



Alcoholis

ISSN 1351-0541

THE BULLETIN OF THE MEDICAL COUNCIL ON ALCOHOL

Committed to improving medical understanding of alcohol-related problems

Volume 29
Number 2
June 2009

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

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FROM THE EDITOR



Dr Guy Ratcliffe

There seems to be a gathering momentum to address many of the issues resulting from excessive alcohol consumption. Certainly the broadsheets have publicised case histories involving alcohol as well as comments from respected members of the community. Various reports have been produced, not least the All Party Parliamentary Group on Alcohol Misuse – about the future of alcohol treatment services, the Executive Summary of which appears on page 2. A recent issue of *The Lancet* includes several papers about alcohol, again which are summarised left.

From the MCA's point of view, the saddest recently reported case history was that of a medical student who died earlier this year, of a combination of gammabutyrolactone (GBL) and alcohol.¹ GBL is a chemical alloy cleaner which, when used appropriately, may cause mild skin irritation, rashes and eczema. It carries a health warning that stipulates it is not intended for human consumption: immediate medical attention should be sought if it is swallowed. Once ingested it is converted in the gastrointestinal tract to gamma hydroxybutyrate (GHB) which may cause vomiting, fits and collapse. Alcohol potentiates some of these affects, which may be fatal. GHB acts on GABA receptors with actions similar to benzodiazepines, baclofen and alcohol.

Despite its risks when ingested, GBL remains legal in UK although consideration to classify it as a Class C drug is in progress.

The Lancet highlights lack of coherent policies on alcohol

A recent issue of *The Lancet* (Volume 373, pp2171-258), thoroughly describes the present state of play regarding our favourite drug throughout the world. In summary it identifies the lack of any coherence for global control of alcohol-related harm. More specifically, the paper by Zaridze et al² reviews a retrospective study of nearly 50,000 deaths in Russia in three industrial cities: frighteningly alcohol contributed to more than 50% of deaths between the ages of 15 and 54 during the period 1990-2001.

The three series papers on Alcohol and Global Health discuss the global burden of disease and injury, the effectiveness and cost-effectiveness of policies and programmes to reduce alcohol related harm, and a call for action to reduce harm.^{3,4,5}

'...alcohol contributed to over 50% of deaths between the ages of 15 and 54 during the period 1990-2001 in Russia'

Actions to reverse these statistics have been proposed and the health promotion projects recently introduced may influence these appalling statistics.⁶

This issue of *The Lancet* is highly recommended reading for healthcare professionals with an interest in alcohol.

All Party Parliamentary Group on Alcohol Misuse

This report was published in May this year by Alcohol Concern, following three oral evidence hearings in the House of Commons in late 2008 and early 2009. Evidence was taken from a wide group of experts including the voluntary alcohol agencies, psychiatrists, the Department of Health (DOH), and the private sector. The

Continued overleaf

report was funded by Mimosa Healthcare Group Ltd.

The foreword by Linda Waltho MP, Chair of the Group, draws attention to the 2008 reports by Alcohol Concern and the National Audit Office which identified lack of strategic planning and investment for the care of alcohol misusers.

I make no apologies for publishing the Executive Summary in full (see below), not least the key recommendations, which identify the

wide responsibilities at all levels from the DOH downwards to provide a satisfactory alcohol treatment service.

The call for minimum pricing

The arguments and discussions regarding this controversial subject continue, and certainly a strong call for introducing a 50p unit of

alcohol cost in supermarkets was made again at the recent Alcohol Health Alliance meeting. The major bone of contention is the possible impact of increased cost to moderate drinkers. Despite the independently commissioned University of Sheffield report suggesting that such a policy would have minimal economic affect on moderate drinkers, an alternative opinion from the Centre for Economics and Business Research Ltd,

All Party Parliamentary Group on Alcohol Misuse

EXECUTIVE SUMMARY

The Inquiry into the Future of Alcohol Treatment Services was called by the All Party Group in 2008 to investigate and understand the current state of alcohol treatment services in England and their future. Specifically, the APPG focused on whether and how recent policy developments have made an impact on treatment delivery, what the challenges are for a range of people working in the system and which actions need to be taken to widen access and place the system on a stable and sustainable footing.

The Inquiry heard that a variety of problems, constraints and challenges face those working in the treatment system. While some respondents reported that the profile of alcohol treatment had been raised in some areas, there were inconsistencies in the level of funding, the participation of Primary Care Trusts (PCTs) and the use of strategic guidance from Government. The majority of respondents reported a general lack of capacity and variety in alcohol treatment services, due to poor levels of funding and, in some cases, a harm reduction agenda driven largely by crime and disorder rather than health considerations.



Key recommendations of the All Party Parliamentary Group:

- Government needs clear cross-departmental leadership to tackle England's growing alcohol problem.
- Government needs to measure alcohol harms differently, by targeting a reduction in heavy drinking amongst all age groups and a reduction in alcohol-related crime as well as hospital-related admissions.
- All primary healthcare services should understand and be able to deliver Screening and Brief Interventions (SBI).
- All PCTs areas should have effective specialist alcohol services which are accessible to local communities.
- Specialist alcohol treatment must meet the needs of all those affected by alcohol misuse.
- There needs to clear protocols and pathways in place to tackle alcohol misusers with more complex needs.
- In order to tackle alcohol harms, PCTs must understand the scale of the problem they are facing and share data as required.
- The Department of Health should update and reissue existing guidance and support implementation with regional training.
- There needs to be an ongoing training programme for alcohol commissioners.
- Strategic Health Authorities must ensure that PCTs are assessing need in their area and commissioning alcohol treatment commensurate with that need.
- Clear guidelines are required about how different parts of the alcohol treatment sector are to work effectively together.
- The National Institute for Health and Clinical Excellence (NICE) should look at how the Quality and Outcome Framework (QOF) for GPs can be amended to help tackle alcohol misuse.
- Access to accurate alcohol misuse and dependency data must become a priority for the Department of Health.

commissioned by a major brewer, states that the increase per household would be £1.3 billion per year in lost 'consumer welfare' (satisfaction from drinking).⁷ What this report does not do is to explain how consumer welfare can be calculated in financial terms. Overall the report suggests that savings to be made from minimum alcohol pricing are likely to be minimal.

A further report to be published later this year suggests that presently responsible drinkers are subsidising the behaviour of the 25% of the population who are drinking at hazardous or harmful levels: this effect would be reduced by the introduction of a 50p per unit minimum price.⁸

I am grateful to Professor Martin Plant for his review of the ESPAD 2007 report.

References

- 1 Daily Telegraph 29 April 2009
- 2 Zaridze D, Brennan P et al. Alcohol and cause – specific mortality in Russia: a retrospective case-control study of 48557 adult deaths. *Lancet* 2009; 373: 2201–14
- 3 Refim J, Mathers C et al. Global burden of disease and injury and economic cost attributable to alcohol use and alcohol use disorders. *Lancet* 2009;373:2223–33
- 4 Anderson P, Chisholm D, Fuhr DC. Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol. *Lancet* 2009;373:2234–46
- 5 Casswell S, Thamarangsi T. Reducing harm from alcohol: call to action. *Lancet* 2009;373:2247–57
- 6 Parfitt T. Russia's health promotion efforts blossom. *Lancet* 2009;373:2201–14
- 7 Centre for Economics and Business Research Report 2009
- 8 Record C, Day C. Britain's alcohol market: how minimum alcohol prices could stop moderate drinkers subsidising those drinking at hazardous and harmful levels. *Clinical Medicine* 2009 (in press).

Michael Frowen memorial essay prize 2010 competition

for a paper not exceeding 3,000 words (the word count is not to include references or title).

'Can government, drinks industry and the medical profession collaborate to reduce the health risks associated with alcohol.'

First prize £500
Second prize £300
Third prize £200

Closing date 31 March 2010

Details can be obtained from Medical Schools, the MCA Office, tel: 020 7487 445 and from the MCA website: www.m-c-a.org.uk

The winning essay will be published in the MCA Annual Report and possibly elsewhere. This competition applies to current medical students within the United Kingdom only.

Michael Frowen essay prize winner 2009

Winner: Luke Holmes, University of Warwick

Second prize: Niru Sritharan, University College, London

Third prize: Menaka Jayasekera, Southampton Medical School

The three winners have been invited to this year's AGM.

**With grateful thanks to the judges:
Dr A Beattie, Dr B Ritson and Dr A McCune**

'Binge' drinking by teenagers in the UK is serious and chronic

Martin Plant, Professor of Addiction Studies, Alcohol and Health Research Unit, University of the West of England, Bristol.



The latest findings on teenage drinking, smoking and drug use across Europe were released in March. The European School Survey Project on Alcohol & other Drugs (ESPAD) is a study of 15- and 16-year-old teenagers in 35 European countries. It is by far the most detailed international study on this subject to date. ESPAD was previously carried out in 1995, 1999, 2003 and 2007. The countries that participated in ESPAD 2007 were Armenia, Austria, Belgium, Bulgaria, Croatia, Cyprus, the Czech Republic, Denmark, Estonia, Faroe Islands, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, the Isle of Man, Italy, Latvia, Lithuania, Malta, Monaco, the Netherlands, Norway, Poland, Portugal, Romania, Russia, the Slovak Republic, Slovenia, Sweden,

Switzerland, Ukraine and the United Kingdom. The UK sample included 2,179 teenagers (1004 boys and 1175 girls).

The latest ESPAD findings show that:

- The percentage of European teenagers questioned in ESPAD reports since 1995 who had consumed alcohol in the previous year has remained fairly stable at or around 80%. The 2007 survey in the UK indicated a small fall from 91% to 88%.
- Once more, UK teenagers reported high levels of binge drinking, intoxication and alcohol-related individual, relationship, sexual and delinquency problems. They ranked third highest (after Bulgaria and the Isle of Man) in relation to such problems.
- The UK ranked seventh in relation to the percentage of teens who had 'binged' (consumed five or more drinks on at least one occasion) in the past 30 days. A total of 54% of UK teenagers had reportedly done this. The highest levels of 'binge' drinking were in the Isle of Man (61%), Denmark (60%), Malta (57%), Portugal (56%), Estonia and Latvia (54%).
- In 2003 it was revealed that teen girls in the UK (as well as Ireland and the Isle of Man) were more likely than boys to have binged in the previous 30 days. The 2007 survey showed, similarly, that girls were more likely than boys to be binge drinkers in the UK, Iceland, Norway and Sweden.
- UK teenagers ranked third highest (after Denmark and the Isle of Man), according to self-reports, in having been drunk in the past 30

days. A total of 33% of UK teens reported such recent intoxication.

- Girls reported higher levels than boys of such recent drunkenness in nine countries. These were the Isle of Man, the UK, Ireland, Spain, Finland, Norway, Sweden, the Faroe Islands and Monaco. The fact that some teenage girls are 'binge' drinking even more than boys suggests that, both in the UK and elsewhere, a profound social change has been taking place. It is clearly no longer socially unacceptable for females to drink heavily or to become intoxicated. This may reflect factors such as greater female social and economic empowerment and changing social roles as well as the marketing practices of the beverage alcohol industry.
- The percentage of UK teens who had binged at least three times in the past 30 days was almost the same as in 2003. Altogether, 26% of boys and 27% of girls reported having done this.
- Binge drinking amongst girls had increased across Europe since 1995. It had remained relatively stable amongst boys since 1999.
- A striking feature of UK teenagers was that they were more likely than those in nearly all other countries to report that they expected positive consequences from drinking. Only Denmark and the Isle of Man scored higher in this respect.

ESPAD shows that the use of alcohol, tobacco and illicit drugs is widespread amongst 15- and 16-year-olds across Europe. Even so, there had been a fall in both smoking and illicit drug use. This is good news for the health of young adults. Alcohol consumption

has remained fairly stable, although a small reduction has recently been evident amongst boys. The UK retains its unenviable position in relation to binge drinking, intoxication and alcohol-related problems amongst teenagers. This problem is both serious and chronic. It is now to be hoped that the Government will prioritise policies that are effective to reduce heavy drinking, alcohol-related disorders and health problems amongst young people. Increasing numbers of young people are developing serious health problems related to drinking, with more and more dying prematurely due to their alcohol use. There is a scientific and medical consensus that alcohol education and mass media campaigns have a very poor track record in influencing drinking habits. Far more effective (and cost effective) policies include using taxation to make alcohol less affordable. Alcohol problems do not only affect a tiny minority of very heavy drinkers. Everyone has a stake in public health and safety – we are all ‘passive drinkers’ in one way or another. Moreover, many people whose alcohol consumption is generally moderate also experience some adverse effects from their drinking. It is therefore recommended that a minimum price of 50 pence per unit of alcohol should be introduced. This measure would save over 3,000 lives per year, affecting harmful and hazardous drinkers in particular. It would also reduce problems such as absenteeism, public disorder and hospital admissions – and could save £1 billion per year in the cost of alcohol-related harm.

Reference

Hibell B, Gtormsson U, Ahlstrom S *et al.* The 2007 ESPAD Report: Alcohol and other drug use among students in 35 European countries, Stockholm: Swedish Council for Information on Alcohol and other Drugs.

The full report is available online at <http://www.espad.org/espad-reports>

Youth, Alcohol & Crime

Problems and effective responses

An international conference

Friday, November 13th 2009

The Watershed, 1 Canon's Row, Harbourside, Bristol, UK

Topics will include:

Drinking by young people, crime and young people, alcohol, crime and disorder, the alcohol crime connection, alcohol culture or drinking culture: international perspectives, young men's explanations of the role of drinking setting in barroom aggression, victimisation, how did we get into this mess? liberal constraint and government policy, making crime reduction work, and the promise of prevention: alcohol control regulations and youth and gang violence.

Speakers & Chairpersons will include:

Thoruddur Bjarnason (Iceland), Douglas Cameron, John Carnochan QPM, Gavin Dingwall, Henk Garretsen (the Netherlands), Richard Hammersley, Roy Light, Rod Morgan, Robert Parker (USA), Martin Plant, Moira Plant, Bruce Ritson & Samantha Wells (Canada).

Registration fee: (payable to UWE, Bristol) £150.
Student discounts are available.

Further details may be obtained from:
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Blackberry Hill, Bristol BS16 1DD, United Kingdom.

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- Email: Jan.Green@uwe.ac.uk



University of the
West of England

MCA AGM and Seminar

At the Royal College of Physicians
26 November 2009, 11.00 am

Coffee available from 10.30 am

The fourth annual Max Glatt Memorial Lecture will be given by our president, Professor Sir Michael Marmot, on a subject to be confirmed.

Lunch 12.30 pm

The post lunch seminar at 1.30 pm will concentrate on alcohol and cancer. Speakers will include:

Professor Graham Ogden, University of Dundee

The synergy between alcohol and smoking in the development of oral cancer

Dr Gillian Reeves, Reader in Epidemiology,
Cancer Epidemiology Unit, University of Oxford

Alcohol and breast cancer

Dr Stephen Ryder, Consultant in Hepatology,
Queens Health Centre, Nottingham

Alcohol & hepatitis C in the aetiology of
primary liver cancer

Alcoholis publication dates

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

Items for publication should be forwarded to the Editor.

Apologies for the late publication of the June issue which was due to production difficulties.

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.



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

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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.

