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We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.

Alcohol and alcoholism

SIR,—I have read with interest the series of articles by Dr Richard Smith on alcohol and alcoholism (26 September, p 835; 3 October, p 895; 10 October, p 972; 17 October, p 1043; 24 October, p 1108; 31 October, p 1170; 7 November, p 1251; 2 January, p 51). Our department acts as medical adviser to a company with an alcohol-dependency policy. I have found many of the issues raised relevant to my own experience of treating patients referred under this policy. I have also found them relevant to my wider interest in the effectiveness or otherwise of such policies in the prevention of alcohol-related problems.

Many American companies now have alcohol-dependency policies for their employees. They were first introduced in America in 1942. Similar policies have been introduced in Britain over the last 10 years, particularly in the brewing and newspaper industry and by health authorities. The stated aims of such policies are: (a) to educate the

work force in problems related to alcohol; (b) to advocate modest, distributed, occasional drinking; (c) to offer diagnosis and treatment of alcohol-related disorders to employees either on a voluntary basis or through referral by the company, the latter being linked with disciplinary procedures.

We have had 18 referrals to our department since 1979 from one company in Glasgow with an alcohol-dependency policy, for which we act as medical adviser: of these, 10 have been instigated by the company and eight have been voluntary referrals under the policy. Out of the 10 company referrals, two have lost their jobs as a result of their alcoholism; four have modified their drinking habits sufficiently for the company to regard them as having improved their work performance to a satisfactory level; one stopped drinking but has had two short relapses in the last two years, and two have had no further problems related to alcohol at work or elsewhere. One

further patient who was referred was diagnosed as having an unrelated psychiatric condition and no history of alcohol abuse.

Out of the eight voluntary referrals, five patients have continued to drink according to much the same pattern as before; one stopped drinking and has had one short relapse in the last two years; and one has had no further problems related to alcohol. One voluntary referral was diagnosed as having an alcohol problem secondary to depression, which responded to treatment.

Our experience suggests that both company and voluntary referrals may benefit from an alcohol-dependency policy. The company concerned is particularly pleased to have been able to retain some personnel who are skilled in a specialised field who might otherwise have lost their jobs. In practice, about half of the referrals have been by the company and are therefore related to disciplinary procedures. There is a degree of coercion through the