Confronting alcoholism

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The recognition of alcoholism as a major health problem prompted the Canadian Medical Association (CMA), at its annual meeting in 1981, to call for an investigation by a royal commission and a ban on the advertising of alcohol on television and radio. Alcohol abuse and the disabilities related to it create pervasive medical, social and psychologic problems. The costs associated with alcohol misuse are staggering. Estimates from Canada[1] and the United States[2] indicate that 11% to 12% of health care costs are due to alcohol-related problems. However, these estimates appear small when compared with the nonmedical costs of excessive drinking, such as those due to crime, lack of productivity and road traffic accidents.[2,3] The diverse impact of alcoholism on society has led to considerable debate over the "ownership" of alcohol problems. The medical profession must accept responsibility for confronting alcoholism, but the implementation of controls to restrict alcohol consumption is largely a political decision.[4]

Although drinking alcohol does not harm most people, approximately 10% of Canadians consume excessive quantities.[5] In 1976 the prevalence of alcoholism among Canadians aged 20 years and older was 4.2%.[1] Drinking practices are influenced by many factors, including population characteristics, the cost and availability of alcohol, and social structures. Preventive measures should be based on an understanding of the interaction of these variables. Canada's population is derived from diverse cultural backgrounds, and each sociocultural unit may require individualized methods of preventing and treating alcoholism. For example, a study of English–Protestant, English–Catholic and French–Catholic alcoholics in Canada found that social manifestations of excessive drinking, such as marital breakdown, are influenced by cultural attitudes.[6]

Between 1960 and 1973 alcohol consumption increased in most Western countries, and in Ontario the per capita alcohol consumption increased by 39% during this period.[5] Death from cirrhosis of the liver is highly correlated with alcohol consumption, and its rate is commonly accepted as an indicator of the prevalence of excessive alcohol use in a population.[7] From 1950 to 1977 in Ontario cirrhosis was the most rapidly increasing cause of death among adults, particularly those between 35 and 49 years of age.[5] Moreover, at this time cirrhosis ranked as the third most probable cause of death for the next 10 years for Canadian men aged 40 to 49 years and as the fourth most probable cause for those aged 35 to 39 years.[8] Despite repeated calls to take action against alcohol-related problems and the apparent advances in the diagnosis and treatment of such problems, the prevalence of alcoholism is increasing.[1-3]

Clearly it is time to confront alcoholism, but by what method? Edwards[9] has emphasized that excessive drinking is connected with personality and the environment, and has suggested that "it is the availability element that remains the prime candidate for control". Availability and cost have been repeatedly identified as major determinants of increased alcohol consumption.[10,11] It seems likely that legislation that controls the availability of alcohol and a taxation policy that maintains a high price of alcohol relative to the consumer price index would be effective.[5] However, such political action would probably be hindered by the government's fear of losing support at the polling booth.[4,12]

The CMA's General Council requested a ban on advertising of alcohol on radio and television. Although at first glance this seems an attractive option, it is debatable whether it would be effective.[13] The advertising of spirits in Scotland has been shown to have a positive effect on consumption,[11] but studies in Canada have found that a restriction of beer advertising had no effect.[14] In the latter study, per capita beer consumption in Manitoba and Alberta was compared when Manitoba had withdrawn beer advertisements from the media. Similar results were observed in British Columbia, where a partial advertising ban had little effect on beverage consumption.[15]

The National Association of Broadcasters in the United States has stated that beer and wine advertisements should be "presented in the best interest of good taste and discretion".[16] However, in Canada the advertisements for beer and wine on television frequently have themes such as sporting pursuits and cordial sentiments that are perhaps most appealing to a young audience. The association of alcohol consumption with sporting ventures is unfortunate in view of the documented relation between alcohol consumption and recreational accidents.[2] A further paradox exists when commercials have sexual connotations; although alcohol may invoke desire, it adversely affects sexual performance.[2]

Despite the occasional misdirection of alcohol advertising, it is unreasonable to expect the alcohol industry to stop advertising just because the medical profession has a hunch that this would reduce the prevalence of alcohol abuse, particularly when a ban has already been shown to be ineffective. Because of the "spillover" effect of communications in North America there may be great difficulty in achieving any result from an advertising ban in Canada unless similar action is taken in the United States. Furthermore, there is no advertising

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of alcoholic beverages in Russia, but there is growing concern about the increasing use of alcohol and its associated problems. A more realistic approach is to limit the advertising suggesting that alcohol enhances certain lifestyles.

Since many preventive measures lie outside the control of the medical profession, what can physicians do to confront alcoholism? Traditional medical practice has concentrated on treating the consequences of alcohol abuse rather than the problems underlying it.[17,18] Such efforts are most frequently applied to the patient with established alcoholism who may have progressed far along the alcohol-dependence continuum.[19] In this situation these efforts will yield relatively little reward in terms of reduced morbidity or mortality from alcoholism, and the rising prevalence of alcoholism will remain unchecked.[17,18] Furthermore, failure to diagnose alcoholism, inadequate patient referral and a lack of treatment facilities are major obstacles to the rehabilitation of the alcoholic.

Although physicians have been told repeatedly that they are failing to recognize alcoholism, there appears to have been little improvement in diagnostic acumen in this area.[18] It is known that alcohol abusers may deny that they have a drinking problem, yet less recognition is given to the fact that alcoholism is frequently ignored in clinical practice. It is astonishing that medical personnel may be less likely than the general population to consider alcoholism an illness.[20] Such a passive attitude may have resulted from pessimism about the chances of success in treating alcoholism.[21] A preventive strategy that the medical profession could also consider is the early diagnosis of alcoholism combined with treatment by brief counselling.[17,18] The family practitioner is in a good position to detect alcoholism at an early stage, when prompt intervention may have a significant impact.[22] Psychosocial as well as biomedical concomitants of alcoholism must be considered to facilitate early detection of alcohol abuse.[23] If physicians took systematic steps to detect alcohol abuse early, then brief counselling in identified cases could reduce the prevalence of alcohol-related disabilities. This approach is encouraged by a demonstration of the potential impact of collective efforts by physicians in a study of advice against smoking.[24] Early detection of individuals at risk could lead to more cases of alcoholism being treated (brief intervention) and could result in a reduction in the prevalence of alcohol abuse and related disabilities.[17,18] This hypothesis is consistent with a call for less intensive but more focused interventions for alcohol abuse.[25]

The move by the CMA's General Council to take action against the alcohol problem could be a key step in overcoming the obstacles in the management of alcoholism. At this time, confronting alcoholism by secondary prevention could be as effective as any foreseeable political action.

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Alcohol abuse

The immoderate drinking of wine produces not fewer diseases of body and of soul, than much drinking of water, but far more, and severer; bringing in as it does upon the mind the war of the passions, and a tempest of perverse thoughts, besides reducing the firmness of the body, to a relaxed and flaccid state.

—St. John Chrysostom (345?-407)

My experience through life has convinced me that, while moderation and temperance in all things are commendable and beneficial, abstinence from spirituous liquors is the best safeguard of morals and health.

—Robert E. Lee (1807–1870)