

The principles that should underpin the strategy

Our starting point is one of principle. Before considering how best to tackle the problems associated with alcohol misuse we need a clear understanding of why Government should play a role at all.

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

There needs to be a national strategy, which is consistent throughout the country.

2. How far is alcohol misuse a matter of individual responsibility and when does Government have a responsibility to intervene, whether through services, legislation or persuasion?

Alcohol misuse is often a problem arising from many other social problems, there is an element of individual responsibility, but also social obligation + the Government has a great influence over this.

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

4. What are the respective roles and responsibilities of consumers, voluntary groups, commercial interests and others?

Safety must be the main concern, commercially this means not selling to people underage, less ease of acquiring alcohol (ie. no home deliveries)

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

Safety respect of individuals, acceptance of the huge problem; identifying the underlying problems, such as stress, debt, abuse, that makes alcohol a coping strategy. The cultural and behavioural issues around alcohol use and misuse.

Alcohol misuse and its impacts play out against a wider canvas of behaviour and attitudes related to alcohol: we need to understand this wider picture in order to understand how to influence and reduce harmful effects.

Questions

6. How do you define alcohol misuse? What factors do you take into account?

If it is impacting negatively on an individual's life + of those around them, social, emotional, psychological, physical, all areas.

7. What drinking patterns should an alcohol harm reduction strategy seek to affect? How susceptible are such patterns to change? Where should Government concentrate its efforts in prevention?

Prevention tackles the problem before it gets out of hand + therefore demands much more input to sort it out.

8. Is there a relationship between trends in drinking and wider social changes - e.g. the spread of higher education, changes in workplace culture, later marriage and/or family formation? Where does this suggest we need to focus attention in influencing behaviour?

I feel there is a relationship, workplace is key, high stress can create drinking as a means of coping, family problems, high alcohol intake around areas of financial strain and struggle. Correlation between drug users + alcohol consumption. - Focus on young people, lower class, etc.

Employed + professional etc.

9. One group we need to focus on specifically is young people, where the evidence suggests a rise in consumption, particularly by young women. Are there other groups we should be focusing on? For example are there specific issues around minority ethnic attitudes to, and use of alcohol which we should bring into our analysis?

- Also low + high income stressful jobs, unemployed, single parents socially awkward eg: mental health

10. It is easy to focus on the negative aspects of alcohol use and misuse. But what are the positive cultural and behavioural (as opposed to economic) aspects? What parts of our culture would change for the worse if we did not have alcohol?

I suspect drug misuse would escalate society needs an "upper" struggle to socialise & relax without alcohol. It is a "feel good" + social thing to do.

11. Is there such a thing as a recognisably English drinking culture and if so what does it look like? What are the factors which influence it – for example are there sharp regional differences? Does it look different for different ages groups?

English do not seem to be confident unless they have a drink in them. Find it difficult to relax + unwind without alcohol.

12. What factors influence behaviour – fashion and marketing, family background, education and information, financial, legal and regulatory, scientific, environmental? Which are the most influential in your view? How easy is it to exert influence through those factors?

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

often there is 'do not care' attitude 'it won't happen to me!' denial, however people do seem to have concerns on their health: prevention, treatment and the impact on the NHS alcohol intake, to reduce risk or do think more about their intake.

The effects of alcohol misuse cost the NHS money. There are direct costs both to the NHS and in social care in treating those with alcohol dependence. And there are a host of indirect costs through alcohol-related illnesses and accidents; through violence fuelled by alcohol; and through mental illness and depression associated with alcohol misuse; and through the mixing of alcohol with illicit drugs. But there is also some evidence that moderate alcohol use for some groups can be beneficial to health.

Questions

14. How do you define harmful drinking? What factors do you take into account in deciding whether heavy drinking has become problematic drinking

Has alcohol taken control, can't stop drinking once started, experiencing withdrawal symptoms, has it affected their job, relationship

15. How clear is the evidence both for the health costs and the health benefits of alcohol? Are there key pieces of research of which we should be aware? Where are

the gaps in the evidence?

16. What are the costs for the NHS both directly and indirectly due to alcohol? We will be examining evidence on this but would welcome your views and any evidence you think we should be aware of.

High cost of time from staff misuse of services, strain for staff dealing with this huge problem with little services + support.

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.

18. "Brief interventions" can be offered to patients who have been identified as at risk from alcohol misuse. They may consist of a short session with a doctor or nurse to discuss a patient's drinking and to offer help and support to cut down on alcohol intake, if the patient wishes to do this. How effectively do you think those at risk are identified? How well have you found brief interventions to work and how might they work better?

Not very effectively. Brief interventions work well when the problem is dealt with early on in the addictive cycle.

19. Do current treatments for alcohol dependence and hazardous drinking work? Are they sufficiently tailored to meet differing individual needs? Are there other forms of treatment we should be aware of? Is there a need for guidance for the commissioners of local treatment services? How should individuals best access treatment services?

There are very good treatments around + very dedicated + experienced professionals, the problem is there are not enough staff available for treatment of clients referred.

20. What can we learn from drugs prevention and treatment?

Much more aggressive treatment programme, drop in clinics, high education, + they are still likely to escape to control.

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?

Alcoholic beverages to be in plastic bottles. Any symptoms of intoxication + work to be set home immediately, limit to alcohol served at pub/bars.

22. What are the links between alcohol misuse and mental health problems, including depression and suicide? How are services – both those aimed at prevention and treatment – best co-ordinated?

Very high links, increase in dual diagnosis, very difficult to manage + to identify appropriate care - coordination. Both services are often separate so treatment not closely provided.

Crime, disorder and anti-social behaviour: the effects on our

difficulty in medication while drinking, also need more education on alcohol education within community, mental health teams + psychiatrists.

surroundings and community

The most visible effect many of us see from alcohol misuse is in our town and city centres: pavements littered with broken bottles and streets too intimidating to pass through. Links between alcohol and disorder are as much a matter for concern as are links between alcohol and crime.

Questions

23. What evidence is there about the links between alcohol and crime and the links between alcohol and anti-social behaviour? Are there key studies or pieces of evidence you think we should be aware of? Where are there gaps in the evidence?

About a third of referrals I receive as an alcohol misuse team, are now from probation. Most of their convictions are alcohol related.

24. In your experience, is alcohol a factor in habitual re-offending? Does it lead to particular types of crime? How far does it lead to one-off offences?

It is a factor, just like re-offending to get money for drugs, it also occurs for alcohol. It also has a high incidence of one-off offences.

25. To what extent can alcohol convincingly be demonstrated to be a factor in criminal and disorderly behaviour? How much is perception and how much is reality? What fuels the perceptions and are they accurate?

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26. Alcohol is far from being the only factor in crime and disorder. Other factors are involved – for example town centre disorder can be influenced by lack of availability of transport or design of environment. What other factors might be involved? How easy are these factors to influence? Who is responsible for them?

Large crowds mixing of different groups eg. two different football teams, no police present makes it feel very unsafe, bad lighting.

27. How does the impact of alcohol on urban environments differ from its impact on rural environments? What are the differences between urban and rural drinking patterns and how do they affect those communities and surroundings?

28. To what extent can impacts on the environment (including crime, disorder, noise and waste) be designed out, for example by use of plastic drinking glasses? Are there examples of good practice it would be helpful for us to be aware of?

Pubs have a responsibility to stop serving people who have drunk enough. Units on each alcoholic drink change culture of drinking in

29. There are some examples of good practice where a range of organisations responsible for dealing with different aspects of alcohol have successfully 'combined efforts' and shared information to tackle alcohol-related crime and disorder together. Should this approach be encouraged more widely? What inhibits organisations or communities from taking such an approach?

This should be encouraged, I would think finance inhibits it.

England, make it more related, provide other means of relating, relating, eg. pub to law, good non-alcohol drinks, conferences & seminars, more related opening times

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

Not only young people, &

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?

32. How can the law on, and policing approaches to public drunkenness and street drinking help to tackle these problems? Are existing controls and powers (such as those for local authorities to introduce no drinking zones) effective? Are they sufficient?

33. One person's good evening out can be another person's sleepless night. Are there principles to guide the balance of individual rights and responsibilities?

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

Having a consistent approach works as does clear messages + laws.

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?

Alcohol reduces the rational part of you therefore it is easier to get angry and to lose control of the situation, there needs to be a ~~more~~ tough approach to domestic violence + more services. The implications for vulnerable groups to deal with the victim + also treat the perpetrator.

Some people may be more vulnerable to the harmful consequences of using alcohol. Certain groups of young people in particular are at higher risk of developing a range of difficulties that include alcohol-related problems (for example children in social care, those excluded from school and youth offenders). Families and carers can play an important role in protecting young people from problems but it is important to recognise that living with a parent or carer with an alcohol problem can itself become a source of vulnerability.

Questions

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

family history of alcohol misuse - addictive personalities
children / young people who have experienced abuse, abandonment
children have social services, bullying at school...
isolation, physical health problems, depression,

37. What other groups would you identify as particularly at risk and vulnerable to the harmful effects of alcohol?

Drug users, unemployed single parents, professionals, domestic violence, mentally ill, criminal convictions, offenders, home care

38. Those who are vulnerable to the consequences of alcohol misuse often have complex problems (for example they may be homeless and may have additional mental health or drugs problems) and such factors may be inter-related. What key factors need to be understood in addition to alcohol use that contribute to maintaining the problems facing such groups? Which of these factors should interventions be aimed at?

[Empty box for answer to question 38]

39. How can the services provided by the state and others to vulnerable groups with complex problems be joined-up most effectively? Are there examples of joined-up delivery it would be helpful for us to be aware of? What gets in the way of joining-up services?

More people should diagnose services more children + adolescents services + co-working with drugs + alcohol team

40. How realistically can these vulnerable groups be dealt with by mainstream services and how far do they need services which are tailored to individual groups and indeed to individuals on a case-by-case basis? What is your experience?

Children under 16 have less services for treatment of alcohol or drug use more needed

Education and communication

All of us receive messages about alcohol to some extent. We see advertising for alcohol and respond in various ways depending on our preferences. Information on sensible levels of drinking is also available. And messages on the consequences of getting it wrong can be clear – most obviously for drinkdriving. These are powerful tools for giving information and shaping perception. Do they alter behaviour?

Questions

41. What should be the objectives in this area? Is the aim to raise levels of awareness? Is it to inform more specifically? Is it to change behaviour? Are there any particularly successful or unsuccessful examples we should be aware of?

Information needs to be clear + accurate + consistent

42. Given clear objectives, what is the evidence on the effectiveness of these approaches? What do they actually achieve? How can their effectiveness be measured?

[Empty box for answer to question 42]

43. How well is the sensible drinking message reaching its audience? Is it sufficiently clear? What is the evidence on its penetration and its effect on behaviour?

[Empty box for answer to question 43]