Founded 1967

Alcoholis

The bulletin of the Medical Council on Alcohol

Volume 31
Number 3
July 2011

ISSN 1351–0541

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From the editor

Dr Dominique Florin

In this issue

At the MCA we are used to thinking about damaging alcohol use by health professionals, and, importantly, there is an established regulatory framework to deal with this specific problem. In this issue, Jonathan Goodliffe, a solicitor specialising in financial services law, gives us an insight into the problems of alcohol and drug abuse in the financial sector. There have been several high-profile cases in the sector where alcohol has been a contributing factor to poor professional conduct. The author suggests that this industry lags behind the medical profession in terms of regulation and support for such problems. Also in this issue we publish an account by Kelly Jones, a medical student, of her placement in an alcohol research facility in Perth, Australia. Kelly won first prize in the MCA's National Alcohol Awareness Day competition last year. This competition will run again in 2012, and if any of our readers have a suggestion for a possible placement for the winning entrants – at home or abroad – do please let me know.

Dr Sarah Wollaston MP private member's bill

Dr Sarah Wollaston, MP for Totnes in Devon, has introduced a private members' bill to limit alcohol marketing to children. This bill is based on the 1991 '*Loi Evin*' in France. Dr Wollaston's bill would allow alcohol advertising in media used by adults, with certain limitations on the content, and with health advice. It would not allow alcohol advertising in media used by children, or the sponsorship by alcohol industries of cultural or sporting events with youth appeal. The MCA has written to Dr Wollaston in support of this bill, both independently and as a member of the Alcohol Health Alliance.

NICE guidelines event at the Royal College of Physicians

Last month the Royal College of Physicians ran an event, following on from the publication of NICE guidelines and quality standards on the identification, treatment and management of alcohol-related disorders. The aim of the day was to facilitate the implementation of these guidelines in the form of an integrated care pathway for alcohol-related disorders. Most of the key professionals involved in preparing these NICE guidelines were present, and the presentations and discussions were excellent. Professor Tom Babor from Connecticut gave a characteristically stimulating talk, and stressed the need to take on the triad of 'screening', 'brief advice' and 'referral for treatment' as a public health intervention in the prevention and management of problem drinking.

Private alcohol clinics

In a recent *BMJ* 'personal view', the author described the awful experiences of his son at a number of mainly private clinics.[1] While there are undoubtedly some excellent facilities around, it is extremely difficult for patients and their families, even well-informed medical families, to get robust information about the quality of different clinics. There are no systematic data available about outcomes; the author suggests that greater regulation is needed. The MCA is concerned about these issues, and I would be happy to hear, in confidence of course, about such experiences, or indeed more positive ones. There is a particular anguish in being both a doctor and the parent of someone with an alcohol problem, which is well recounted in a recent letter to the *BMA News*.[2] ▶

From the editor *continued...*

Website news

The MCA website has been recently improved, and is now much more up to date, with lots more information. Please do have a look at www.m-c-a.org.uk. The website is of course a work in progress, and if you have any ideas about what you would like to see on it do let us know at the MCA office. Readers may also be interested in another website, www.alcoholpolicy.net. This is a blog aimed at health professionals in the alcohol harm reduction field, and is a useful source of information about alcohol news.

References

1 Anonymous. Private alcohol detox clinics should be regulated. *BMJ* 2011;342:d2399.
2 Anonymous. Shamed by daughter's drinking. *BMA News* May 28,2011:9.

Alcohol and drug problems in the financial services sector

Jonathan Goodliffe

The financial services sector

There is great potential for the development of strategies to reduce problems arising from alcohol and drug misuse within the financial services sector. There are several reasons for this. Firstly, many working within this sector suffer from problems with drugs and alcohol, and these problems obviously affect their work. Sometimes solutions to the problems can be found within the workplace, and do not then need to be financed by the taxpayer. Families may benefit too. The financial sector is a major provider of jobs, and a contributor to the country's balance of payments. Its business is focused on the management of financial risks in areas such as insurance and banking, and in some cases, they may insure risks directly related to substance misuse through, for instance, private medical insurance. Firms in the sector apply sophisticated risk management and monitoring techniques. Following the financial crisis, improvements to those techniques are being developed, with the UK regulator, the Financial Services Authority (FSA), helping to drive this process.

Risk management

The human and health elements within risk management are recognised in the leading model of 'enterprise risk management' (ERM) developed by the 'big four' accountancy firm PricewaterhouseCoopers (PWC), and as outlined in the FSA's own rulebook. But the health perspective (and within it the problem of substance misuse) is ill-developed, so there is little relevant data to fit into this segment of ERM. This contrasts with the approach to risk management within the NHS, where the health of staff is identified as a key element in good governance. So, although there is peer-reviewed evidence that alcohol misuse is linked to inappropriate risk-taking in, for instance, sexual activity and motoring, this issue has not received the same consideration in relation to, for instance, dealings on financial markets, insurance underwriting or lending on sub-prime mortgages.

The link between alcohol and drug misuse and theft of client money by lawyers handling financial transactions is demostrated in peer-reviewed literature.

Evidence of problems

This is despite that fact that there is increasing anecdotal evidence that substance misuse is a problem in the financial services sector. There have been two recent FSA enforcement cases in which traders in the financial markets caused very serious losses and affected market confidence when they were under the influence of alcohol or drugs. Similar cases have been reported in North America and Australia. Sometimes the link with alcohol or drugs does not emerge until some considerable time after the fall of the firm and/or individual concerned. The memoirs of Nick Leeson, whose activities brought down Barings Bank in 1995, reveal regular drinking binges over the period of his trading activities. More recently, the FSA disqualified a non-executive director who had turned a blind eye to fraudulent activities in his firm. The decision of the tribunal on appeal indicates that one of the relevant factors was that he and his colleagues spent much of their time in the pub rather than attending to their business. The link between alcohol and drug misuse and theft of client money by lawyers handling financial transactions is demonstrated in peer-reviewed literature and in regulatory proceedings in the UK and North America. This raises the question of whether the same may also apply to any extent to financial intermediaries who fail to account to their clients. Bernie Madoff, the investment adviser convicted of fraud, is said to have 'had so much cocaine in his office it was dubbed the north pole'.[1]

The 2011 essay competition is now closed. Please check the MCA website for information about the forthcoming National Alcohol Awareness Day postcard competition.

Regulatory approach

In 1995, the Bank of England issued guidance encouraging traders in the wholesale markets to develop drug and alcohol policies, and to educate staff about the risks. The FSA dropped this guidance when it acquired its statutory powers in 2001, and there is little evidence that it has any interest in substance misuse problems. The link with alcohol misuse was edited out in its publicity relating to the case of the non-executive director mentioned above. It has discussed regulatory issues with the General Medical Council, but not apparently emulated the GMC's sophisticated health procedures. An interview with the FSA to discuss these issues for this article was declined.

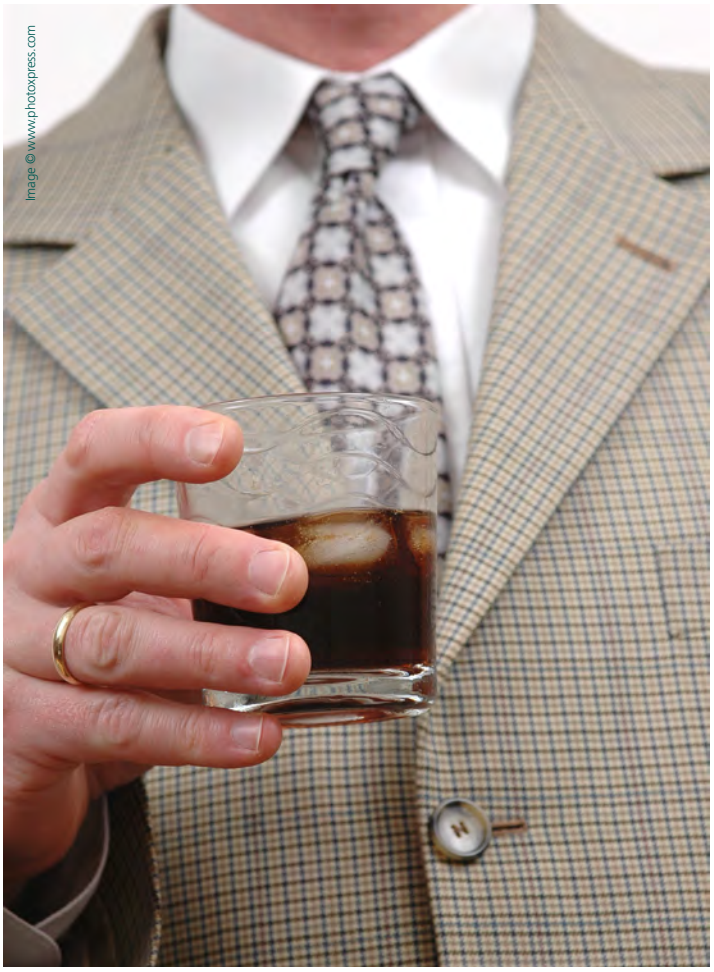
Industry attitudes

It is equally difficult to get comment on alcohol and drug misuse from the industry itself. The stigma and denial associated with addiction results in firms being reluctant to admit that they may have a problem, or to share knowledge about how it may be addressed. Informative comment, if made at all, is generally 'off the record', often because of confidentiality constraints. Approaches to financial groups revealed that some outsource health issues to employment assistance programmes, and have no alcohol policies of their own. Some companies refused to comment at all on this matter. This contrasts with the approach to other risks to which financial firms are exposed, such as, for instance, hurricanes and oil rig disasters in the Gulf of Mexico. These other risks are typically the subject of open discussion, and there may be financial support for evidence-based research. Research on problems in the workplace arising from alcohol and drugs, by contrast, tends to be focused on safety-critical environments, such as medicine and transport, or on public sector activities.

The way forward?

The insurance group RSA was featured as an example of best practice in applying workplace policies under the Labour government's first alcohol strategy for England in 2004. Had this initiative been pursued, it might have provided evidence for insurers to offer, on a wider basis, lower premiums on public liability insurance to policyholders with workplace policies, even in non-safety-critical working environments. Unfortunately, I was unable to get an update from RSA on how, if at all, its policy had developed over the last six years.

The most helpful company with which I was in contact was Aviva Occupational Health. I spoke with Dr Padraic Ryan, the recently appointed UK medical director of Aviva's occupational health business, whose views are of particular interest as he has a long track record within this field. Often occupational health physicians may only have incidental contact with the sector through outsourcing arrangements. While Dr Ryan would not comment on specific cases, he was happy to offer some best practice advice:



▲ Major problems can arise from alcohol misuse in the financial services sector

Companies need to start to remove the stigmas and fears associated with ill-health by aligning their drug and alcohol policy with their occupational health function. Managers need to be trained to identify issues early. Confidential support services should be put in place to help the individual address the issue before it escalates.

It is not an easy matter to weigh one risk against another. Health issues in general – and alcohol and drug issues in particular – may not be the most significant risks to which a financial firm is exposed (as compared, for instance, with climate change). But addiction problems seem to have been systematically ignored by the regulator, and inadequately addressed by most firms, over the last 11 years. There is surely an opportunity here for improvement. In the longer term, it is to be hoped that the problems arising from substance misuse will be fully recognised within risk management and the regulatory framework.

References

1 *New York Daily News*. 20 October 2009.

Jonathan Goodliffe is a solicitor specialising in financial services law

MCA Symposium 16 November 2011

Programme

9:00	Registration and coffee
9:30	AGM (*MCA members only*)
10.00	Michael Frowen Essay Prize ceremony

Max Glatt Lecture

10:10	Professor Tom Babor Problem drinking in the UK: public health implications of defining a drinking epidemic as a 'corporate-born disease'
10:50	Speaker questions
11:05	Max Glatt Prize presentation

NICE lecture

11:10	Dr Marsha Morgan The NICE way forward for 2012 and beyond
11:40	Speaker questions
12:05	Chairman to close

Session break

12:10	Lunch (*MCA members only*)
13:00	Regional advisers meeting *(MCA regional advisers only)*

Symposium: Alcohol and the military

13:30	Welcome and introduction by Dr David Marjot
13:55	Dr Walter Bussittil Presentations of post-traumatic stress disorder in veterans and civilians – the relationship with alcohol
14:30	Dr Nicola Fear Alcohol (mis)use within the UK military
15.05	Tea and coffee break
15:20	Surgeon Captain John Sharpley, RN Management of alcohol problems in the armed forces
15:55	Panel and question time
16:30	Close of proceedings

To book your place, please contact Sapphire Ellison directly:
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Alcohol in Australia

Kelly Jones

As a winner of the MCA's Alcohol Awareness Day poster competition in 2010, I undertook a three-week placement at the National Drug Research Institute (NDRI) in Perth, Western Australia. NDRI conducts research into patterns of alcohol and drug use throughout Australia. It provides information and advice to government, healthcare professionals and the public, with the ultimate aim of harm reduction and prevention. The organisation is lead by Professor Steve Allsopp, who kindly arranged a variety of activities for me, and asked me to consider why hospital admissions for alcohol-related injuries and illness had increased in Western Australia. During my placement I met a variety of researchers, attended government meetings, and visited treatment centres in order to gain insight into what is a critical public health issue both in Australia and in the UK.

Background

I quickly learned that, since 1995, there has been a sustained rise in alcohol-associated hospital admissions across all Australian states. Unsurprisingly, the per capita consumption of alcohol has risen, as has the proportion of underage drinkers and the average amount of alcohol consumed by the heaviest drinkers. It is easy to relate this picture to a similar story in the UK, where problematic alcohol use has become an increasingly publicised and debated issue. Globally, alcohol misuse is a major risk factor for premature death and disability, and is responsible for 4% of the global disease burden. Alongside short- and long-term physical consequences, alcohol consumption is also a risk factor for a variety of social harms, including assault, employment difficulties and relationship problems. As a result, the NHS foots an unnecessary annual bill of approximately £2 billion.

One highlight of my trip was attending a state government meeting on alcohol policy. Here I spoke with a number of expert delegates and sought their opinions on the problem. Beyond conversations I had with researchers and experts, it became apparent that there were two key factors contributing to people's drinking behaviour: the affordability of alcohol and the availability of alcohol. I confess that initially I was sceptical about this proposition; I was hoping for something more poetic. I agreed that, at home, alcohol is almost always available should I require it, but I did not think of it as particularly affordable or cheap. With prices around £6.50 a pint, Western Australians were hardly getting low prices either. What is true, both in Australia and at home, is that the price of alcohol has not increased in line with inflation or rising income, making alcohol more affordable to more of the population compared with ten years ago. 'Availability' can be defined in a variety of ways. It refers to the physical number of alcohol vendors within a given area; vendor trading hours; the types of business licensed to sell alcohol; or the enforcement of minimum age legislation. There is evidence that, in combination, low relative prices and high availability promote consumption. It felt like Australia had started to embrace this idea; I noticed that supermarkets do not sell alcohol, that buying a drink is expensive enough to prevent one or two glasses becoming five, and that there is visible enforcement of drink-driving regulations.

Indigenous population

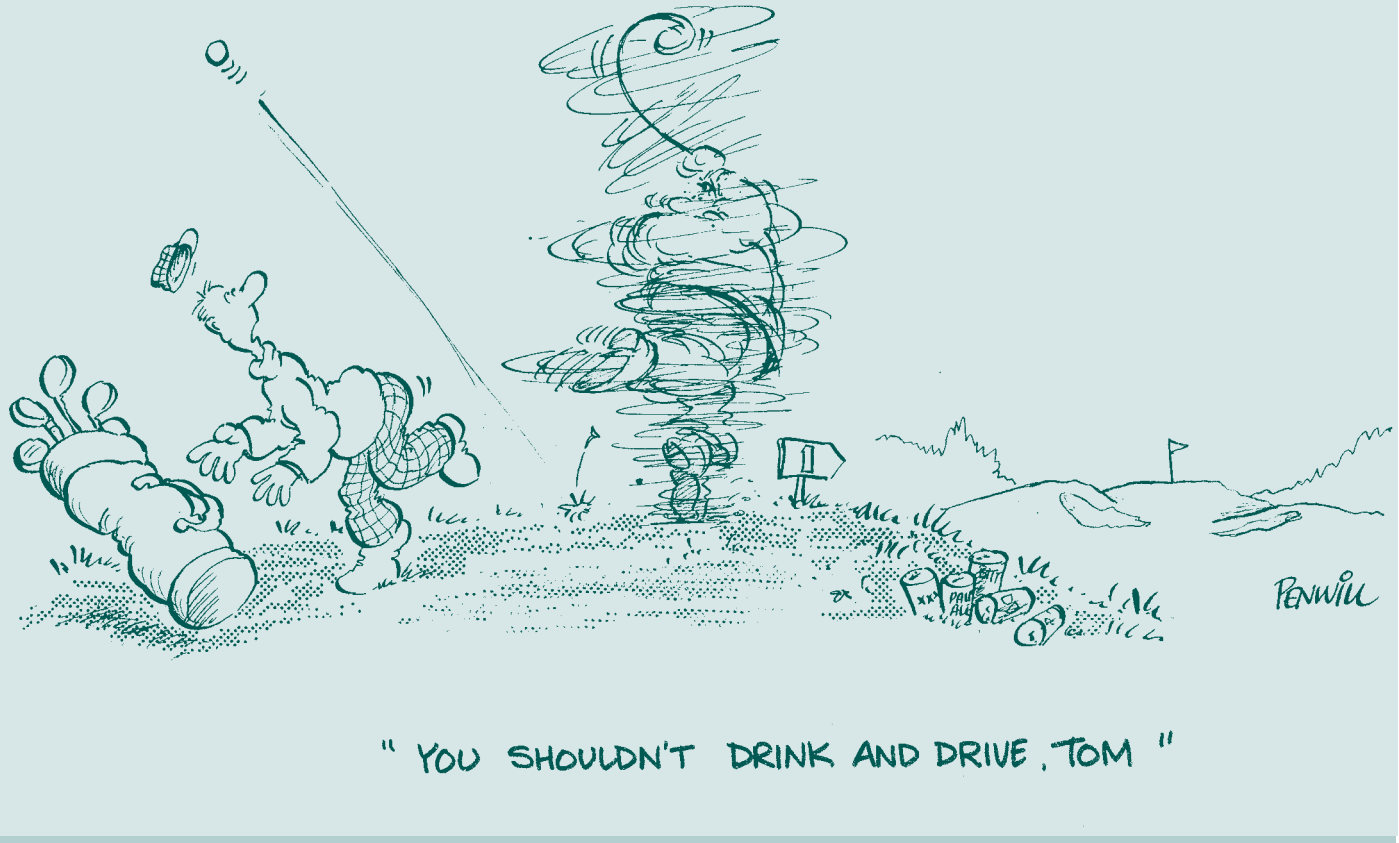
In Australia, alcohol misuse within the indigenous population is a pressing challenge faced by healthcare professionals at the individual level, and by larger agencies and government. Pronounced cultural differences between the indigenous community and the general population precipitate

▲ Perth in Western Australia, Home of the National Drug Research Institute (NDRI)

and maintain the hardship underpinning the alcoholism. At one treatment centre, I saw indigenous staff members who were trusted by clients and were vital for their engagement with services. I was told of an occasion where indigenous residents held a smoke ceremony in their common room after a non-indigenous person had used it. I was impressed at the dedicated research bodies and specialist services that existed for indigenous Australians. It was on similar visits that I was able to see people benefitting from treatment programmes, regardless of the nature of their problem.

I made the most of the opportunity to see how research evidence is typically disseminated and used to inform public policy, as well as improving my understanding of the nature and extent of problematic alcohol use. I was able to examine an important social issue from a variety of perspectives, at a population level and at the individual level, which is something that I would not have otherwise had the chance to do at this stage in my medical training. I had an excellent time in Perth, and I and am very grateful for the generosity and encouragement that Steve Allsopp and his fellow researchers extended to me.

Kelly Jones is the winner of the MCA's National Alcohol Awareness Day competition 2010



▲ Roger Penwill is a cartoonist and illustrator whose work has been exhibited worldwide. He has been producing cartoons for the MCA since 1979, and a new piece has recently been commissioned. The cartoon will feature on coasters, to be available from the MCA's online shop at www.m-c-a.org.uk/about_us/merchandise.

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

Archimedes

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

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 pubish selected signed correspondence.