

Roundhay Preparative Meeting of the Society of Friends (Quakers)
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SU/DoH Consultation
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Via : su-dohconsultation@cabnet-office.x.gsi.gov.uk

Dear Paul Greening

Members of Roundhay Quaker Meeting have met to consider the Consultation Document, "National Alcohol Harm Reduction Strategy". Quakers have a tradition of being concerned about the harm done to people by the misuse of alcohol and welcome the Government's attention to the issue. We hope that the consultation does not become the sole action taken by Government or used as a reason for substantial delay in taking action to reduce the harm associated with alcohol misuse.

We have not sought to answer every question.

1. Why should the Government get involved in managing the harmful effects of alcohol misuse? At what point does Government intervention become justified?

Part of good governance, so much of the physical and social environment in which misuse takes place is determined by Government policies. Laws already exist so intervention is already there, changes in Government intervention should be driven by concern for the welfare of the population as a whole.

3. How can we strike a balance between individual and community rights and choices?

Individuals should be free to act and make choices as they wish, so long as this does not interfere with the freedom and welfare of others. In a community of people some rules are required for the benefit and protection of all. Some individuals (ie minors and those with learning difficulties) may not be able to make informed choices.

5. What principles should underpin a national alcohol harm reduction strategy?

All parties (brewer, host and drinker) should be aware of their responsibilities and the possibilities open to them to ensure that alcohol consumption may be enjoyed without any consequent harm.

The full range of social and financial costs associated with alcohol need to be recognised in ensuring that harm reduction strategies are appropriately funded.

A key principal is that information should be collected and made freely available about the costs and benefits of alcohol at Local Authority, Regional and National level.

13. How do attitudes to risk affect use of alcohol?

Young people, who do not appreciate the real risks, may be driven on by dares. Peer pressure can be considerable.

The wish to get drunk is often seen as the main object of an evening out, not the enjoyment of the evening or the taste of the particular drink.

17. What, in your experience, are the most appropriate means of prevention of alcohol dependence and serious alcohol misuse? What forms of training are most appropriate for professionals in health and social care, as well as other fields, who play a role in prevention.

Education from early years, repeated in ways appropriate to the age of the child or young person. There is no “magic educational bullet”, we need a wide variety of approaches and we all need to be reminded of the issues from time to time. Peer education is useful.

21. How, in your experience, can we minimise and prevent the injuries that are presented to A&E departments as a result of alcohol related assaults (often with glasses and bottles) or home and workplace alcohol-related accidents?

Glasses need to be replaced by plastic whenever and wherever possible. Improving public transport at night and providing “safe places” for those who have drunk too much to travel home safely would reduce some of the vulnerability.

30. Is it right that anti-crime and anti-social behaviour initiatives need to be targeted on young people?

The education needs to start when people are young, but it does not have to be limited to the young. Most of the problems for the community are caused by those less than 26 years of age.

31. Should we be encouraging different drinking patterns – in terms of time spent

drinking, location of drinking etc – in order to tackle alcohol-related crime and disorder?

Binge drinking should be actively discouraged, even if this takes a couple of generations.

34. Drink-drive policies are generally acknowledged to have been successful. What can we learn from them?

That they need to be extended to include all those who have to travel home. They also need to cover host responsibilities to care for their guests. Education on drink driving can usefully be extended to show that negative consequences may arise even if there is no crash. Simply being breathalysed may result in the loss of driving licence, self-respect and legal penalties.

35. Domestic violence is often associated with alcohol misuse – either by the perpetrator, or, on occasion, by the victim. What in your experience, is the nature of this link and what would you see as good practice in tackling the interrelationship between domestic violence and alcohol misuse?

We recognise the vicious cycle that can be driven on by alcohol with financial problems and violence. We see children are often caught up in this cycle.

36. Which children and young people do you see as being most vulnerable to the consequences of alcohol misuse?

Poorer families have their financial problems exacerbated by the expense of the alcohol and time lost at work. The alcohol may exacerbate domestic tension. Alcohol misuse widens social inequalities. We recognise that there is a loss in the outlet for social interaction when pubs close in deprived areas and this needs to be considered in harm reduction strategies. Alternatives may need to be developed.

46. What is the role of schools, colleges, universities and other educational institutions in providing alcohol education as well as support for alcohol-related problems? How can we best establish and preserve a healthy learning environment?

There are possibilities, School Health Fairs and other opportunities are there. These however do not reach the truanting child! Peer pressure can be a problem. Education does not have to focus on the dramatic accident, can show situations that are lower profile but just as life damaging.

56. How clear is the evidence both for the wider economic costs and benefits of

alcohol? Are there key pieces of research of which we should be aware?

The evidence is not clear and more guidance is required to ensure that better data is collected. All Local Authorities and NHS Primary Care Trusts need to have information on the local costs and benefits of alcohol.

57. Are there particularly effective workplace-based initiatives designed to tackle alcohol misuse that we should be aware of?

In recent years most NHS organisations have had rules preventing the consumption of alcohol on site, including at event arranged by pharmaceutical companies. The impression is that schemes work best when they are integrated with other work-place health initiatives, principally Occupational Health Services. It is unfortunate that Occupational Health Services are usually too small and under resourced for the challenges they face.

We look forward to the completion of the consultation and await with interest the action that will follow.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Martin Schweiger', with a stylized flourish at the end.

Martin Schweiger
Clerk, Roundhay Meeting