musical performance generally takes place before an audience when the musician is under continuous scrutiny and when the personal cost of failure

or suboptimal performance is very high. There are few activities that can produce tension and anxiety as quickly as performing in public and most professional performers have experienced performance anxiety to varying degrees. Anxiety may be experienced while preparing for a performance, days or even weeks beforehand, not only while performing.

Three main stressors that significantly affect musicians are stage fright, conductor scrutiny and fear of making mistakes – the need for perfection. Conductor scrutiny may be more feared in rehearsal than in a performance since criticism, even ridicule, is more likely during rehearsal. Many performer problems go unreported and undiagnosed because performers fear that any admission about difficulty coping with rehearsal or the conductor might put their job at risk. Musicians are known to self-medicate using alcohol and/or street or prescription drugs such as beta blockers.

In 1995 a Dutch study found that 59% of musicians in symphony orchestras reported performance anxiety severe enough to impair their professional and/or personal functioning. A 1997 survey of 57 orchestras worldwide,¹ found that 70% of musicians reported that they experienced anxiety severe enough to interfere with their performance with 16% experiencing this level of anxiety more than once a week. Sternbach described the working conditions of professional musicians as generating a total level of stress far exceeding that observed in other professions.^{2,3} It is therefore not particularly surprising that musicians who earn a living by performing often become dependent on alcohol or other drugs such as beta blockers as a self-help means of coping with the stress of performing.

West described how musicians who start using alcohol to deal with performance anxiety become trapped in a downward spiral, becoming more reliant on alcohol and without it becoming ever more anxious.⁴ This

situation is compounded by the fact that alcohol adversely affects technique. Coordination, memory and muscle control are impaired in a dose-response manner. Playing a musical instrument is a psychomotor activity requiring fine control of muscles, very precise and often very rapid movements so that notes are played accurately. It is therefore very difficult for a musician to perform to an acceptable standard if severely alcohol dependent.

The Healthy Orchestra Charter

In recognition that positive action was needed to improve musicians' health as well as ensuring compliance with current noise legislation and the Health and Safety at Work Act, a joint initiative by the Association of British Orchestras (ABO) and the Musicians'

Benevolent Fund (MBF) was launched in 2006 to set an industry-wide standard of care. The Healthy Orchestra Charter (HOC), open to all ABO members, is an award scheme to help motivate occupational health and safety performance improvement in orchestras by providing a rising scale of targets to aim for and a means of recognising achievement within the orchestral sector. It is also intended that the Charter Marks – offering three levels of achievement, Bronze, Silver and Gold – will provide examples of good practice as positive role models for other orchestras to learn from and emulate. Orchestras must achieve Bronze before proceeding to Silver and then Gold. The majority of applications have been from larger orchestras but the few to date from smaller/chamber orchestras have shown a proactive approach to

occupational health and have demonstrated what can be achieved with limited resources, providing an excellent example for others.

So where does alcohol feature in the HOC? The initiative has provided opportunities for health promotion and guidance on lifestyle issues such as alcohol. In addition to clinics for performers, BAPAM operates a confidential helpline and is actively involved in health promotion with music colleges and conservatoires as well as providing website information on alcohol. Alcohol policies are being encouraged as part of an orchestra's health and safety remit and although there are difficulties to overcome in implementation, at least one opera company, the Welsh National Opera (WNO), has found a way forward which is apparently working (Box 2).

Continued overleaf

Box 2. Welsh National Opera's clarification of its alcohol policy for the orchestra.

- It is recognised that alcohol, even in small amounts, can compromise motor skills, impede judgement and negatively affect the playing of a musical instrument. Therefore, the company believes that the influence of alcohol at any time prior to the last call of the day or night is not in line with the professional and musical standards expected of the Orchestra.
- Throughout the working day, each person must be fully fit for work at the best of their ability in order to carry out their duties as an Orchestra member. There should be no impairment at all to his or her conduct or performance that is linked to the consumption of alcohol.
- There must be no consumption of alcohol, either backstage or front of house (including house bars and restaurants within the building) at any time during the working day. This includes during breaks, rehearsals, during performances and in intervals of performances. There must be no consumption of alcohol at any other theatre, touring or concert venue where WNO is working.
- Should an Orchestra player not be required for a section of a performance and is permitted to leave the theatre or concert venue for a period, the Company requires that he/she must not consume alcohol at all during those times, even if it takes place off the premises.
- Players who are able to leave the performing area in some theatres are doing so as concession only, and the management has the right to enforce attendance 'on the stand' throughout the performance. A move to this position may be currently thought to be undesirable, but will be instituted if the particular rule concerning alcohol consumption is abused at any time.
- It is clear that members of stage bands have to work in what is regarded as the most high-risk area in the theatre. They should approach the matter of drinking alcohol with the maximum of responsibility and self control. Any member of a stage band must not drink alcohol at all during any stage rehearsal session. If the highest standards of responsibility are not maintained in this respect, the management will take sanctions in order to protect the position of other performers, technicians and associated staff.

Should any of the above rules be breached, disciplinary action will be taken.

Orchestra players are strongly advised by the Company not to consume alcohol off the premises at any time during break times during the working day – either lunch, tea or breaks in rehearsals, or time off between rehearsals.

The future

Working with musicians and gaining a comprehensive understanding of the underlying issues which may be contributing to alcohol misuse is an essential first step. Development of proactive health policies, together with early intervention and appropriate support for musicians who are problem drinkers may be starting to have a positive impact on the culture. The ABO and the MBF will shortly evaluate how well the Charter has impacted on the policies and procedures of British orchestras in relation to the occupational health and safety of their musicians and managerial staff. Recommendations will then be made for the future of the Charter 2010–13.

In her response to a headline-catching article on alcohol misuse among musicians in the Guardian earlier this year, Chi-chi Nwanoku, principal double bass player with the Orchestra of the Age of Enlightenment, explained that orchestras no longer treat alcohol as a taboo subject and that orchestral musicians 'were making a genuine attempt to acknowledge a problem and to work sensitively together to address it'.

References

ABO Healthy Orchestra Charter: an occupational health & safety awards scheme for orchestral musicians and their managers. www.abo.org.uk

British Association of Performing Arts Medicine (BAPAM) www.bapam.org.uk

- 1 James IM. Survey of orchestras. In: R.Tubiana, PC Amadio (eds). Medical problems of the instrumentalist musician. London: Martin Dunitz, 2000.
- 2 Sternbach D. Addressing stress related illness in professional musicians. Maryland Med J 1993;42(3):383-88.
- 3 Sternbach D. Musicians: A neglected population in crisis. In: Sauter SL, Murphy LR (eds) Organizational risk factors for job stress. Washington DC: American Psychological Association, 1995.
- 4 West R (2004) Drugs and musical performance. In: A Williamon (ed) Musical excellence: strategies and techniques to enhance performance. Oxford: Oxford University Press, 2004: Chapter 14.

MCA AGM and Seminar

The AGM and Seminar on 26 November was most successful. The contributions of the speakers on various aspects of alcohol and cancer were succinct and most informative. Abstracts of the three presentations will be published in the first issue of *Alcoholis* in 2010.

Sir Michael Marmot's lecture on Alcohol and the social determinants of health was masterly. A full script of his lecture will be published in next year's Annual Report.

New web address for MCA

The MCA has migrated to a new web address, www.m-c-a.org.uk. This is to enable improved communication with our MCA members, healthcare professionals and members of the public. Access via the old web address remains in place.



FOUNDED 1967

The Medical Council on Alcohol is a small national charity committed to improving the medical understanding of alcohol-related problems

5 St Andrews Place, London NW1 4LB
Tel: 020 7487 4445 Fax: 020 7935 4479

Email: mca@medicouncilalcol.demon.co.uk

Website: www.m-c-a.org.uk

Registered Charity Number 265242

Alcoholis, the quarterly bulletin for medical and allied professions is published by the Medical Council on Alcohol, in association with the Royal College of Physicians. Views expressed by contributors are not necessarily those of the MCA who, nevertheless, welcome comments from other parties and will publish selected signed correspondence.

This bulletin has been supported by an unrestricted educational grant from Archimedes Pharma UK Ltd.

