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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

## The collateral damage caused by alcohol

Dr Bruce Ritson delivered a masterly lecture on this subject during his Max Glatt Memorial Lecture at the AGM in November. This year's student essay prize concerns the same subject of collateral damage caused by alcohol, and how it can be managed. This is a very broad topic indeed, with a vast amount for possible entrants to consider. It will be interesting to read the variety of entries in due course, and, I daresay, the job of the judges in deciding the winners will be far from easy.

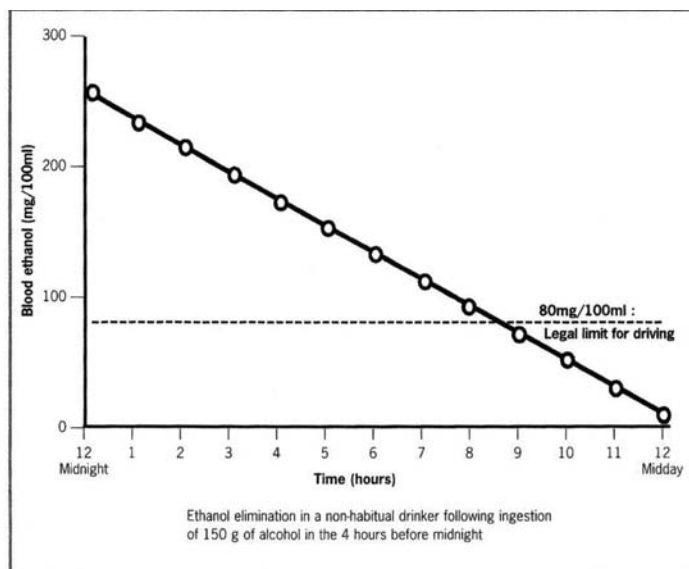
As examples of the impact of alcohol, one only has to scan the broadsheets, which

continue to report several stories in which alcohol has contributed directly or indirectly. Some of these stories have resulted in the tragic deaths of one or more people: an example being the Durham student who died of hypothermia at a well-known ski resort in France. Others have involved or allegedly involved well-known sportsmen, one of whom seemingly did not consider the length of time necessary for his liver to metabolise the alcohol he had consumed the previous evening, with the inevitable consequence of a positive breath test the next day when stopped by the police for erratic driving. Perhaps one of the most bizarre stories of late concerned a young man who, under the influence of alcohol, attempted to blind with a laser the pilot of a plane taxiing at an airport in the north of England. No matter who we are, alcohol is a mind-altering drug, and none of us should be surprised by the variety of responses that may result.

Returning to the rate of alcohol metabolism with consequent positive breath tests, it is worth stressing the fact that whenever we are asked by the media about this subject, it is abundantly clear that the question of fitness to drive the morning after

an episode of binge drinking has rarely been considered. As a timely reminder, it is well worth including here the graph of the time course of ethanol elimination published in our handbook, *Alcohol and Health*.

*Time course of ethanol elimination. Reproduced from the Alcohol and Health handbook.*



### Scottish government's Framework for Action on changing Scotland's relationship with alcohol

**In late February the Royal Society of Edinburgh organised a conference, 'Alcohol – our Favourite Drug: from Chemistry to Culture', in conjunction with Scottish Health Action on Alcohol Problems (SHAAP). This emphasised yet again the impact of excessive alcohol consumption in Scotland, with its consequent impact on the health, social and criminal justice services.**

Importantly, the conference was timed to coincide with the Scottish government's Framework for Action, published a few days later.<sup>1</sup> This Framework for Action is a very thorough attempt to identify ways of reducing the present problems within Scotland. It concentrates on many of the key aspects, including the somewhat thorny issue of minimum pricing. It has long been known that raising the price of alcohol consistently results in an overall reduction in consumption: the recent UK government-commissioned report<sup>2</sup> by the School of Health and Related Research (ScHARR) of the University of Sheffield amply illustrates the impact of introducing a minimum price of 40p per unit on consumption rates, and consequently reducing hospital admission rates, criminal offences and workplace harms. The only lobby against such a proposal cites the impact of increasing prices on moderate drinkers: in fact, the report suggests that impact on this

group will be a reduction in consumption of less than 0.1 units per week. An issue which is not included in the Scottish government's document is the rate at which public houses are closing in UK. This is not a criticism of the document *per se*: however, the public house has been part of this country's culture for many centuries, and in some rural parts of the country, acts as a focus for the village. It is noteworthy to include the pub here because of the huge differential between alcohol prices in pubs and the supermarket: a differential which has inevitably contributed to the rate of pub closures. It surely is not beyond the wit of man to devise a pricing policy that enables fair competition but that, importantly, results in an overall reduction in consumption.

The Scottish government has attempted to introduce targets in some areas. Politicians generally like to set targets by which their policies can be judged successful or not. Between now and 2011 they wish to see delivered nearly 150,000 brief interventions in their priority areas of primary care, antenatal care and Accident and Emergency departments. Commensurate with this is for NHS Health Scotland to develop and coordinate a three-year national training programme for delivery of brief interventions. Subsequently such training will be a core aspect of workplace development in NHS Scotland.

The recognition of the

relationship between alcohol and mental health will lead to an action plan, 'Towards a Mentally Flourishing Scotland', which is to be published in the Spring of this year.

Current plans and practice for identification and treatment of offenders with alcohol problems will be reviewed. In collaboration with key stakeholders, integrated pathways for offenders with alcohol problems will be developed.

I have not included a complete list of proposals here, but merely outlined some of the key areas.

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**...it surely is not beyond the wit of man to devise an alcohol pricing policy that enables fair competition between pubs and supermarkets, but that results in an overall reduction in consumption...**

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Suffice to say, success of all proposals will be identified by a Monitoring and Evaluation Reference Group for Alcohol (MERGA), which will identify key outcome indicators, track progress of implementations and also identify unintended outcomes. Also worthy of mention is the Scottish government's desire to see the drink-driving limit reduced to 50mgm/100ml in line with many European countries. This recommendation has been passed to Westminster for further debate.

#### References

- 1 Changing Scotland's Relationship with Alcohol: A Framework for Action (2009) ISBN: 978-0-7559-5972-3
- 2 [www.dh.gov.uk/en/PublicHealth/Healthimprovement/Alcoholmisuse/DH4001740](http://www.dh.gov.uk/en/PublicHealth/Healthimprovement/Alcoholmisuse/DH4001740)

## CMO's minimum unit pricing proposal

In a similar vein to the Scottish government's proposal to introduce a minimum unit pricing policy, the Chief Medical Officer, Sir Liam Donaldson, has recently proposed that a minimum price of 50p per unit be introduced in England. The UK government's immediate response was to rebuke such an option on the grounds that moderate drinkers will be inappropriately financially penalised, despite the evidence from its own commissioned report from the University of Sheffield. Like many other organisations the MCA supports the CMO's proposals, and the Executive Committee unanimously supported a letter to the CMO and to the press. That letter is published below:

25th March 2009

Dear Sir Liam,

*The Medical Council on Alcohol's primary aim remains its commitment to improving medical understanding of*

*alcohol-related problems thereby endeavouring to ensure that medical students in particular are appropriately taught about the impact of alcohol on health.*

*As part of its remit, it strongly supports any evidence-based initiative that will potentially reduce alcohol consumption thereby reducing the incidence of alcohol-related crime and social disturbance, as well as encouraging a fall in A&E attendances and hospital admissions directly or indirectly due to alcohol, and alcohol dependence. In this regard the Council has been encouraged by the Scottish Government's determination in addressing these issues within its document 'Changing Scotland's Relationship with Alcohol: A Framework for Action.' Importantly, this document includes discussion about the issue of minimum pricing as a deterrent to alcohol consumption, for which there is ample evidence of efficacy, not least in the University of Sheffield's independent review of the effects of alcohol pricing commissioned by the UK government.*

*Regrettably the government has*

*seemingly ignored its own funded report and publicly announced that it will not support your own recommendation that a minimum alcohol unit pricing policy be introduced into England. The MCA views this decision with grave concern and strongly urges the government to reconsider its position in its endeavours to reduce the spiralling costs of alcohol-related harm, whether it be social, criminal or health-related.*

*Yours sincerely,*

*Prof P W Brunt  
MCA Chairman*

*Dr G E Ratcliffe  
MCA Medical Director*

An editorial in the *BMJ* similarly commented at some length in support of the proposals.

As this newsletter goes to publication the latest ESPAD report on binge drinking in European teenagers yet again puts the UK very close to the top of the league table; more on this subject in the next issue.

## Teenagers and alcohol

The recommendation recently by the Chief Medical Officer that children under the age of 15 should avoid all alcohol inevitably received a mixed reception. However, there was no apparent total condemnation of such a proposal. Some parents pointed out that it was their responsibility to choose how to introduce their children to alcohol. Moreover, they wished to do this in a properly supervised manner.

If only it was as simple as that: circumstances will dictate that not all parents will act so responsibly, and it is the episodes of underage binge drinking that the CMO is primarily trying to prevent by his pronouncement. The potential damage to the maturing brain in the teen years due to alcohol consumption, with subsequent behavioural problems, is something we should all wish to avoid.

*Cartoon reproduced by kind permission of the Daily Telegraph.*



## MCA journal now available online

At the turn of the year all members received a letter regarding the possibility of their obtaining access to the Alcohol and Alcoholism journal online, either alone or in addition to receiving a printed copy. Not all members have replied: however, there is sufficient interest

to instigate this option. The cost for online access alone will be £15 annually. Print copy subscription for members will remain £45 for 2009, and this will include additional online access at no extra charge.

This office will provide OUP, our publishers, with sufficient information, email addresses etc, for the service to be set up. Such subscribers will receive a password

from OUP to enable access.

The attention of all members is drawn to the latest issue of the journal, which includes eleven papers on various aspects of alcohol-related brain damage.

To take out a full subscription to the journal, visit:  
[www.oxfordjournals.org/alcal/access\\_purchase/price\\_list.html](http://www.oxfordjournals.org/alcal/access_purchase/price_list.html)

## Alcohol and Alcoholism special issue: alcohol-related brain damage

### In this issue:

Editorial, *Jonathan Chick and Philippe de Witte*

● **Introduction: The Seven Ages of Man... or Woman (Shakespeare)**

*E. Jane Marshall, Irene Guirriani and Allan D. Thomson*

● **Foetal Alcohol Spectrum Disorders and Alterations in Brain and Behaviour**

*Consuelo Guerri, Alissa Bazinet and Edward P. Riley*

● **Mechanisms of Neurodegeneration and Regeneration in Alcoholism**

*Fulton T. Crews and Kim Nixon*

● **Biochemical and Neurotransmitter Changes Implicated in Alcohol-Induced Brain Damage in Chronic or 'Binge Drinking' Alcohol Abuse**

*Roberta J. Ward, Frederic Lallemand and Philippe de Witte*

● **The Neuropathology of Alcohol-Related Brain Damage**

*Clive Harper*

● **Update of Cell Damage Mechanisms in Thiamine Deficiency: Focus on Oxidative Stress, Excitotoxicity and Inflammation**

*Alan S. Hazell and Roger F. Butterworth*

● **The Korsakoff Syndrome: Clinical Aspects, Psychology and Treatment**

*Michael Kopelman, Allan D. Thomson, Irene Guirriani, UCL and E. Jane Marshall*

● **Neuroimaging of the Wernicke-Korsakoff Syndrome**

*Edith V. Sullivan and Adolf Pfefferbaum*

● **Molecular Genetics of Alcohol-Related Brain Damage**

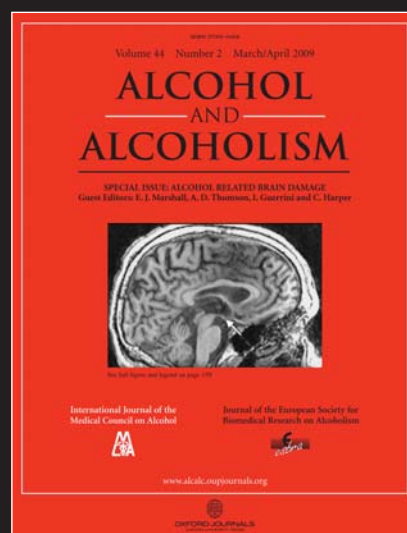
*Irene Guirriani, Allan D. Thomson and Hugh M. Gurling*

● **Proteomics Approach in the Study of the Pathophysiology of Alcohol-Related Brain Damage**

*Izuru Matsumoto*

● **Biomarkers of Alcohol Related Thiamine Deficiency**

*Rosanna Mancinelli and Mauro Ceccanti*



### GUEST EDITORS:

E. Jane Marshall, Allan D. Thomson, Irene Guirriani, and Clive Harper

### How to subscribe:

To purchase this special issue on alcohol-related brain damage visit:

[www.oxfordjournals.org/alcal/access\\_purchase/price\\_list.html](http://www.oxfordjournals.org/alcal/access_purchase/price_list.html) and select 'view single issue prices'

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### Experiences caring for the homeless with alcohol dependency

Dr M P Donnelly, Edinburgh Homeless Practice

**The first death was a bit of a shock. After 20 or so years as a medic, you'd think I would be quite inured to the predations of the Grim Reaper, but I was horrified and weak at the knees when a drunk, homeless man told me tearfully that Anna had died – aspirated vomitus and could not be resuscitated. Drunk of course, but then she would be; also heroic, vulnerable, charming, affectionate, and loved. Many people travelled a long way to her funeral.**

I'd seen them the previous day, desperate to get 'something done' for Anna or else she'd die; yes, but do what? Admit a drunk homeless woman as a medical emergency? I don't think so. The alcohol team – 'she's too high-risk, send her to medics' – and she is not yet in withdrawal, so I sent them off and Norman, her partner got banned on the way out for giving us cheek for not helping. We relented next morning when he arrived, quietly weeping, to tell of the death.

We have improved since then, but I still find the deaths hard. Not many – less than the recovered – but likeable human beings, whom one has spent time with and become party to their private worries.

Edinburgh Homeless Practice started as a 'stand-alone' PMS practice, contracted by Lothian Health in 1994 in response to concerns that the increasing numbers of homeless people were

having difficulty in accessing primary care. In 1999, we were able to move to The Access Point, a central Edinburgh site, owned by the City of Edinburgh Council and base also for dedicated teams of housing and social work staff. The co-location with these colleagues has been key to the success of The Access Point, allowing information-sharing (with informed consent) to lead to effective joint management of the complexities of our homeless population, many of whom have one or more psychiatric diagnoses, in addition to our dependent patients and the physically unwell.

Maybe a 'success story' now to lift the mood.

Jim was brought in reluctantly by a voluntary sector worker; he was a former soldier who had been found sleeping in a bus shelter. I asked his problem and he said 'drink', so I did my best motivational interviewing and identified several reasons to change and some not to. I felt a rapport had been reached, and he left with thiamine and vitamin A, and an open offer to return if he wanted to change his drinking.

Later I recalled some mention of palpitations. Which bus shelter was he in? Had he been arrested or collapsed; and I had annoyed him by teasing him about the poor recent results from his football team? I got hold of Mike, the voluntary sector chap. He would try to find him.

Ten nervous days went by while I worried about Jim's heart, but in

he wandered one morning, affable, on good terms with me and still in arrhythmia. He got an urgent medical admission, investigation and treatment, for severe cardiomyopathy, became abstinent, and is now housed in another part of Scotland.

Most of our alcoholics, maybe 30% of our 1,000 or so active patient contacts, are reasonably stable. Getting thiamine and vitamin B, regular motivational

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**...once in a while a detox inpatient arrives and miraculous changes occur: handsome young men emerging from pupae of scruffy street dwellers...**

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interviewing and psychosocial interventions from our team of dedicated CPNs, once in a while an inpatient detox arrives and miraculous changes occur: handsome young men emerging from pupae of scruffy street dwellers who go in there.

The relapse rate is high, though: same circumstances, same cronies, same memories. Now, after 35 years of the Grim Reaper's harvest, I still find watching end-stage liver, brain and heart disease in my clients very difficult.

It's getting better – the service, that is – with more joined up work and roll out of skills across the wider team. We continue to take a day at a time.

#### Alcoholis publication dates

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

*Items for publication should be forwarded to the Editor.*

## Book review

### *Alcoholism: The family guide*

Author: Sam Harrington-Lowe  
London: Forward Press, 2008; £8.99  
[www.need2knowbooks.co.uk](http://www.need2knowbooks.co.uk)

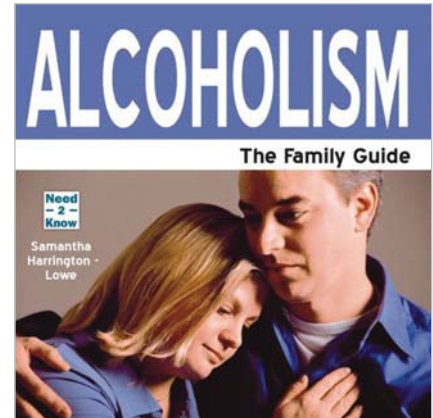
This publication is one of the Need2Know series of books, aimed at the general public. With this in mind, it sets out to cover a lot of ground in its 94 pages. Its 11 chapters include 'What is alcoholism?'; 'Spotting the problem'; 'Alcoholism and the Family'; 'Teenage and Underage Drinking'; 'Dealing with the Reality', and 'The Recovery Options'.

The author informs us that her

mother died of alcohol abuse and that another, younger member of the family is now caught up in destructive drinking patterns.

The author emphasises the disease model of alcohol dependence in various parts of the book, and it would have been preferable if the other theories had been discussed to give more balance to the argument. This is particularly evident in the chapter on recovery options, where almost two pages are given to Alcoholics Anonymous, but only four lines to cognitive behavioural therapy – an undue bias, bearing in mind the evidence-based efficacy of the latter.

However, the book contains



much useful information for the general reader, particularly the directory of organisations and agencies involved in addressing alcohol misuse.

**John Bennett**

## MCA website and membership database

Sue Christie's association with the MCA has been most cordial. The work she has done has been of great benefit to the MCA, not least during the last few years, in which she has looked after our membership and the website from the far reaches of south west Wales.

Now that Sue has decided to

return to New Zealand later this year it was inevitable that responsibility for these functions would return to the MCA office. Commensurate with this, a review of membership data is in progress, and a similar opportunity to review or revise the website will take place, almost certainly with professional assistance. By the time this newsletter has been published the Executive Committee will have

sanctioned the latter: moreover, the option of incorporating the membership database within the website via individual passwords will also have been debated.

Whatever the final outcome regarding the incorporation of the membership database within the website, members are cordially requested to address any membership queries to this office in future.



**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@medicouncilacol.demon.co.uk](mailto:mca@medicouncilacol.demon.co.uk)  
Website:  
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