

- type 1 diabetes: a statement of the American Diabetes Association. *Diabetes Care* 2005;28:186–212.
- 3 Steck AK, Bugawan TL, Valdes AM *et al*. Association of non-HLA genes with type 1 diabetes autoimmunity. *Diabetes* 2005;54: 2482–6.
 - 4 Wenzlau JM, Juhl K, Yu L *et al*. The cation efflux transporter ZnT8 (Slc30A8) is a major autoantigen in human type 1 diabetes. *Proc Natl Acad Sci USA* 2007;104: 17040–45.

Clinical & Scientific letters

Letters not directly related to articles published in *Clinical Medicine* and presenting unpublished original data should be submitted for publication in this section. Clinical and scientific letters should not exceed 500 words and may include one table and up to five references.

A Royal College of Physicians lead on alcohol?

A distinguished colleague used to say that it took 100 years to achieve any worthwhile advance in public health. Disgusted by my failure to save the lives of most 50-year-olds with alcoholic cirrhosis, I decided 30 years ago that prevention was better than no cure and took up the cause of alcohol misuse. In the light of history, my impatience at the lack of progress may be misplaced, but it is still a long time since I wrote a paper in 1979 optimistically called 'Action on alcohol',¹ and another 10 years later on 'Action on alcohol at last'.² In the early 1980s I tried to promote alcohol misuse to the Royal College of Physicians (RCP) but was told by a senior Fellow that alcoholics (sic) were no part of a physician's business. The two RCP working parties that eventually followed have been half-hearted affairs – the first being confined to the physical damage (a relatively minor part of the problem) and the second implying that health professionals rather than doctors should take the blame, 'doctors...regarded alcoholics [that word again] as a bad bunch and don't

want anything to do with them', said the secretary.

Now the RCP is supporting a European Forum, first mooted in 1993 and scuppered by Labour, which 'provides a valuable platform for open discussion on actions to reduce alcohol-related harm' and 'to review the evidence base'.³ My heart sinks. The Cabinet Office spent six years reviewing evidence that could have been produced in a few hours by any expert in the field. We already have a pretty good idea what will and will not work in alleviating alcohol problems. Education and propaganda have repeatedly been shown to be ineffective and costly, yet the forum says 'it remains to be seen if action in the areas of education, information and commercial communication will reduce alcohol-related harm'.³ Also I doubt if the current enthusiasm for targeting the young will help; after all, drinking alcohol, like smoking used to be, is a rite of passage. No wonder my welcome for the forum has been somewhat cool.⁴

Since 1960 the price of alcohol in Britain has halved relative to income, while average consumption has doubled; consumption closely mirrors cost and availability in both directions, and I hope epidemiologists are looking at the effects of the present financial meltdown on alcohol statistics. No less than three authoritative World Health Organization reports by international experts in the last 30 years have pointed out that increasing price and restricting outlets would have the greatest benefit, but this is anathema to public and governments.

What might the RCP do?

First, I believe the RCP could use its powerful advocacy with the medical profession and the public to *do* something rather than having endless discussions. Remember smoking? First, since most doctors know little about alcohol misuse, it should insist

that all physicians are comprehensively taught the social and physical harms and at the least how to detect trouble and intervene early. Second, the RCP might consider adding addiction medicine to its list of specialties. This is a thriving specialty in the USA, and it is a disgrace that there is barely an academic unit in a British medical school devoted to alcohol and other addictions. Third, perhaps the RCP could provide support for a Richard Doll initiative in which doctors would be circulated about their drinking habits and incidence of alcohol disorders so as to highlight the profession's concern? Lastly, it must surely challenge the influence of a drinks industry that ignores or distorts the evidence or attempts to rubbish it,⁵ claims that only a minority of drinkers, ie those who are dependent, are affected, ignores the voluntary code, brands its opponents covert prohibitionists, pleads job losses from increasing prices, an argument rejected by the RCP years ago,⁶ and like big business worldwide has a malign influence on governments. Remember what happened to the tobacco companies when the medical profession's patience snapped? Surely we could try and emulate the success of that campaign – and drink to the achievement of this one?

ALEX PATON
Retired Consultant Physician
Oxfordshire

References

- 1 Paton A. Action on alcohol. *BMJ* 1979;i:361.
- 2 Paton A. Action on alcohol at last. *THS* 1987;4(10):3. www.thehealthsummary.com
- 3 Sheron N. An update on the EU Alcohol Forum. *College Commentary*, October 2008:17.
- 4 Paton A. Action on alcohol in Europe – again. *THS* 2007;24(7/8):9. www.thehealthsummary.com
- 5 Smith R. Questioning academic integrity. *BMJ* 1994;309:1597–8.
- 6 Royal College of Physicians. *Preventive medicine*. London: RCP, 1994:198–200.