ALCOHOL ADVISORY SERVICE

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With compliments

attitudes towards drinking.

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?

There need be no conflict between individual responsibility and government intervention, indeed they could be complimentary. We all live in a social context. Attitudes towards drinking, availability of alcohol, consumption levels all have an effect. Simply put, the more an individual or community drinks, the more problems that individual or community will have.

The government "intervenes" in a variety of ways in the field of drug abuse – it is no different for alcohol which is also a drug, albeit a legal one.

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

By having clear boundaries. Society has always had an ambivalent attitude towards those experiencing alcohol problems, they are objects either for concern or censure. In a treatment context, the responsibilities of the individual for their drinking

problem) is rightly reinforced. What is also acknowledged is the cluster of variables, cultural, social, psychological, that may have contributed to the problem.

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

The abuse of alcohol affects us all. In that sense, we all have a responsibility to tackle it. There should be a dialogue between different groups in established forums to determine this. This happens already with DATs and DRGs.

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

- That the individual and community have joint responsibility
- That excessive drinking and the anti-social behaviour that can go with it is unhealthy and unacceptable
- That alcohol is a potentially dangerous drug
- That there should be appropriate help available for those who have alcohol problems
- That the abuse of alcohol affects not only the drinker but those in relationship with them, particularly their family
- An acknowledgment that alcohol abuse is a major problem

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

Extremely difficult. The wider the definition, the bigger the problem, the "tighter" the definition, the smaller the problem. I think where there are problems whether identified by the individual or indeed by another or others, in any one of these main areas – social, physical or psychological.

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?

First, we must all be clear as to what social drinking actually means. A lot of people still don't know or have heard of units – so extending educational input about alcohol is very important. The problems of binge drinking need to be addressed, the recent change in the licensing law may positively contribute.

Government efforts should be concentrated on education, in schools, the workplace (alcohol policies), in primary care settings. Community agents – social workers, probation officers, Health visitors, community nurses etc should receive (in their respective training courses) information about alcohol abuse.

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 don't know. What evidence there is should be reviewed and collated. Where there is no or insufficient evidence, it should be sought. What research that does exist is piece-meal and insufficient to draw conclusions from. Perhaps (if it is feasible) a national survey on drinking habits should be undertaken. There is always an opportunity in whatever setting to influence behaviour. This will be a slow and gradual process – maybe we would learn from other countries who have a different attitude towards drinking.

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?

Other neglected/excluded groups include:

- Older people
  There are very few services nationally that address the needs of older people

- Ethnic minorities
  Again, services for ethnic minorities are extremely patchy

- Where there are concerns about a particular group e.g. young women, that group could be specifically targeted.

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?

Alcohol is so deeply embedded in convivial custom, it is inconceivable to imagine life without it – perhaps we should. It is important to stop being so apologetic about the use of alcohol. We should send a clear message, that we don't need alcohol to improve our health, social functioning or to have a "good time". Time to get off the fence! I really can't think of any part of our culture would change for the worse.

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 age groups?

I think there is an English thinking culture, which may be part of or similar to a Northern European culture. The contrast in drinking behaviour between Northern and Southern European countries is marked.

I'm not sure what influences it (English drinking culture), visitors to these shores over the past 200/300 years have commented on it – so it seems to be a long established phenomenon. It does hasten the need to address deeply ingrained attitudes to "acceptable" drinking behaviour.

There does seem to be some regional variations in consumption levels, the information for different age groups seems confusing and at times contradictory.

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?

All of the above!

There is so much we do not know, so we hypothesise. From a treatment perspective, I emphasise the psychological and social factors. Many people drink to feel better, for confidence, to relax, to sleep. For some, heavy drinking was modelled in their families and communities. There are psychological "explanations" and there may be genetic influences.

We really don't know but that doesn't have to stop us from intervening.

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

Probably more than we think! What is not acknowledged is the excitement/risk in heavy drinking. We know in the treatment situation that abstinence or "reduced drinking can be experienced as boring, and the person must explore other ways of experiencing risk that is safer both for themselves and others.

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

Anyone regularly drinking more than the recommended levels. Heavy drinking becomes problematic when it affects/impairs the individual's functioning in any of these areas – social, physical or psychological.

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? What are the gaps in the evidence?

The evidence for the health costs seems pretty clear though the systems by which information is gained, collated and disseminated should be reviewed.

The evidence for health benefits is less clear and should be treated cautiously. As I have mentioned above, research seems to be patchy and piecemeal though there does seem to be broad agreement on the statistics, particularly when it comes to the health costs.

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.

They appear to be substantial. Existing information should be reviewed.

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/information is all important so that people at the very least can exercise informed choice. Information about training in alcohol problems should be mandatory on all relevant professionals training courses, including advice on intervention. The training need not be long or costly.

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 wished to do this. How effectively do you think those are risk are identified? How well have you found brief interventions to work and how might they work better?

Brief interventions, particularly in primary care settings could be extremely useful so

long as those who "intervene" have receive adequate information and training themselves. This, sadly is not often the case.

Working in a specialist alcohol service, I know that brief interventions can be helpful as part of a range of intervention.

Targeted brief interventions in specific settings would too be extremely useful.

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?

Hard to evaluate as there is no agreed definition(s) of what success is.

Services tend to be fairly predictable and there seems to be a lack of innovation, experimentation. So often, the client has to fit the service rather than the service responding to the individuals needs – though much lip service is paid to this.

Commissioners of services need to be better informed, so often they base their commissioning strategy on unresearched, anecdotal evidence or simply maintaining the status quo.

Individuals should have a range of treatment services to access that should reflect the differing needs of those with alcohol problems.

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

- The need for clearer information for the "user".
- Listening to what the "user" needs

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?

By a reduction in individual and overall consumption – how else? What influences

consumption levels has been commented on.

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?

There seems to be well established links between alcohol misuse and mental health problems – particularly depression.

Those who commission services should also have some responsibility for ensuring that there is sufficient co-ordination of services.

There needs to be local audits of those who access services (and those who don't!)

User's views must be sought in a simple, systematic way – and responded to!

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?

The links between alcohol and crime and alcohol and anti-social behaviour are well documented and clearly visible. I don't think there are any gaps in the available evidence.

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?

I cannot comment on drinking and habitual re-offending or indeed one-off offending – the police/probation services are better placed on this. There are of course clear links between drinking and violent or anti-social behaviour.

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?

Perception is never to be dismissed, the evidence is true and obvious to anyone who passes through or visits town and city centres on Friday/Saturday nights. If anything there is a tendency to discount the influence of alcohol on criminal/anti-social behaviour.

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?

Transport infrastructure, the siting of licensed premises, restaurants and take-way facilities are all factors in particular crimes and disorder problems. I do think however that heavy drinking is the single most important variable. We all have a responsibility, the community, the local authority and central government.

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?

As we operate almost exclusively in an urban environment, I cannot comment on this.

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?

Anything that would have a beneficial effect should be considered. I do not think however this would significantly contribute to the problems of excessive drinking?

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?

The strategy of "combined effort" should be encouraged, facilitated and supported. There is a danger of over-bureaucrisation where one group "spawns" other "sub-group". The process can then become unwieldy – the content confusing and cumbersome. It all becomes extremely time consuming and stressful – particularly when more targets are set!! Groups should be action orientated and have adequate resourcing. The Groups must also know that their views do impact on policy making.

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

Yes – It is this group that cause most of the problems.

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?

Absolutely. There needs to be a real-change in both our consumption patters and our attitudes to heavy or in-appropriate drinking.

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?

The community response to public drunkenness is very important, and should be rigorously addressed. It is simply wrong for anyone to turn a blind eye. The local authorities and the police must work closely together – to the legislative powers that currently exist and to implement the powers they have. So often, they fail to do this. Drunken offences should be treated more seriously - sanctions/punishment increased. This is very important in sending a clear message about the

unacceptability of such offences – which will in time contribute positively to attitude change.

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?

Of course – there is a dynamic between rights and responsibilities. The community needs to have a "conversation" to determine how this relates to the consumption of alcohol.

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

In large part drink-drive policies have been successful because the link between alcohol- and alcohol traffic accidents has been clearly established. Other links too need to be clearly communicated e.g. alcohol and health, accidents – marital violence – child abuse – crime/disorder.

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?

More information about the drug alcohol and how, if misused, it may cause significant problems to the individual, family and community. As mentioned above, the links need to be articulated and communicated.

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

Those children in a family where a parent has an alcohol problem. It is truly scandalous that there is no specific service provision for this group. Those who

"work" with families, social workers, health visitors etc – have little or any training on alcohol problems. They are thus not able to identify such problems, or where they do, not competent to intervene.

Children must, throughout their school career, have adequate information on alcohol and its consequences.

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

- Older people – a lamentable lack of services for this group
- Relations of the drinker – the "victims" whose needs are often over-looked.
- Children in "alcoholic" families (see above)
- Ethnic Minorities – services for this often hard to access group are extremely patchy.

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?

Each individuals circumstances may differ. Good initial assessment will identify those areas in which the particular individual will need support. Any strategy that reduces harm, or may create a degree of stability should be employed.

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?

It is perfectly possible to design a "model" alcohol services which includes all the elements that address differing individual needs and within a specified area (perhaps based in PCG/PCT areas).

I'm not sure what gets in the way but ambivalence to alcohol is one factor – the relative under-resourcing of alcohol services (compared to drug services), the hitherto lack of political will all have contributed to inaction.

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?

Mainstream services, if adequately resourced could develop services that are tailored to individual groups. There are many good examples of this nationally.

What has bedevilled this development quite simply is lack of funds.

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

All of the above – they are obviously interdependent. Te area of drink-driving is a good example of how a clear consistent message can have a positive effect.

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?

Clear information on the impact of alcohol in health, social functioning and psychological well being should be available. A clear and consistent response to unacceptable behaviour whilst "under the influence". The outcomes of such "policies" would, relatively easily, be reviewed against current known outcomes.

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?

It would appear that the message is not getting through, particularly to some groups e.g. young women. It needs to be clearer, unambiguous and direct. I suppose that consumption levels are at least one indicator of change. Those levels appear to be rising.

44. How well is scientific research feeding into alcohol education? Is the message based on sound, unbiased and uncontroversial research and are new findings effectively incorporated?

I can't really comment. I am not aware of any new, radical research recently that has had any impact on the overall use/consumption of alcohol.

45. Should particular groups be targeted for information and communication? Is there a need to provide more intensive alcohol education to groups other than young people (e.g. elderly drinkers)?

Yes – undoubtedly. Elderly drinkers are a good example where, as I have mentioned above, there does appear to be an increase in alcohol consumption with attendant problems.

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?

The role of these educational establishments would be crucial. Everyone will "pass through" educational institutions, it makes sense that this opportunity should be grasped and information given.

47. What role is there for families/parents as role models or in educating their children on sensible levels of alcohol drinking and the risks of alcohol misuse? How can we best establish and preserve a healthy learning environment?

I think it is important to take a long term view – today's young people are tomorrow's parents, so the process of education should start immediately. Accessing families/parents now is more problematical, though if alcohol was given a higher profile, that might contribute positively.

48. What does experience show on the most effective means of getting messages across? Are there circumstances in which the Government is particularly well placed to do so, or conversely might be particularly unsuccessful?

I'm not sure. There is surely evidence in other "health" initiatives to draw on. The government is of course well placed to "support" such initiatives.

49. What can we learn from educational initiatives in the field of illegal drugs?

To "tell it like it is". It is simply not of any value issuing information or statements that bear no relation to people's actual experience. The government's role is very important. In the case of drugs it has often appeared that the governments need not to "offend" elements of the popular press and so called "Middle England" have simply confused the message.

50. Do you have views on the existing regulation of advertising on alcohol?

It should be completely banned.

51. Do you have any thoughts on the likely evolution of the alcohol industry over the next decade?

We may gain some idea of the immediate future by looking back to the immediate past. The drinks industry needs to exercise responsibility as to how they market their product and target their consumers. They have succeeded in attracting "new" younger drinkers by the introduction of alcopops and encouraged young women to drink more. This industry exists for profit, they are not to be trusted with the health and well being of their customers.

52. What is the relationship between the creation of trends and fashions in alcohol consumption by the market and consumers responding to trends and fashions? Are there discernible patterns which the Government might use in responding to the effects of alcohol misuse? Is there useful evidence we might draw on?

It is complex and for others to answer or to venture an opinion.

53. How far do you foresee research and development creating innovative market-led solutions to the problems of alcohol misuse?

Not very far, going on the history to date – I think it is much simpler than that.

54. How best can Government work with the alcohol industry to reach consumers? What approaches have been shown to be effective in England, the devolved administrations and further afield?

I'm not sure. With the possible exception of the drink-driving initiatives, I can't think of other effective approaches. There simply hasn't been the will to date.

55. Are there other commercial interests which can influence drinking behaviour?

I can't think of any other than is mentioned in the preamble to this section.

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?

In its production, distribution and use, alcohol contributes significantly to the economy. It also takes from the economy in ways that have been highlighted above. Perhaps a direct comparison should be made, though even if the "benefits" outweigh the dis-benefits, the cost is enormous and should not be tolerated or ignored.

57. Where are the gaps in the available data on the economic costs and benefits of alcohol? Are there any obvious limitations we should be aware of? Are there any particularly helpful methods for assessing costs and benefits we should be aware of?

The gaps would appear to be in the estimating the costs of excessive or inappropriate use of alcohol.

58. What principles could guide us in deciding who is responsible for costs? How far should they fall to individuals, how far to business and how far to Government?

Surely, everyone has a responsibility?

59. What are the economic benefits of having an alcohol industry? Can we easily quantify them?

Self-evident – easily quantifiable.

60. Alcohol misuse can increase absenteeism and decrease productivity, whilst moderate consumption of alcohol may be beneficial in terms of reducing stress and tension and facilitating networking in the workplace. What in your view are the links between alcohol use and educational and occupational attainment?

I do not know of any statistics/research that indicates that the use of alcohol enhances educational or occupational attainment.

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

The record is not good, but the idea of mandatory alcohol policies in the workplace should be considered.