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# Returning from a break?

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The Editor, *BMJ*  
BMA House, Tavistock Square,  
London WC1H 9JR  
Email: editor@bmj.com  
Tel: +44 (0)20 7387 4410  
Fax: +44 (0)20 7383 6418

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## PICTURE OF THE WEEK

Binge drinking, circa 1811. "The Last Drop" by Thomas Rowlandson is featured in "This bewitching poison": alcohol and the Royal College of Physicians," until 27 June.

The etching shows a London tradesman struggling to drain a punch bowl. A tankard of foaming beer and a bottle of port are lined up next. On the floor is a large flask marked "Usquebaugh" (Gaelic for whisky).

## RESPONSE OF THE WEEK

Whilst I agree with much of Dr Spence's article on how evidence based medicine is broken, I do get embarrassed by my profession's constant bleating about the big bad drug industry. We appear to have adopted a position of learned helplessness. Drug reps do not make diagnoses and do not sign prescriptions.

Stephanie Sadler, consultant psychiatrist, Hemel Hempstead, UK, in response to "Evidence based medicine is broken" (*BMJ* 2014;348:g22)

## MOST READ

The survival time of chocolates on hospital wards: covert observational study  
Were James Bond's drinks shaken because of alcohol induced tremor?  
Being right or being happy: pilot study  
Like a virgin (mother): analysis of data from a longitudinal, US population representative sample survey  
Laughter and MIRTH (Methodical Investigation of Risibility, Therapeutic and Harmful): narrative synthesis

## BMJ.COM POLL

Last week's poll asked: "Should other places follow New York's lead and ban e-cigarettes from public places?"

**84%** voted no (total 3662 votes cast)

► *BMJ* 2013;347:f7677

This week's poll asks:

"Would minimum unit pricing for alcohol save lives?"

► *BMJ* 2014;348:f7646

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## EDITOR'S CHOICE

## A shameful episode

**While MPs struggled to gain access to ministers, representatives of alcohol companies and major supermarkets had easy access**

This time last year public health campaigners and policy makers were confident that a minimum price on a unit of alcohol would be introduced across the United Kingdom. The evidence for substantial health benefits and cost savings was clear, a public consultation on the level of the price was just closing, Scotland had introduced a minimum unit price (though now under legal challenge by the drinks industry), and the UK prime minister had given his personal commitment that England and Wales would follow suit. Then in July the government announced that the policy had been shelved.

The politics behind this sudden U-turn have been something of a mystery. The Home Office minister Jeremy Browne gave as his reason that the government didn't have "enough concrete evidence" that a minimum price would reduce the harms of problem drinking without penalising responsible drinkers on low incomes. However, as Jonathan Gornall has discovered in a *BMJ* investigation published this week (p 18), the government had the necessary evidence, in the form of a report commissioned by the government in 2008. But in an agreement between the Home Office and the report's academic authors it was embargoed until after Browne's announcement.

This sleight of hand by ministers has shocked even experienced public health campaigners, including our editorialists Ian Gilmore and Mike Daube (p 7). More shocking still are Gornall's findings of the extent and effects of contact between ministers and interest groups lobbying against the minimum unit price. Requests made under freedom of information legislation have revealed dozens of face to face meetings between senior ministers and industry representatives, during and after the public consultation, leading Gornall to conclude that the consultation itself was a sham.

Carefully nurtured long term relationships have led to what one academic calls "quite astonishing levels of contact." While MPs struggled to gain access to ministers, representatives of alcohol companies and major supermarkets had easy access—made easier by the well oiled "revolving door" between industry and special advisory posts. The lobbying was backed up by reports from think tanks linked to the industry that seeded cleverly targeted doubts about the evidence, using tactics reminiscent of the tobacco industry. Academics quoted by Gornall express concern about misuse of the scientific process by the alcohol industry and its mouthpieces.

The industry undoubtedly delivers benefits to society in employment and tax revenues and in the pleasures and even health benefits of moderate alcohol consumption. But as Nick Sheron and Kate Eisenstein explain in a commentary (p 23), the costs of harm caused by problem drinking far outweigh alcohol's revenues. The effect of heavy drinking of cheap alcohol in deprived communities is "savage," they say, and tax payers are bearing the cost. Meanwhile the highly targeted minimum unit price would have almost no impact on low risk drinkers. "Taking the cheapest booze out of the system is just about the perfect alcohol policy," they say.

Gornall's extensive investigation, published in full at [bmj.com/alcohol](http://bmj.com/alcohol), shows beyond doubt that commercial interests are currently in control of key decisions about the public's health. As the GP and Conservative MP Sarah Wollaston told Gornall, "You've got a government telling doctors to get out there and reduce avoidable mortality and yet they've stepped away from one of the best tools they could deliver for doctors to be able to do that." It is, as she says, outrageous.

**Fiona Godlee, editor, *BMJ***

[fgodlee@bmj.com](mailto:fgodlee@bmj.com)

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