EDITORIAL

30th Anniversary of Alcohol and Alcoholism

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The first author, ADT, was the Founding Editor when Alcohol and Alcoholism was launched 30 years ago with the help of my able colleagues, Deputy Editor Dr Spencer Madden and Assistant Editor Dr Abdulla Badaway. It has been a great pleasure to watch the journal develop through a succession of very dedicated editors, and especially our present editors Professors Jonathan Chick and Philippe de Witte, into one of the leading alcohol journals in the world.

Alcohol and Alcoholism is the journal of The Medical Council on Alcohol (MCA) and the official journal of the European Society for Biomedical Research on Alcoholism (ESBRA). The MCA was founded in London, in 1967, by a group of doctors from a range of different specialties, at a time when services for alcohol problems were poorly developed in the UK (Walton et al., 1966).

In an effort to highlight the health problems caused by alcohol, the MCA originally produced a journal called The British Journal on Alcohol and Alcoholism (the ‘blue’ journal) and this was distributed free of charge, quarterly, to General Practitioners throughout the UK. The primary objective of the journal was to provide reliable information and to raise awareness of the growing problem of alcoholism, especially to medical and paramedical practitioners and it was extremely successful in achieving this (Evans, 1990). The next logical step was to develop the journal as a multi-disciplinary, international research journal and it was re-launched in 1983 as Alcohol and Alcoholism (the ‘red’ journal). The red journal was distinct and different from the outset and was aimed at the international community and focused on advancing alcohol research and integrating new knowledge into clinical practice.

The International Society for Biomedical Research on Alcoholism (ISBRA) had its inaugural meeting in Cardiff in 1980 and the ESBRA was registered in Brussels by its secretary, Philippe De Witte, in 1987 and the first Congress was held in Paris in that year. The early days of the MCA and the development of the two journals have previously been recorded by Evans (1990).

These important developments occurred in response to a growing realization that the consequences of alcohol misuse were likely to play an increasing part in all of our lives. Much has happened in the intervening years. The 30th anniversary of the re-launch offered an opportunity to review the field of study; the changes in journal content over a generation and the dissemination of pre-clinical and clinical research could help to modify consumption and ameliorate health outcomes.

The original editorial noted that ‘increasing affluence had created a consumer society which has generated a demand for more alcohol, demonstrating ironically that both prosperity and poverty seem to potentiate this need’. This is still the case today. Recent reports on the global burden of alcohol use indicate that it accounts for about 7% of deaths in the under-69 age group in high-income countries such as Europe and North America (Rehm et al., 2009).

In 2004 one in every 26 deaths world-wide was due to alcohol consumption. Heavy alcohol use is also associated with significant physical morbidity (over 300 different diseases) most notably various cancers and cirrhosis of the liver, and increases the risk of death or disability due to injury.

Liver transplantation is now performed at over 100 centres in the USA, as well as numerous centres in Europe and elsewhere. [The first human liver transplant was performed in the USA in 1963 by a surgical team led by Dr Thomas Starzl of Denver, CO. In the UK the first liver transplant was performed in 1968 by the Cambridge/King’s College Transplant Programme led by Professor Roger Williams, CBE, and Professor Sir Roy Calne. It would be some time, however, before patients with alcoholic cirrhosis were offered this treatment].

The number of dependent drinkers in England is now estimated to be 1.6 million (NICE, 2011). The annual cost of alcohol misuse to the NHS is in the region of £2.7 billion and expected to continue to rise (Department of Health, 2008). Recent surveys looking at alcohol sales indicate that there may be many more individuals drinking at hazardous levels than was previously estimated (Boniface and Shelton, 2013). These problems have not been helped by liberalizing the licensing laws in England. The subject is still important and arguably more important as the price of alcohol is now relatively less than it was in 1983 and younger people are drinking considerably more. Between 2001 and 2009 there was a 25% increase in liver disease deaths in England (National End of Life Care Intelligence Network, 2012). Alcoholic liver disease accounts for over one-third (37%) of liver disease deaths and rates are higher in deprived populations. There has also been a devastating increase in binge drinking among young adults with potentially far reaching consequences in the years to come. Public drunkenness has become more acceptable, and certainly more visible in women. What will happen to the incidence of foetal alcohol syndrome, alcohol-related brain damage, Wernicke–Korsakoff Syndrome and the effects on family life to name a few consequences?

Today Alcohol and Alcoholism is recognized globally and in 2012 received papers from 54 different countries. With the
development of online services, there has been an enormous increase in full-text downloads from many countries, the largest by far being from North America. From January to December 2012, the mobile phone optimized version of the Alcohol and Alcoholism site was accessed from 151 countries. Together with the expertise of Oxford University Press (publishers since 1995), the editors process the manuscripts in a most efficient way and the impact factor has been increasing steadily. The content of the journal has changed over the past 30 years, although it is interesting to see that in the first issue there was a paper on endogenous opiate receptors from Professor Anokhina from Russia and recently a paper has been received from another author on exactly the same subject. In the early years, there was a predominance of papers on pharmacology, cell metabolism and pathophysiology, whereas there is now a much more comprehensive and even spread of papers across all categories. As expected, there has been a marked increase in papers on the various aspects of genetics and alcoholic misuse, including studies on genetic predisposition to liver and brain damage. Being the official journal for ESBRA the number of papers from leading researchers in Europe has steadily increased. The journal is frequently read in the USA to monitor research from Europe and other countries. It is also interesting to see that the number of submissions by women has remained constant over the years.

An in-depth analysis of how articles have changed since the early days of Alcohol and Alcoholism would require extensive study. However, it is interesting to see articles describing the beginnings of problems that were to become more important as the years passed, for example drinking among young adults; alcohol and crime; the early studies on inherited susceptibility to alcohol-related problems. Other research themes have recurred over the 30-year period and further information added, for instance on alcohol and aldehyde dehydrogenase; transferrin; the effects of alcohol on reproductive function. Recurring themes also include epidemiological studies on drinking across various groups in different countries; the role of Alcoholics Anonymous; important double-blind controlled trials on drug therapies for detoxification and treatment; alcoholic hepatitis and reviews of the prevention of Korsakoff’s syndrome. Themes recur because the problems remain unresolved or because our understanding of them continues to evolve.

The first issue there was an article on Ethanol, thiamine and brain damage and one on vitamin supplementation. This has been a recurring theme over the years, more recently considered in the NICE guidelines (NICE, 2011).

There have been two Special Issues on alcohol and brain damage, in 2000 and 2009, the first dealing with the causal, clinical and legal aspects of the Wernicke–Korsakoff Syndrome (WKS) and the second a series of papers on Alcohol Related Brain Damage written by a number of leading authorities. There was also a Special Issue on alcohol and nicotine.

In 2011 articles on adolescent alcohol use, foetal alcohol syndrome, alcohol-related brain damage and the role of alcohol in HIV/AIDS were highly cited. A Special Issue on alcohol-related brain damage in adolescents is in preparation.

In the 1983 Editorial ADT stated that ‘The approach to many research problems in the past has been circumscribed by the limitations of career structure and compartmentalisation of disciplines into different departments. With growing technology and sophistication, the way forward will often require the development of interdisciplinary groups, each of whose members will contribute specific skills but comprehend the knowledge and experience contributed by other members of each group’. To some extent this has happened, albeit not in a logically progressive fashion determined by the medical needs of the patient misusing alcohol.

During the 1970s and 1980s the UK Government established a number of alcohol treatment units as part of the National Health Service (NHS). This provided a stable environment not only to treat patients, but to train medical and nursing staff, psychologists, social workers and other staff and to facilitate the training and development of highly experienced specialists and integrated multi-professional working. With the technological advances in neuro-imaging (CT, MRI, fMRI, SPECT and PET scans) together with the advances in basic science research, much was learned about the natural history of alcohol use disorders. These units provided the opportunity for multi-disciplinary teams to collaborate and contribute their expertise to study the consequences of alcohol use disorders in humans. It also allowed randomized controlled trials of new medications to be carried out in appropriate clinical settings.

In addition the important pioneering work done by Clive Harper in Australia helped to establish the true incidence of Wernicke’s Encephalopathy (WE) in different countries. His careful autopsy studies highlighted the fact that the diagnosis of WE was often missed in clinical practice with devastating consequences. In Scotland the development of guidelines for alcohol use disorders was pioneered by one of the present editors (Professor Chick) and predated the NICE guidelines by 7–8 years (SIGN, 2003).

The rapid increase in drug misuse that occurred throughout the Western world from the 1960s diverted attention away from alcohol use disorders. The changing age structure of society and the increased health requirements of the elderly; the economic recession since 2008; the cost of wars and the advances in medicine over the years have all made demands on health spending.

Nearly all of the hospital-based NHS alcohol treatment units in England have since been closed and treatment and rehabilitation are now provided by voluntary sector organizations and private units on a much reduced scale. Increasing numbers of individuals with alcohol use disorders are now being admitted to general hospitals in England (over 1 million in 2011) and Emergency Departments have been struggling to cope with the increased numbers of drinkers presenting for help (Drummond et al., 2005). General hospitals have been slow to develop alcohol care pathways. The growing health burden from alcohol use disorders at all ages is a challenge for the NHS and for society. With the closure of services based in the NHS, there is a risk that clinical, organizational and research expertise will disappear with devastating consequences. The hopes expressed in the 1983 Editorial that developed countries would provide dedicated funds for alcohol research and that the knowledge gained would find practical application in highly developed clinical centres of excellence were perhaps unrealistic and remain but a remote possibility in most countries. However, the USA continues to fund alcohol research and in the fiscal year 2011, the budget for the National Institute for Alcohol Abuse and Alcoholism (NIAAA) was $458.3 million (NIAAA).

The reason for launching Alcohol and Alcoholism in 1983 was to facilitate the development of a multi-disciplinary forum that would make important peer-reviewed articles and original research from around the world readily available to
professionals from varying backgrounds and with varying clinical and research expertise.

There can be no doubt that over the last 30 years, under the influence of extremely capable editors from different specialist backgrounds in the field of alcohol research, backed by the MCA and the ESBRA, the ‘Red’ Journal—Alcohol and Alcoholism—has helped to promote excellence internationally in all areas of alcohol research and in the care of those who suffer the consequences of alcohol use disorders. The problems of alcohol misuse in the world are unlikely to improve in the near future. It is possible that insights may be gained by studying the anti-smoking campaign literature. It is hard to predict future advances in the field. In many ways the 1983 article was prescient but the time-scale for major change was perhaps too short. The journal has become a living and dynamic reflection of our present knowledge. Lord Porritt, one of the founding members of the MCA, was quoted in 1990 as saying: ‘The Journal has expanded in size, changed its format, increased its coverage and is certainly still our chief weapon in achieving the objective of the Medical Council on Alcoholism.’ His comments are just as true today.

REFERENCES


