possible. But even when benefit has been categorically established, public acceptance and implementation of appropriate preventive measures will remain a major challenge.

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COCHRANE CORNER.....

Binge drinking

The Cochrane Collaboration is an international network but the editorial base of the Cochrane Injuries Group (CIG) is in Britain and we are exposed to the British media's current "take" on injury prevention. Road traffic injuries may be the biggest killer but—we are told—the public worries more about violent crime.

One cause of violence that is currently under the spotlight is binge drinking. In recent years there has been a change in British drinking culture and some city centres—not to mention the centre of the small town where I live—can indeed resemble a battlefield on a Friday or Saturday night. However, the media revels in its exaggeration of the scale of the injury problem this causes, focusing inevitably on injuries from violent attacks rather than on unintentional injuries caused by drunks to themselves or others. Arguably, the long term effects on the health of binge drinkers, together with the damage to property and the waste of police and health service time, constitute a bigger problem than alcohol related injuries, whether intentional or unintentional.

Nevertheless, there is some cause for concern and the UK government's plans to further liberalise drinking legislation have added to public alarm, with encouragement from the media which warns that 24 hour drinking will result in unceasing mayhem on our streets.

Various answers to the problem of alcohol related violence have been proposed. These include health promotion campaigns targeted at drinkers and the prosecution of persistent offenders. There is also, however, a view that those who sell alcohol must bear some of the responsibility for any adverse consequences, particularly when the industry actively encourages the culture of excessive consumption at weekends and public holidays. What interventions to reduce alcohol related injury have been tried in the places where alcohol is sold, and have they been effective? My colleague Katharine Ker has recently embarked on a systematic review that addresses this issue.¹ Although we must not let the media dictate our priorities, it is satisfying to be involved in research that addresses a hot topic!

Visitors to Britain often remark on the tendency of our media to condemn efforts by government to improve health and safety. The pejorative term "the nanny state" is currently much in vogue. A number of the interventions that have been assessed (or are being assessed) by CIG reviewers would be described, by some, as "nannying". Such interventions would include encouraging the wearing of cycle helmets, discouraging the use of babywalkers, home safety education, and community based approaches to injury prevention. We need, of course, to evaluate the evidence for "nannying" approaches coolly, indeed soberly, rather than dismiss them because they are deemed to be unfashionable by the media. Ultimately, we should aim to persuade those who write inflammatory articles in newspapers to base their pronouncements on evidence and not just on their own opinions.

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