EDITORIAL

The annual drinking festival has been and gone. Most of us will have experienced and some will have suffered from the effects of western society's most popular narcotic. Yet when the Royal College of Physicians of London held a conference on 'The Medical Effects of Alcohol', it was poorly attended. Many delegates and speakers felt that this reflected the general attitude of the profession to the subject. Doctors do seem to have difficulty in balancing their loyalty to their patients with their loyalty to their own habits. This was clearly exemplified by the efforts of some speakers to reassure us constantly that they were not abstentionists but advocates of safe, moderate drinking. But we were also told that the majority of harm is done to the moderate drinkers, as they constitute the largest group. Furthermore, moderate drinking may be as little as 21 units (10 pints of beer) a week. Attitudes are clearly changing: an 'alcoholic' is now anyone who is drinking too much for them and this will vary from individual to individual. A more liberal approach to 'diagnosis' allows earlier recognition of dangerous drinking habits and increases the likelihood of reform. The outlook for 'alcoholics' may, therefore, be a lot better than many doctors believe.

The role of government was discussed and some very interesting facts emerged. There is no doubt that the prevalence of alcohol-related problems is directly proportional to the availability of alcohol. Government can influence this by licensing laws and taxation. Their enthusiasm for or against these measures might be influenced more by economics than politics. Professor Maynard of York University revealed the balance sheet on these matters. The total cost to the British government for all the harm attributable to alcohol can be estimated at £2 billion. The government receives, from excise duty and the industry itself, a staggering £10 billion. However, the rise in consumption may not continue totally unchecked. If the avoidable alcohol-related deaths continue to rise above 40 000 + per year estimated today, then the consumer pool must be reduced. The principle of 'dead men ring no tills' may be a stronger motive for self regulation of the industry than simple concern for their fellow man.

Screening tests were discussed. A positive breath alcohol, raised MCV and altered liver enzymes should be familiar. The finding of a low serum urea is an often unrecognised marker. Dr Paton from London expressed the view that gout is alcohol related until proven otherwise.

It is clear that many, if not all, of the harmful effects of alcohol may, in fact, be due to its breakdown to acetaldehyde. The effects of this substance were a recurring theme as we toured the various body systems. Even the genetic theory of alcoholism can be resurrected in the context of hereditary differences in acetaldehyde production.

The speciality of accident and emergency medicine was not overlooked and we were well represented by Dr Glucksman from London. He catalogued the role of alcohol in accidents and the impact this one substance has on our work. The significance of this one narcotic for the emergency services is often overshadowed by the publicity and resources given to other narcotics such as heroin. Yet we were told that the total number

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of deaths in the UK attributable to heroin in 1985 was 150. Each one of these is a tragedy, but the much greater tragedy is the mortality and morbidity from a legal substance, the consumption of which is actively promoted and increasingly unchecked.

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Editor