

NATIONAL ALCOHOL HARM REDUCTION STRATEGY

Alcohol Concern's Response to the Consultation Document

January 2003



Alcohol ▲ Concern

ALCOHOL CONCERN'S RESPONSE TO THE NATIONAL ALCOHOL HARM REDUCTION STRATEGY CONSULTATION DOCUMENT

1. Alcohol Concern and a national alcohol strategy

- 1.1 Alcohol Concern is the national voluntary agency on alcohol misuse. Its twin aims are:
- To reduce the incidence and costs of alcohol misuse
 - To promote a greater range and quality of services for people experiencing alcohol-related problems
- 1.2. In addition to acting as the umbrella body for the over 500 local agencies delivering alcohol services, it operates the UK's leading library and information resource on alcohol misuse and a range of projects focussed on the development and implementation of policy.
- 1.3 As the only national agency covering all aspects of alcohol misuse – and their inter-relationships – Alcohol Concern has long argued the need for a coherent and comprehensive national strategy to provide a focus for purposeful and integrated policy on alcohol. We therefore welcome the decision to invite the Cabinet Office Strategy Unit to develop a national harm reduction strategy.
- 1.4 In 1999 we produced, after consultation with over 200 organisations, a draft strategy for consideration. (*Proposals for a National Alcohol Strategy for England* Alcohol Concern 1999) Although some details will have changed, that document remains a statement of Alcohol Concern policy with regard to a national strategy.
- 1.5. Alcohol Concern has already, during the current exercise, made available to the Strategy Unit information and expertise that it has at its disposal and will continue to do so. This response will therefore focus on
- key components of a strategy
 - priorities for action
 - comments directed to the broad areas of debate raised by the Consultation Document.

2. Introduction

Understanding alcohol

- 2.1. It is vital that any strategy to reduce alcohol-related harm recognises and, in so far as it is possible, addresses the unique and paradoxical place that alcohol holds in our society. While it is a source of much pleasure, it is also the cause of significant individual, social and economic harm. Although it is a mood altering drug it is rarely recognised as such. While other (often less harmful) drugs are demonised, alcohol is seen as a normal and welcome – even essential – adjunct to social gatherings. This can make discussion of alcohol harm reduction uncomfortable when placed in a wider social and political context. It is, as a result, often tempting to ascribe the impact and costs of alcohol misuse to a small minority of the population who are the heaviest drinkers. Not only is this misleading – the vast majority of harm stemming from those who are not dependent on alcohol – but also unhelpful in considering measures to tackle the problems.
- 2.2. The generally responsible middle-aged woman who occasionally drinks and drives, the 20 yr old male who ends his hard-working week by letting off steam in the accepted manner with his mates in a bar and ends up in a fight, the harassed single parent who neglects their child as a result of drinking in response to isolation and stress; all these are ‘normal’ members of society who, without being exceptionally heavy drinkers, fall foul of the traditions, pressures and expectations associated with drinking alcohol in this country. A harm reduction strategy can only be taken seriously if it recognises – and is set in the context of – the nature and style of mainstream British drinking culture.
- 2.3. This, in effect, means two things. Firstly, we have, over time, to alter cultural norms - the assumptions and expectations around drinking, the occasions when it is appropriate and the amount drunk. Changes in attitudes towards smoking in this country demonstrate how this can be achieved by a sustained campaign. Secondly, we have to target specific behaviours (e.g. drink-driving, drunkenness) in order to curb the worst excesses. These two approaches, often characterised as in opposition to each other, are in reality complementary and should sit side by side in a strategy.

- 2.4. Alcohol is also closely linked to a host of social problems, ranging from social exclusion to domestic violence and from health inequality to teenage pregnancy. And yet, strategies to address each of these issues have been drawn up in recent years without reference to alcohol. Whatever the reasons, an alcohol harm-reduction strategy must grasp the opportunity to address the contribution alcohol makes to these and other problems and to take steps to lessen its impact.

Importance of a comprehensive approach

- 2.5 If a strategy is to address causes and not just symptoms, it must be wide-ranging in its approach. Although some forms of harm are more immediately visible (and more shocking) than others the heaviest costs, such as many of those to the NHS, are frequently hidden. The invisible, unquantifiable costs such as those to children and families are the none the less important for being less overt and less newsworthy and a strategy must pay as much attention to these issues as to the more politically driven topic areas.
- 2.6 A successful alcohol strategy will be judged by its effect over 10, or even 20 years. While there are clearly some prominent problems that need an early resolution, it is vital that these are set in the context of a structure and process that will enable the strategy to have a lasting effect on our alcohol problems. A strategy will also need to be subject to regular review and adjustment in order to learn from and build on its successes and failures.

3. Key components of a strategy

- **Co-ordination at a national level**
- **Co-ordination at a local level**
- **A process and plan for the development of alcohol services**
- **Strategies to ensure that high quality information and advice about alcohol is given in non-specialist settings**
- **A Communication Strategy**
- **A Training Development Programme**
- **A Research Strand**
- **Resources**

3.1 A fully comprehensive National Alcohol Harm Reduction Strategy will have to address a wide range of topics and interests. In some cases, the building blocks are already present, while in others it may take some time to put them in place. While it is important that the Strategy Unit maps out in its final recommendations the whole of the territory to be covered by a strategy, it is inevitable that different aspects of the problem will be dealt with in different ways and at different times. It is therefore crucial that the overall strategy be founded upon some core components that can provide the basis for effective progress and continued development.

These components are:

Co-ordination at a national level

- **A mechanism must be established to draw together all aspects of a strategy and to set priorities**
- **A discrete central unit offers the best chance of delivering a successful Strategy**
- **Leadership and accountability will be key to delivery. A lead Minister must be nominated to take overall responsibility for the Strategy**

3.2 The need for a national strategy stems, to some considerable extent, from the diversity of the subject matter and of the people and organisations (notably government departments) with an interest in the impact of alcohol use and misuse.

These interests, in some cases, conflict. This means that strong leadership is required to ensure coherence of action and purpose.

- 3.3 This calls for a mechanism to be established that is appropriately placed to draw together all aspects of a strategy and to set priorities. This mechanism must provide a forum for the discussion of divergent interests whilst retaining the ability to drive forward the strategy development and implementation. An important role would be to set and communicate clear goals and priorities to local implementation bodies.
- 3.4 This mechanism might be established either by:
- the creation of a discrete unit centrally based in, for example, the Cabinet Office;
 - the formation of a lead partnership of core departments (e.g. Health, Home Office, DCMS) or by;
 - the nomination of a single Department (e.g. Health) to lead development implementation.
- The first of these options - a discrete central unit – offers the best chance of delivering a successful strategy
- 3.5 Whatever the mechanism adopted, it is vital that there be a clear line of accountability for all those areas of government with a part to play in rolling out the strategy. This requires the nomination of a Ministerial Lead figure and champion, preferably at Cabinet level, to take overall responsibility for the strategy. This figure must have ready access to the full range of relevant advice and expertise. Either from a specialist unit within government (as recommended above) or by commissioning from a number of outside bodies.
- 3.6 The key aspects of the national co-ordination must, in summary, be leadership and accountability. The matter and breadth of the alcohol agenda – and of the players involved – is such that it would be easy for progress to be hampered, or even halted, by the complexity of the task. There must be in place the clearly allocated duty and power to drive the strategy forward.

Co-ordination at a local level

- **National co-ordination of a Strategy must be backed by a coherent mechanism for local planning and implementation**
- **We propose that the DAAT and CDRP are part of a local alcohol strategy implementation group. This group would include the Director of Public Health, the PCT, representation from education and the Chair of the local Licensing Committee.**
- **Alcohol related targets must exist within the strategic workplans of each of these partnership agencies.**
- **Resources must be made directly available to this group, possibly via a pooled budget**

- 3.7 National co-ordination of a Strategy must be backed by a coherent mechanism for local planning and implementation. As planning structures change frequently, a national strategy should set out the broad principles and long term requirements of local planning mechanisms, as well as make recommendations against current structures.
- 3.8 For a successful implementation of an alcohol strategy, local planning mechanisms must be effective in co-ordinating the activities of disparate groups, sometimes with conflicting interests. These include health, social care, police, environment, planning, the licensed trade and community groups. The needs of local populations are paramount and must be reviewed at least every two years.
- 3.9 The planning structures must take account of local needs and conditions, yet be held to account against national targets. They must also be able to develop a coherent approach across the breadth of the alcohol agenda, linking treatment, criminal justice and public health initiatives. It is essential that there be a clear allocation of responsibilities, with appropriate powers available to those held accountable for delivery. Those responsible must have adequate resources to plan and commission the work needed to achieve local and national targets.
- 3.10 There already exists a plethora of local planning and partnership forums - a factor recognised by the recent creation of Local Strategic Partnerships (LSPs) and the move to bring Drug Action Teams (DATs) within Crime and Disorder Reduction Partnerships (CDRPs). It is likely that these frameworks will, and should, form the basis of a planning mechanism for local implementation over the next few years.

- 3.11 This does however require careful consideration, as the differences between alcohol and drugs may not translate well to the culture or working practices of these structures, and without significant changes they will not prove adequate to the task. Although none of these existing structures have been specifically tasked to address alcohol, it is important to note that they have generally failed to do so of their own accord (even when within their power to do so).
- 3.12 The DAT mechanism is well placed to take forward the Treatment strand of a national strategy though will require considerable guidance on the clear differences, as well as the similarities, between the alcohol and drugs agendas. It would be of grave concern if they were given the responsibility for alcohol (and the long overdue name change to DAAT) without a significant shift in thinking.
- 3.13 The CDRP mechanism has had some responsibility for the drugs strategy, although there are considerable differences those required to tackle to alcohol-related crime and disorder. There is a pressing need for guidance on how to co-ordinate a local Crime and Disorder Reduction Strategy with a local alcohol strategy. CDRPs will, for example, need to enter into unfamiliar dialogue with local authority licensing officers to help manage the local drinking environment. The work of Alcohol Concern's Consultancy Service offers examples that can be built upon.
- 3.14 While DAATs and CDRPs may cover the treatment tiers and crime and disorder oriented community initiatives, there would nonetheless remain a considerable gap in the planning structure with regard to public health, licensing and education initiatives. We propose that the DAAT and CDRP are part of a local alcohol strategy implementation group. This group would include the Director of Public Health, the PCT, representation from education and the Chair of the local Licensing Committee. The group should clearly reside within the local authority. A mechanism should be found to make resources directly available to this group, possibly via a partial pooled budget. Without resources, some elements of the local alcohol strategy are unlikely to succeed.
- 3.15 To encourage committed and effective partnership working, national targets should exist within the strategic workplans of each of these partnership agencies. Furthermore, some of these high level indicators should be identical across the agencies.
- 3.16 The involvement of the Director of Public Health is vital, though will be unlikely to take place in a uniform way unless it becomes a requirement in every area. There is precedence for this in other areas of planning, though the rationale needs to be clearly set out in the national strategy.

A process and plan for the development of alcohol services

- Much more needs to be done to ensure that the appropriate range of quality services are available to those who need them. This applies across the whole spectrum of services from early intervention to acute and long-term care and requires a major injection of funds
- Responsibility for planning and putting into place this step change in service provision must be allocated to the National Treatment Agency
- Services development must include strategies for quality assurance and workforce development
- Alcohol specialists must be in position to identify problems at critical points within the NHS

3.17 There can be no doubt that, while there are in existence alcohol services that offer both high quality and (cost) effectiveness, much more needs to be done to ensure that the appropriate range of quality services are available to those who need them. This applies across the whole spectrum of services from early intervention to acute and long-term care and requires a major injection of funds.

3.18 Services must be provided not just for drinkers themselves, but for their children, families and others directly affected by their drinking. Many of these will suffer mental or physical ill-health – in addition to the social consequences – as a result of the stresses imposed upon them. This has been a neglected area that must be addressed as a matter of priority.

3.19 Responsibility for planning and putting into place this step change in service provision must be allocated centrally and, logically, to the National Treatment Agency given the considerable overlap with drug service provision. Once again, however, it is vital that the differences as well as the similarities, between alcohol and drugs are well noted and catered for, possibly through protocols for joint and/or separate development and delivery.

3.20 Services development must include not just the determination of need and the creation of facilities, but also strategies for quality assurance and workforce development. Alcohol Concern has for a number of years been a leader in the development of quality standards and, in particular, outcome monitoring not just in the substance misuse field, but in the wider voluntary and social care sectors, and would be in a position to play a significant role in assisting these developments.

- 3.21 Developments in specialist alcohol services must be accompanied by improvements in identifying problems in the wider health services. As a minimum, each primary care setting and each Accident and Emergency Department must have staff trained to recognise alcohol problems and make appropriate referrals. Every hospital should have an Alcohol Liaison Specialist to co-ordinate the identification and treatment of those displaying signs of an alcohol problem.
- 3.22 The nature of, and the detailed requirements for, future services development are currently the focus of discussion by the Commission on the Future of Alcohol Services established by Alcohol Concern under the Chairmanship of Sir William Utting. The findings of the Commission will emerge during the first quarter of 2003 and will be made available to the Strategy Unit and other relevant bodies when completed. In the interim, a summary document outlining the ways in which the Tier approach maybe adapted for use with alcohol is attached as a supplement to this response.

Strategies to ensure that high quality information and advice about alcohol is given in non-specialist settings

- **A strategy to reduce alcohol-related harm must operate on a principle that information and advice about alcohol must be as readily available as the product itself**
- **There must be a programme to encourage, train and support non-specialist agencies in delivering alcohol information and advice**

- 3.20 A strategy to reduce alcohol-related harm must operate on a principle that information and advice about alcohol must be as readily available as the product itself. It is well proven that early, brief intervention offers an effective (and extremely cost-effective) way of combating alcohol problems. Wallace (1988) has suggested that brief interventions by GPs can reduce the number of excessive drinkers (turning them into moderate drinkers) by 15%. Taking figures from the GHS 2000 this would mean that the number of excessive drinkers (men over 35 units pw, women over 25 units pw) could be reduced by 700,000 by a concerted programme of brief interventions. However, not all of those who are best placed to offer information and advice are either equipped or motivated to do so. Alcohol's impact is such that many different agencies would gain significant benefit and resource savings by reducing the alcohol-influenced component of their workload.
- 3.21 The most obvious of these is the area of Primary Care where Alcohol Concern has had some success in identifying and disseminating models through which alcohol can practically and feasibly be addressed. However, efforts to build effective, non-

specialist information-giving have largely relied upon ad hoc local interventions or on relatively small scale central initiatives such as that developed by Alcohol Concern.

- 3.22 A National Alcohol Harm Reduction Strategy should identify, as a specific function, a programme to encourage, train and support non-specialist agencies in delivering alcohol information and advice. Some financial incentive would clearly assist this process.
- 3.23 Such a programme could be delivered through a variety of different mechanisms. One option would be to create a specific programme team attached to the central co-ordinating mechanism, while a second would be to create a separate unit within government, along the lines of, say, SureStart, to deliver a concerted programme of activity whilst at the same time indicating the importance with which the issue is viewed. A third, and preferred, option would be to commission an outside voluntary agency to carry out the task.

Communication Strategy

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| <ul style="list-style-type: none">▪ It is vital that other elements of the strategy are backed up by a communication strategy that will raise awareness of alcohol problems and disseminate appropriate messages as to their prevention |
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- 3.24 There is clear evidence that a key to successful initiatives lies in the combination of action with effective communication. It is therefore vital that other elements of the strategy are backed up by a communication strategy that will raise awareness of alcohol problems and disseminate appropriate messages as to their prevention. It should also, importantly, seek to normalise thinking and discussion around alcohol problems whilst improving understanding of (and therefore access to) alcohol services.
- 3.25 A communications strategy needs to be consistent and persistent, moving beyond the once or twice a year initiatives that have been the sum total of previous approaches. It must therefore be centrally led, with key targets and messages determined as part of the overall Strategy Coordination process. There will, however, be different strands focussing on different target audiences and these are likely to be best delivered through a range of media, styles and providers each selected on the basis of a proven track record or effectiveness with the relevant target group.

A Training Development Programme

- **Key bodies in the implementation of the strategy must come together to plan and oversee a programme of training development**

- 3.26 A national strategy unit must inevitably engage many more people, both specialist and non-specialist, than have hitherto been involved in alcohol issues. At the same time, existing staff will also need to upgrade, on a continuous basis, their knowledge, and skills. It is essential therefore that there be a Training Development Programme in place. While this, clearly links into other identified key components, it is important that the programme covers the whole area of need and is informed by the overall philosophy and purpose of the strategy.
- 3.27 The most effective approach to this requirement might see a bringing together of the key bodies in the implementation of the strategy to plan and oversee a programme of training development that could be delivered by an existing training agency in either the voluntary or the education sector.

A Research Strand

- **It is essential that there be within the strategy a strand of research; this strand must act to support and enhance the strategy 's development**
- **Alcohol Concern commends the report *100% Proof*, and its recommendations with regard to research gaps and the development of the research infrastructure, as providing guidance on this necessary element of a comprehensive strategy**

- 3.28 The recent Alcohol Concern report *100% Proof* highlighted the many gaps and opportunities for research among the useful material that already exists.
- 3.29 As the strategy develops it is certain that there will arise further requirements either for more detailed evidence of need, the nature of specific problems or the efficacy of different approaches. Early research will also be needed in order to establish the baselines against which the progress of the strategy can be measured.

- 3.30 It is therefore essential that there be within the strategy a strand of research; this strand must act to support and enhance the strategy 's development rather than form a stumbling block to the initiation of programmes and ideas.
- 3.31 *100% Proof* identified a need for development of the research infrastructures as well as for an appropriate co-ordinating mechanism. Alcohol Concern commends the report, and its recommendations with regard to research gaps and the development of the research infrastructure, to the Strategy Unit as providing guidance on one element necessary to the overall framework of a comprehensive strategy.

Resources

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| <ul style="list-style-type: none">▪ After years of neglect, an effective strategy can only be delivered if the appropriate resources are made available |
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- 3.32 It is self evident that, after years of neglect, an effective strategy can only be delivered if the appropriate resources are made available. Centrally identified funds will be needed for the core functions of development, co-ordination and monitoring as well as for specific components such as services, training, support to non-specialists, local co-ordination, research and a communications strategy etc. However, it will also be important that other funding regimes (e.g. Regeneration) are encouraged and supported in recognising the ways in which their aims can be met by supporting alcohol-related activity.

4. Notes on areas identified by the Consultation Document

The Principles that should underpin a Strategy

- **Alcohol Concern argues strongly and unequivocally that alcohol is a proper matter for government interest and involvement**

- 4.1 Alcohol Concern argues strongly and unequivocally that alcohol is a proper matter for government interest and involvement. Alcohol is not just an integral, but also a harmful, element of society; despite its benefits in contributing to social occasions, it brings with it enormous costs and it has long been accepted that its use has to be controlled in order to protect local communities and, in particular, vulnerable groups, such as children, for whom it can in certain circumstances be not only harmful, but deadly.
- 4.2 At the same time, it is a drug sold for profit, employing sophisticated promotional and marketing techniques, often to influence people to drink more than they might wish or intend. The practice of promotions such as Happy Hours is evidence of the way in which the commercial imperative is used to manipulate consumers' use of alcohol in such a way as to pose a threat to their health and social well being. In these circumstances, it is inevitable that government, with its responsibilities to the whole of society, should take a role in seeking to prevent harm.
- 4.3 Nor is the use of alcohol simply a matter of the contract between the seller and the consumer. Alcohol use and misuse frequently impacts on those in the immediate vicinity, on relationships and, ultimately, on the whole of the society and not just on the individual drinker. There is therefore a balance to be struck between individual and wider community rights and responsibilities, in which government must play a part.
- 4.4 At another level, people suffering alcohol-related problems are deserving of help and support; it is in the interests of society to provide this support. Meanwhile, Government receives revenue from the sale of alcohol and has a duty to balance this with expenditure to prevent and tackle problems that arise.

Culture and behaviour

- **Leadership from government is required to exert positive influence and to initiate a dialogue around societal views and responses to alcohol**
- **Current concerns around binge drinking must be translated, as a matter of priority, into effective action to reduce both its incidence and its impact**
- **Measures should include media campaigns, penalties for anti-social behaviour and the use of advertising and licensing controls to prevent its promotion**
- **A sustained information and communication campaign is needed to bring about a reduction in the problems caused to and by regular heavy drinkers**

- 4.5 A debate as to whether there is such a thing as a peculiarly British drinking culture could rage for a long time without reaching any firm conclusion. Most observers would say that there is a definable British drinking culture – unique or not – and that it is characterised by a tendency to compress the drinking of significant amounts of alcohol into a relatively short period of time, often dedicated to that purpose. One might add that it is one in which drinkers talk approvingly of the quantities drunk as a proxy for the quality of the social occasion.
- 4.6 A slightly different view would be that drinking culture in Britain has a number of different facets, some of which may also be observable in some other countries and some of which may be unique to this country. It is the combination of these elements together with other factors, such as the settings in which it is played out, and even the climate, which makes up the British drinking culture.
- 4.7 We are able to say with some certainty that the practising of the culture shifts over time and is subject to a wide range of influences - tradition, economic, societal, marketing, fashion and others. These are extremely powerful and cannot be directly controlled or subjected to immediate change. However, neither are we impotent to affect these and leadership from government is required to exert positive influence, to question and counteract trends and to initiate and give permission for an appropriate dialogue around societal views and responses.
- 4.8 This dialogue must encompass all sectors of society – those who drink regularly, those who drink occasionally and those whose culture means that they drink little or nothing. All are affected by alcohol and its impact and effecting changes in outlook and approach must be a shared activity.

4.9 Within the drinking culture, there are undoubtedly some patterns of consumption that give rise to particular concern. One such is 'binge drinking' which, although given greater prominence (and perhaps conducted with greater efficiency) in recent times, has always been a feature of our drinking culture. The social impact of binge drinking is huge and current concerns must be translated, as a matter of priority, into effective action to reduce both its incidence and its impact. This should involve

- Media campaigns and the use of measures such as the fixed penalty fines for anti-social drunken behaviour to signal the unacceptability of drunkenness
- strong measures against those who promote it through licensing and advertising controls
- drunkenness to be seen as an exacerbating, rather than a mitigating, factor in acts of drink-related violence or disorder

4.10 Nonetheless, despite the need for immediate action to tackle binge drinking, there is in the longer-term a need to reduce the far greater costs that accrue to the NHS as a result of regular heavy drinking. Although this style of drinking may cause fewer immediate or obvious problems to the police and other services, in the long term it absorbs healthcare resources that could otherwise be deployed to reduce waiting times, free up beds and tackle other problems more swiftly and more effectively. A sustained information and communication campaign, as discussed in the section of this document dealing with Education and Communication, is needed to bring about a reduction in the problems caused to and by regular heavy drinkers. The use of measures such as taxation to place a downward pressure on consumption should also form part of the strategy to address this major drain on the national resources.

4.11 The drinking of specific groups (e.g. young people) cannot be considered in isolation from the mainstream of drinking behaviour. However, care should be taken to identify the drivers and the communication styles that will enable harm reduction messages to be heard and received by these groups.

Health prevention, treatment and the impact on the NHS

- **Health consequences of alcohol should be given just as much consideration as the criminal justice consequences**
- **Funding regimes for an expanded alcohol treatment sector will therefore have to take account of the infrastructure needs of voluntary sector providers**
- **Urgent needs in workforce planning should be addressed via the National Treatment Agency's workforce planning strategy**
- **A critical need for investment in treatment demands a planned and strategic investment**

4.12 The impact of alcohol is one of the single biggest burdens on the health service in England. Much of the impact remains hidden from the public eye, as medical difficulties are predominantly an individual concern, taking place within the private sphere. Alcohol related health problems are endemic in our society, yet are often regarded as self-inflicted harms, and not a priority for health spending. Although undoubtedly short-sighted, this reflects the historical ambivalence of professionals and policy makers toward alcohol policy. Compared to the criminal justice issues around alcohol, health tends not to rise far up the political agenda.

4.13 A national alcohol strategy must plan for the long term and, for this reason alone, health consequences of alcohol should be given just as much consideration as the criminal justice consequences. In practice, these two elements are complementary, with the health and treatment initiatives providing early interventions that should reduce the incidence of crime and disorder, and criminal justice interventions providing referral routes into treatment for many of the most problematic of drinkers.

Role of the voluntary sector

4.14 Better availability of treatment cannot be considered without looking at the voluntary sector, which currently provides over two thirds of treatment provision, albeit with resources channelled via the NHS. Wider government policy, through the Treasury's Cross-Cutting Review, has recently concluded that there should be a central role for the voluntary sector in the delivery services. In this respect the alcohol field is at the cutting edge of policy development. However the Treasury also concluded that there needs to be investment in the voluntary sector infrastructure – and in the capacity of service deliverers – in order to make the

most of this approach. Funding regimes for an expanded alcohol treatment sector will therefore have to take account of the infrastructure needs of voluntary sector providers by adopting the Full Cost Recovery approach set out in the Government/Voluntary Sector Compact. Voluntary organisations will also play an important part in policy and planning development and should be seen as an integral part of any mechanisms that are set up.

Role of the NHS

- 4.15 Although figures may vary, research has consistently shown that a significant proportion (up to 1 in 4) of hospital beds, including up to 50% of admissions via A&E, are taken up by people with alcohol-related problems. It is therefore important that these cases are identified and appropriately treated or referred, both to assist recovery from the presenting problem and to prevent recurring problems. It is therefore vital that NHS staff at critical points in the system are trained to recognise alcohol problems. Each hospital should in addition appoint an Alcohol Liaison specialist to co-ordinate its efforts in this respect. (cf Royal College of Physicians recommendation in *Alcohol: Can the NHS Afford it?* 2001) Not only will this reduce alcohol-related harm but should also make a considerable contribution to the reduction in hospital waiting times.

Workforce

- 4.16 The alcohol treatment sector currently has significant workforce planning difficulties. These include a lack of coherent paths for professional development, insufficient and inappropriate training and uncompetitive salaries (compared to the 'competing' drugs sector). Although a great deal of quality work is being carried out by committed and professional workers, serious difficulties are being experienced in attracting and retaining appropriately qualified staff.
- 4.17 The most appropriate mechanism to address this difficulty is via the National Treatment Agency's workforce planning strategy, with technical expertise on alcohol-specific training, accreditation and professional development provided by agencies such as Alcohol Concern. The national alcohol strategy must include plans for workforce development and for significant investment.

Funding

- 4.18 The alcohol treatment sector is, in many areas, starved of resources. The number of people seeking help far exceeds the treatment places they have available to offer. Although a considerable emphasis of the strategy should be on community, public health and brief interventions in primary care, there is a critical need for investment in treatment.
- 4.19 Any increase in screening will identify many people suitable for brief interventions and additional individuals who require treatment services. Investing in alcohol interventions in primary care without also increasing capacity in treatment services will result in considerable frustration amongst primary care professionals, as they will find themselves identifying clients needing help that is simply not available.
- 4.20 Increased resources for treatment services must be a planned and strategic investment, with a firm move away from short term funding of all but experimental/pilot services. Without minimum three year funding cycles, most provider agencies (particularly in the voluntary sector) will struggle to retain staff and deliver the ongoing improvements in the quality and quantity of care needed.

Learning from drugs prevention and treatment

- 4.21 When the Drugs Strategy was introduced five years ago, the drugs sector did not have the capacity to turn new funding quickly and efficiently into service outputs. The infrastructure did not exist, and required several years of investment before the benefits have begun to show in service outputs.
- 4.22 One benefit of NTA involvement in alcohol would be that the existing investment in the drugs infrastructure (workforce planning, information management and commissioning structures) could be quickly extended to support the alcohol sector. New money for alcohol services should therefore result in a relatively quick impact on the ground, with relatively small amounts needing to be diverted to building infrastructure.
- 4.23 A further difference between the starting points for drugs and alcohol is that in the drugs strategy, there is a *treatment imperative*. The research base for drugs treatment strongly suggests that getting dependent drug users into treatment, and holding them there, is the most effective way of reducing a broad range of drug-related harms, especially criminality. The evidence base for demand reduction and primary prevention is weak and interventions of this sort, at best, speculative.

- 4.24 In the case of alcohol, the picture is different. The emphasis is not on getting as many people with alcohol problems into treatment as possible, and holding them there. The key tasks are to moderate average alcohol intake in a population, identify hazardous drinkers, provide brief interventions, and finally, identify those people whose problems require treatment and provide the least intensive treatment that is appropriate for the severity of their problems. The evidence base for the effectiveness of early/brief interventions is good and the evidence for effectiveness of treatment at least as good as for drugs treatment. This difference between alcohol and drugs underlines the need for planning structures that go beyond those provided by the current NTA/DAT mechanism.
- 4.25 More detailed comments on the precise nature, need for and organisation of alcohol services will be provided in the report being produced by Alcohol Concern's Commission on the Future of Alcohol Services, chaired by Sir William Utting, which will be reporting its findings in the early part of 2003.

Crime and disorder and anti social behaviour; the effects on our surroundings and community

- **Steps must be taken to ensure that a range of powers are used for the effective management of the night-time economy**
- **Section 17 of the Crime and Disorder Act should routinely be applied to the consideration of licensing applications and to other alcohol-related planning issues**
- **Measures to signal the unacceptability of drunken behaviour should be put in place and used routinely to reinforce both the basic message and the resolve to change the culture that endorses it**
- **Local communities must have real opportunities to express their views about the nature and seriousness of the problems and about possible solutions**
- **Alcohol-inspired offenders should be subject to arrest referral schemes and enhanced cautioning provisions leading to alcohol education courses or alcohol treatment**
- **Coherent programmes of structured, therapeutic help must be put in place for prisoners, tied in, on release, to programmes of resettlement and rehabilitation**
- **The harm reduction strategy must be congruent with the emerging strategies for the Prison Service and the Probation Service**

- 4.26 Although the causal link between alcohol and crime - or even nuisance and disorder - is often difficult to quantify, the empirical evidence is overwhelming and cannot be ignored. The Home Office Report *Alcohol and Crime: Taking Stock* (1999) establishes the extent of the problems. Those who work on a day-to-day basis in the criminal justice system (police, probation officers, lawyers) are clear about the impact that alcohol has on their work; however the absence of systems for recording data about alcohol-related crime means that there is little formal evidence of need. It should be a priority to put in place a system for recording such data.
- 4.27 'Joined-up' approaches to tackling crime and disorder alongside alcohol problems are hampered by the absence of any central government lead and by the failure of the existing planning mechanisms to give a place - in its own right - to alcohol in discussion of related initiatives. It is absolutely essential, therefore, that central government take a lead in setting priorities and that the planning mechanisms discussed in paras 3.7 – 3.14 above are put in place to enable truly collaborative working to take place at the local level.
- 4.28 It is particularly important that local communities have real opportunity to express their views about the nature and seriousness of the problems, about possible solutions and about the ways in which they can play their part in giving and receiving support from the police and local authority. The practice of Community summits as initiated in Barnsley offer one starting point for such an initiative.
- 4.29 Initiatives to reduce levels of alcohol-related crime and disorder should be based on a three-pronged approach encompassing the following areas:

Management of drinking and public behaviour

- 4.30 While individual drinkers and licensees must clearly bear their share of responsibility for alcohol-related nuisance and disorder, many of the problems stem simply from the cumulative effect of large numbers of people drinking in a town or city centre, which will have a significant impact on the physical and social environment.
- 4.31 This is essentially an issue for public authorities and for the planning and management of public spaces. These authorities must have the powers and the incentive to take the necessary steps, including the creation of local partnerships, to manage public spaces on behalf of local residents and their communities. In this respect, the Alcohol and Entertainment Licensing Bill must be seen to be congruent with, and enhance, the National Harm Reduction Strategy. This applies equally to rural as to urban settings, although the methods and instruments

required may be different. However, planners will also need the backing of the wider measures recommended for inclusion in the harm reduction strategy in order to help modify drinking and consequent behaviour.

- 4.32 There are useful lessons to be learned in this respect from the (rightly) much-heralded work carried in Manchester in containing the impact of the large numbers of young people drinking in the city centre at night. While this, on the one hand, represents an impressive and imaginative response to the need to manage a potentially volatile situation, it signals, on the other, a failure of planning to allow a situation to develop whereby one of our largest city centres has become at night the sole preserve of young people drinking heavily in bars designed for that purpose. Not only are the majority of adults – and those not wishing to be part of a drinking environment – denied the chance to enjoy entertainment and facilities in their city centre, but the younger drinkers are denied a broader range of facilities and the moderating influence of the presence in the city of people of a variety of ages.
- 4.33 Necessary steps must be taken to ensure that a range of powers, including planning legislation, the Police and Criminal Justice Act 2001 and, in time, the Alcohol and Entertainment Licensing Act can be – and are – used for the effective management of the night-time economy. This must include ensuring that the night-time economy is a mixed economy and not one founded solely on the sale of alcohol.
- 4.34 Section 17 of the Crime and Disorder Act should routinely be applied to the consideration of licensing applications and to other alcohol-related planning issues.

Education, prevention and other methods of influencing drinking culture and behaviour.

- 4.35 Measures to signal the unacceptability of drunken behaviour should be put in place and used routinely to reinforce both the basic message and the resolve to change the culture that allows, and even endorses, such behaviour. This must include messages highlighting the consequences for the individual and those around them, as part of the integrated Education and Communications strategy, and firm action, including fixed penalty fines for those engaging in unacceptable behaviour.

Interventions targeted at alcohol-inspired offenders

- 4.35 Those responsible for alcohol-inspired offending should be encouraged, through formal mechanisms such as appropriate arrest referral schemes and enhanced cautioning provisions, to undertake alcohol education courses or alcohol treatment tailored to their needs. In order to be able to put this in place, there is an urgent need for formal evaluation of existing pilots and the development of others to establish effective programmes to address the offending behaviour of heavy binge drinkers. (see Alcohol Concern's paper to the Home Office: *Targeting Alcohol-Inspired Offenders* (2001))
- 4.36 For the more severe or persistent cases, notably those involving prison sentences, there must be coherent programmes of structured, therapeutic help available, tied in, on release, to programmes of resettlement and rehabilitation. These must be linked to mainstream health-based treatment systems. The *Prison Alcohol Strategy* and the *Probation Service Alcohol Strategy*, both now in development, must provide for the appropriate services while the National Harm Reduction strategy must ensure that the appropriate services and resources are in place to provide help for those being released from prison.

Implications for Vulnerable Groups

- **These complex areas of need require an holistic approach addressed, wherever possible, in the mainstream setting**
- **Effective links must be developed between specialist and generic services so that mutual training and support and shared case management can take place**
- **Some vulnerable groups (e.g. street drinkers) will need alcohol-focused provision**
- **Alcohol information and support should be made available via national programmes such as those promoting regeneration, family policy or youth employment and training**

- 4.37 There are a considerable number of groups of people who are particularly vulnerable to the effects of their own or other people's drinking. In most cases, their vulnerability stems from a one or more other factors, which may be to do with their age (young or old) or their personal circumstances (poverty, ill-health, isolation). The impact of alcohol must be seen and tackled in the context of

policies to address these other issues. Policies to tackle such as health inequalities, teenage pregnancy, children and families or domestic violence have, to date, signally failed to take account of the alcohol dimension of these issues.

- 4.38 Tackling these complex areas of need will in general require an holistic approach, rather than looking at the alcohol element in isolation. A basic principle should therefore be for problems to be addressed, wherever possible, in the mainstream setting, although these may in some cases be need to be linked to more specifically-focused services.
- 4.39 In order for this principle to be applied, effective links need to be developed between specialist and generic services so that not only are mutual training and support made available but, where appropriate, shared case management can take place. Effective local coordination will be key to achieving this, as will national programmes of training and good practice dissemination.
- 4.40 There are, however, some vulnerable groups who (e.g. street drinkers) who will need alcohol-focused provision, albeit linked to other services to meet basic healthcare needs, improve nutrition and other basic living circumstances. Similarly, specialist provision must also be in place to address the needs of children and family members (or other directly affected friends). The benefits of such provision are not just to the individual concerned but also in enhancing support to the drinker and facilitating their earlier accessing of helping services (see attached additional paper *Alcohol, Children and Families*). The needs of these groups are being considered in the work being carried out by the Alcohol Services Commission.
- 4.41 In addition to the links between different professions, tackling vulnerable groups will also require the forging of new links across different (i.e. public, voluntary) sectors. There are many current examples whereby the voluntary sector's ability to reach out to vulnerable groups is matched with the statutory authority's obligation to fulfil its legal duties; however there are fewer examples where these partnerships are forged across different professions and client groups. This may on some occasions be simply be because links have not been made, but in others may be because no mechanism is in place to validate the skills and expertise of the non-statutory group, or because no prior experience or examples of this type of collaboration are available to form the basis of discussion.
- 4.42 Once again, models of practice and local coordination will be the key. This process can be greatly assisted at national level by incorporation of alcohol information and support via national programmes such as those promoting regeneration, family policy or youth employment and training.

Education and Communication

- **There must be a fundamental review of the nature and tone of public messages on alcohol and of the ways in which they are disseminated**
- **There is an urgent need for a new, integrated Education and Communication strategy, based upon an agreed set of core values and messages**
- **An alcohol awareness campaign must be delivered in such a way that it can be locally adapted, owned and applied to local contexts**
- **Improved training for teachers is required if they are to be able to deliver effective alcohol education**
- **There needs to be a reevaluation of the advertising codes**
- **Countervailing messages should be funded via a levy on alcohol advertising**

4.43 Education and communication provide the backdrop against which specific policies and initiatives are played out. On their own they cannot – and should not be expected to – change behaviour. However, they do influence the climate in which individual attitudes and decisions are shaped.

4.44 There are three vehicles through which it is possible for influence in this sphere to be exerted. These are:

- Government messages – either explicit via public health information, or implicit via more general statements or actions
- Targeted education, generally aimed at those in the formal education system but also in non-formal settings such as youth work and outreach
- Paid-for advertising, overwhelmingly for the promotion of alcoholic products

All of these affect a fourth area – how the general population sees and discusses alcohol.

4.45 Alcohol Concern believes that there needs to be a fundamental review of the nature and tone of public messages on alcohol and of the ways in which they are disseminated. Previous campaigns (Drinkwise) and subsequent efforts to promote the sensible drinking message have been largely unsuccessful. While awareness of units has grown – and is useful as a tool for measurement and discussion of drinking levels – the sensible drinking message offers little by way of rationale or support for those who want to change their behaviour; rather, it offers the invitation to comply with an apparently arbitrary set of guidelines determined by others. A decision to adhere to these levels is likely to be seen as a response to, or avoidance of, a problem rather than a positive statement.

- 4.46 Any thinking about future communications policies must begin with a review of the basic message(s) that emanate from government. Alcohol Concern would argue for a more open, even aggressive, message from government that, while acknowledging the pleasures of drinking, is much more explicit about the downsides, not only for individuals but, especially, for communities. This must be set out in a manner that will allow others to become involved, to contribute and add weight. A weakness of the Sensible Drinking Message is that, although scientifically based, it lacks a degree of credibility because many people find it hard to equate with their own lives and experiences. Information campaigns must leave people feeling empowered rather than lectured.
- 4.47 Alcohol Concern therefore believes that there is an urgent need for a new, integrated Education and Communication strategy, based upon an agreed set of core values and messages, which can form the framework for all education and communication initiatives. These core values and message must be broadcast by government with confidence and conviction, and must provide year-round information and awareness – in the manner of smoking cessation campaigns – delivered through a variety of media.
- 4.48 Consideration should be given to inviting the BBC, in pursuit of its Charter duty to public service, to broadcast alcohol awareness messages, possibly via a series of brief snapshot scenarios highlighting the unintended consequences of heavy drinking.
- 4.49 An alcohol awareness campaign must be delivered in such a way that it can be locally adapted, owned and applied to local contexts. It must comprise not one single message, set on a tablet of stone, but the raw materials from which individuals and groups can make their own informed decisions as to what it is they want to say about the role of alcohol in their own communities.
- 4.50 School-based alcohol education has, to some degree, been adopting this approach for a number of years; however this has taken place in a vacuum owing to the absence of any similar approach being taken towards the adult population, who have received very different messages and offered, in return, very different examples of behaviour. Although the last two years have seen a greater interest in alcohol education, and some welcome curriculum developments, teachers have frequently felt ill-equipped and uncomfortable in delivering these. Improved training and a wider communications strategy and conceptual framework are required if they are to be able to deliver effective alcohol education.
- 4.51 The work of Alcohol Concern's Education and Prevention Team has contributed significantly to the developments of the last two years. The principles that we believe should underpin alcohol education, in schools but also in post-16

education and in informal settings such as youth work and outreach, are set out in the document *Alcohol: Support and Guidance for Schools* (Alcohol Concern & DrugScope 2001).

- 4.52 The most powerful current form of communication about alcohol is undoubtedly that of commercial advertising. While the advertising codes are there to prevent individual excesses (although there is some debate currently as to whether they are achieving this), the cumulative weight and thrust of advertising leaves no doubt that alcohol is to be seen as essential part of a successful social – and, increasingly, sex – life. Recently expressed concerns, including from within the industry itself, around the way in which alcohol is now routinely linked to sex in advertising illustrate the wide gap that has grown between the letter and the spirit of the codes.
- 4.53 There are many who would call for a wholesale ban on alcohol advertising. It would be unrealistic to expect such a view to prevail in the UK at this time, but advertisers should be part of the discussion about the wider messages underpinning a harm reduction strategy and should play a role in ensuring that promotion of alcoholic drinks is, as far as is possible given their objectives, not positively harmful. At the very least there needs to be a reevaluation of the advertising codes, if only to restate the underlying spirit and determine whether further changes to the letter are required.
- 4.54 As part of this exercise, the alcohol industry must take responsibility for its role in commissioning advertising and, in discussion with other stakeholders in the harm reduction strategy, agree a set of values and guidelines that they will ask advertising agencies to work within (as opposed to the increasingly negative stance of simply avoiding being snared by the provisions of the advertising codes).
- 4.55 It is important also to consider how much change can be effected simply by clamping down on unrealistically positive messages about alcohol – already well established in the popular mind – and how much emphasis should be placed on sending out alternative messages which highlight less pleasant aspects. This may enable people to evaluate the benefits and costs of drinking, thereby providing them with an impetus and a framework (that has not previously been present) for decisions about reducing their intake.
- 4.56 Alcohol Concern has previously argued for such countervailing messages to be funded via a levy on alcohol advertising and this remains one option in order to assist delivery of an integrated communications strategy.

4.57 In whatever form, there must be a new approach to education and communication that ties together the three strands of government attitude, targeted education and publicly broadcast messages in such a way as to make a personal or collective decision to limit alcohol use a positive rather than a negative stance; one that can be owned and shared with others as part of a positivist approach to personal pleasure and vibrant communities.

The shape of the market and market-based solutions

- **Producers must show leadership to imbue the whole company - and those in the supply chain – with an understanding of the nature of alcohol-related problems and the ways in which they can either add to or reduce them**
- **Government must be prepared to take action if necessary to ensure appropriate corporate behaviour and the delivery of alcohol harm reduction**

4.58 Whatever the effects of an alcohol harm reduction strategy, alcohol will continue to play a central role in our society for the foreseeable future. This being the case, the alcohol industry will also continue to play a correspondingly important role. It is our belief that a responsible industry will want to play a part in achieving sustained harm reduction. While some companies, whether for social or commercial reasons, have demonstrated their willingness to address this agenda, many others have shown scant regard for any notion of social responsibility.

4.59 Building on the positive efforts that have been made is, to some degree, hampered by the developments in the alcohol production and retailing industry over the last decade that have brought about a fragmentation in terms of the numbers of different enterprises involved in the production and supply process, whether producers' parent companies, logistics firms to move the product or pub chains to sell it. Many of these enterprises see alcohol as peripheral to their main purpose and they therefore have, at best, varying levels of understanding of the particular issues involved in selling alcohol and limited commitment to taking them fully into account when devising their business strategies. Nonetheless, there is scope and potential for the alcohol industry to develop practical ideas for assisting harm reduction.

- 4.60 Alcohol Concern would argue, however, that something more than the superficial approaches adopted by the industry to date (e.g. unit labelling) is required. In part because of fragmentation, there is a need for leadership from the producers to imbue the whole company - and those involved with it as contractors or down the supply chain – with an understanding of the nature of alcohol-related problems and the ways in which they can either add to or reduce them. As part of this process, producers should work with their advertising agencies (as set out in 4.54 above) to develop an agreed set of values to inform all advertising approaches. It is for the industry to make the decisions as to how they might achieve this and for government and the voluntary sector to see how they might assist them.
- 4.61 Producers must also give serious consideration to their approaches to product development; in a commercial marketplace, there is an obvious imperative to create and market those products that will sell and produce maximum profit. However, the nature of the market is such that maximum profits are generally to be found in sales to those groups who, because of their age and lifestyle, are likely to be using alcohol excessively. Companies may wish to consider how they can modify their approaches to reflect a sense of social responsibility (for example by taking one high profile brand and piloting a marketing approach that emphasises positive values and responsibilities likely to strike a chord with younger drinkers)
- 4.62 Those within the industry who are committed to socially responsible approaches can play their part by implementing and endorsing examples of good practice and by refusing to support poor practices (e.g. by producers refusing to supply irresponsible retailers). This might, for example, be formalised in a system whereby a ‘responsibility levy’ is imposed upon licensed premises, to be returned on compliance with a set of conditions associated with responsible alcohol retailing.
- 4.63 This proactive approach by the industry should also extend to reviewing the use of product placement in films and TV and of the growing practice of producers of other products using scenes depicting alcohol use to market their wares to ensure that the standards and values in evidence are appropriate to a responsible industry.
- 4.64 For the industry, making the changes proposed is undoubtedly a tall order but, because of the range of companies involved in delivering alcohol to the consumer and the levels of irresponsibility seen in recent years, positive action is urgently needed. It would be regrettable if government were to be forced to take action to ensure appropriate commercial behaviour, but it must be prepared to do so if necessary to ensure the delivery of alcohol harm reduction.

Economic costs and benefits of alcohol

- **The scale of the economic disbenefits from the social costs of alcohol misuse are such as to demand action**
- **Increases in consumption above a set level should trigger an increase in alcohol taxation**
- **There has to be a coherent and long-term approach to addressing workplace alcohol issues**

- 4.65 The economic costs and benefits of alcohol are both on such a scale as to point up the importance of an overarching strategy. Although more research could usefully be carried out, it will never be possible to translate and compare the social costs and benefits in purely economic terms. What weight, for example, is to be placed upon drinkers' enjoyment of the product and the settings in which it is served? Or, alternatively, on the fact that for many people their ability to enjoy their town and city centres at night is constrained by the dominance of alcohol-related activity - largely targeted at young drinkers – and by the intimidating nature of large numbers of alcohol-fuelled young people acting in a loud and raucous manner? Whatever the balance, the scale of the economic disbenefits from the social costs will be such as to demand action.
- 4.66 While alcohol remains an endemic problem within society, it is inevitable that the public purse will continue to pick up a substantial proportion of the costs of dealing with it. However, industry does through its practices, contribute to this burden and this should be reflected in its contribution to meeting the external costs, ranging from the administration of licensing to additional policing and street cleaning.
- 4.67 Schemes to financially reward or penalise individual licensed premises under the 'polluter pays' principle are likely to prove too complex and costly to administer. However, on a broader scale, increases in consumption above a set level to trigger an increase in alcohol taxation (in order to damp down consumption and provide resources to address the problems) remains one option that could be used or adapted to encourage responsible action.
- 4.68 Alcohol has a major impact in the workplace. Although there would be some benefit in producing an updated assessment of the overall costs, previous studies have shown them to be extremely high, with up to 14 million working days pa lost. The assertion that alcohol plays a role in reducing stress in the workplace must be treated with extreme caution. Although it may conceivably play some part in offering a focus for post-work networking, the use of a mood-altering drug to

address tensions in the workplace is likely to be at best a short-term solution and a long-term problem.

4.69 Since 1986, when Alcohol Concern first established its Workplace Advisory Service, initiatives to tackle alcohol in the workplace have been of a stop-start nature and much good work has been lost or under-utilised. As part of a harm reduction strategy there has to be a coherent and long-term approach to addressing workplace alcohol issues. This may, or may not, in the long-term be self-financing, but certainly requires an initial investment over a period of, say, five years in order to establish an expert presence and a body of solid evidence and good practice to offer not only the largest companies, but also the small and medium enterprises that form the bulk of the UK economy.