

2nd January 2003

FASawareUK is a volunteer group in the United Kingdom devoted to raising awareness about Foetal Alcohol Syndrome (FAS) and Alcohol Related Neuro-developmental Disorders (ARND), to help reduce the incidence of birth defects caused by prenatal exposure to alcohol and to assist individuals and families struggling with the life-long disabilities associated with FAS/ARND.

Who are we

FASawareUK is a group of parents and professionals.

We have a management committee, which is made up of, 3 teachers, FAS parents, a Mental Health Nurse, Midwife, Senior Youth Worker and health visitor. There are also advisors, which consist of Dr's and Addictions Agencies.

Aims and objectives

- The aims of FASawareUK is to raise public and professional awareness and give collated informed choice to the public and statutory services to both educate and create awareness of FAS (Foetal Alcohol Syndrome) & other alcohol birth related problems.
- To set up linked non-judgmental support groups.
- An office/drop in were up to date reference information can be sourced on FAS and other alcohol related birth defects/disorders.
- To set up a FAS respite home.

FASawareUK's aims are to give informed choice, through honest information.

FAS children suffer neurological damage, learning disabilities and other problems, such as ADHD & behavioural problems. One of the areas we have been concentrating on is listed as having one of the highest teen pregnancy and underage drinking problems that contribute to the existing problems in Skelmersdale and surrounding areas that has wards that are recognised as being areas of high deprivation, and rank in the top 5% of the worst wards in the country-according to the Government's indices of deprivation. The area has a documented history of social exclusion caused by economic decline & the disposable income of many families is low. Disadvantaged children miss out on childhood experiences that others take for granted. By addressing some of the FAS issues we can start to "turn the tide" & alleviate the stress on families & considerable cost to the statutory services. Families can begin to improve their living standards & be better equipped to cope with difficulties that may arise If this current FAS information is not shared with the public, FAS, will not be eradicated, it will just escalate.

FAS is 100% preventable with education and awareness, yet totally incurable

There is no proven safe level of alcohol consumption.

*This Government Alcohol Harm Reduction Strategy has been completed
By Gloria Armistead founder/coordinator FASawareUK*

*Thanks to Teresa Thompson, Peggy Oba (U.S.A.), John Chamberlain and Peter Armistead.
For their dedicated help and support putting this Alcohol Reduction Strategy together.*

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The National Alcohol Harm Reduction Strategy:

A Submission by FASawareUK

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

- The Government is already responsible for all NHS guidelines, including those covering the safe consumption of alcohol.
- The Government should review, extend and develop existing guidelines to take account of Foetal Alcohol Syndrome. (Hereinafter referred to as **FAS**)
- Education and Awareness training regarding FAS should not be left to volunteer groups. The Government should be responsible for the accuracy and the uniformity of information regarding FAS. Small, scattered volunteer groups can often have conflicting information. Uniformity and accuracy are of the utmost importance.

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?

Government intervention is justified now.

Through our groups contacts with various academics and professionals in the alcohol field, as well as the feedback we received at 2 recent conferences, one of which we hosted, FASawareUK is aware that there is a demand from professionals for information, advice and solutions to the problems posed by FAS.

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

- Informed choice is a democratic right. To be fully and correctly informed of the damage caused by drinking before, during and after pregnancy is vital. Only then can a woman and her family make an informed decision whether to continue drinking or not.
- The community also has a responsibility to provide care and support for it's less fortunate members who had no say as to whether or not they were affected by alcohol.

The community has a responsibility to provide:

- Honest information about Alcohol and its wide effects leading to informed choices.
- Help and advice.
- Support for the children that inherit the effects of Alcohol abuse.

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

- Consumers need to be correctly informed so that they can make their own decisions.
- Voluntary groups need to be sure their information is correct and up to date.
- Commercial interests have a responsibility to educate the public about the proper use of their products and services.
- All agents are equally responsible for honest information about all aspects of their roles/products and should work together for the common good.

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

- That alcohol related problems could affect anyone, at any time without prior warning regardless of age, race, class etc.
- Education must therefore be a vital principle of the strategy and must be delivered by means of all available channels to ensure that it reaches everyone
- There should be warnings on all alcohol containers (including Alco pops) about the dangers of alcohol to health and the unborn child.
- That FAS should be considered across all area's of the strategy.

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

- Alcohol Misuse forms part of a continuum starting with alcohol use, through alcohol misuse then Alcohol Abuse and finally Alcohol Dependency.
- Alcohol Abuse and Alcohol Dependency are both medically diagnosable conditions using internationally accepted criteria such as DSM IV and ICD10.
- Alcohol Misuse therefore could best be defined, for the purposes of the National Alcohol Harm Reduction Strategy, as any episode of drinking which has the potential to lead to harm to self, others or to society and which does not fit the diagnostic criteria for alcohol abuse or alcohol dependency.
- It is important that any strategy recognise the above distinctions.
- In considering the meaning of what constitutes a definition of an episode of drinking which has the potential to lead to harm to others the following factors should be considered:
 - Alcohol has contributed to the “Ladette” culture of binge drinking, where women are drinking regularly in larger quantities well over and above the 2 units. This can lead to drunken, unprotected sex and consequently pregnancy.
 - In Governments pregnancy leaflet “Drinking for two” the advice given is that 1-2 units of alcohol once or twice a week is acceptable. This is questionable in the light of recent research that suggests there is no known safe level of alcohol consumption whilst pregnant.
 - It states in the Government Indices, that the UK has the highest teen pregnancies and underage drinking in Europe. Research is needed to explore the relationship between these two facts – especially so as if there is a linkage then these children will be at a higher risk of prenatal alcohol related harm.
 - The foetus's brain is developing all through the pregnancy.
 - The brain is still developing into the early twenties.

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

- Drinking forms a large part of our social culture. Some people even plan major life events around alcohol. We therefore need to appreciate that we are talking about cultural change.
- Binge drinking has become a major problem, especially for women, who may consume the government's recommended safe weekly quota of 14 units of alcohol in a single sitting.
- The Government should concentrate its efforts in prevention by developing an education programme, which should be integrated with smoking and drugs education programs in schools.
- The programme should ideally commence at age 7 bearing in mind that statistics show that children as young as 9 are experimenting with alcohol.
- Alcohol education programmes should be ongoing, continuing throughout school life.
- The United States also utilises public service announcements, brief interventions by medical personal and signage laws at points of sale.
- US Studies have shown that just one form of education is not as effective as several forms of education combined.
- This is especially true of education that is done at an early age.

- The evidence shows that when these forms of education are combined with other initiatives aimed at adult consumers a significant reduction in risky drinking behaviours can result.

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-influencing behaviour?

- Attention needs to be focused particularly on women; Education and Awareness campaigns are needed to prevent the lasting damage that alcohol can cause to the Foetus.
- Government Indices show that the North West has the highest teen pregnancies in Europe and underage drinking. There is also a problem in the area of bootleg alcohol coming in from Europe making it economical to drink. The links between the cost of alcohol and alcohol related damage to health, as shown by statistics for liver disease has been well documented. In this area over the last 12 months there has been an increase in babies born with physical and mental disabilities.
- The 1990 US Census report show that the women most likely to drink is white with two year associate's degree or a baccalaureate degree and earns an income over \$20,000.
- A Swedish study demonstrated that the stresses of the workplace, in combination with after hour's homework escalate for women and probably contributes to the increased drinking among modern women.
- Very early marriage, very late marriage, no marriage (living together), marriage under duress, a significant other who drinks financial and personal problems and a family history of alcohol abuse can all lead to risky drinking behaviours.

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?

- The need to belong to a social group brings peer pressure to all parts of the community, including ethnic groups (i.e. secret drinking/drug taking particularly with third generation immigrants) and starts during the primary school years.
- The media influences social habits of a wide nature including appearance, entertainment, what to eat and drink as well as behaviour by giving a voice to the wrong type of role models. People are taking greater risks because others are appearing to get away with it.

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 culture would change for the worse if we did not have alcohol?

Alcohol has been part of our religious and ceremonial society since the beginning of time. When used sparingly (it used to be expensive for a society to brew alcohol) and for special occasions, it is beneficial and bonding. However the blatant use of alcohol in our society has degraded it to psychological "oil" that

lubricates the way for conversation and superficial bonding. It has taken the place of honest, open relationships and prevents people and governments from openly facing the problems of education, employment and other economic quandaries.

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

- The so-called “Ladette” culture is making the headlines more and more. This involves young women who binge drink. Often this is linked with the pub-crawl cum nightclub trawl. Some areas are more noted for it and they should be identified as causing concern.
- Young women often start their drinking habits on the streets at a very early age and in family homes. It is a known fact that a large number of young people are under age drinkers. They look older than their true age and are putting themselves at risk. Identity/Proof of Age card schemes could be encouraged as part of the answer here.
- Pubs now offer two for the price of one and happy hours to encourage drinkers into their premises knowing full well that once a customer is in the, they are reluctant to leave. This also encourages binge drinking.
- Broad regional differences occur between rural and urban areas (WHO Global Status Report on Alcohol)
- Women tend to start drinking at a later age than men but then tend to consume more and develop serious medical problems at an earlier age.
- Women’s drinking can cause Foetal Alcohol Syndrome, Foetal Alcohol Effect and or other alcohol related birth defects/disorders.
- Men’s drinking can produce offspring who are hyperactive and unable to solve test problems and have gross motor skill problems.

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?

- Fashion and marketing within the pop/media influences a wide range of social habits including appearance, entertainment, what to eat and drink and behaviour by giving a voice to the wrong type of behaviour.
- People are taking greater risks because others are appearing to do so and to get away with it. The wrong role models are always in the “news”. Positives role models/heroes should be highlighted.
- Alcohol dependency and alcohol abuse tend to run in families, there is evidence that some individuals are genetically predisposed to develop alcohol related problems.

- The alcohol industry must learn to diversify the nature of their product lines in order to ease their way out of their dependence on alcohol as a primary source of income.
- The Government must decide whether it wishes to protect its youngest and unborn citizens above the rights of companies to make money and of adults to determine the life outcome of children before they are even born. It is not easy to change the mind of businesses that seek to make a profit but the alternative in the long term could be a general population with lower IQ's.

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

- Young people have a tendency to think, "It won't happen to me". This causes a great deal of complacency that in turn increases the risk factor applying to all that they do. Greater access to information and education at all ages is vital. See also replies to questions 11 and 12.
- Many people have the impression that "moderate" drinking is not harmful and carries no risks. The risk of alcohol related harm does not suddenly appear after a given number of units of alcohol.
- The use of "moderate" must be carefully defined as it means different things to different people, including the different genders. The US National Institute of Alcohol Abuse and Alcoholism have stated that 1 drink a day is moderate for a woman and 2 drinks a day is moderate for a man. More than "moderate" means a greater risk to organ failure, brain damage as well as a possible inclination towards alcohol dependency. For women there is an increased risk of breast cancer.
- These figures are substantially different from the UK government's suggested safe drinking limits. Is it possible that the UK is willing to accept a higher level of risk?

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

- Please see reply to Question 6.
- It is a fallacy to believe that drinking has to be heavy to be problematic. How many road traffic accident deaths occur each year in which a driver has been drinking, but not heavily? How many workplace accidents? There are many settings where the consumption of any alcohol whatsoever increases risks – and surely this should be included in any definition of problematic?
- There are additional risks, and therefore problems, when alcohol is combined with other factors such as legal or illegal drugs.
- Foetal Alcohol Syndrome (FAS) can be caused before a woman knows she is pregnant. It therefore requires an intense pre-warning and information system long before the woman even considers getting pregnant or even wants to.
- The unborn child is at risk of being born with physical and neurological disabilities of varying degrees. In addition to this there is evidence that the child is likely to have a higher risk of predisposition to alcohol related problems in later life, depression and mental illness.
- According to recent findings by Dr Mary Connor of UCLA published in the American Journal of Drug and Alcohol Abuse psychiatric disorders, in particular mood disorders, are common in children exposed to alcohol in the womb.
- Dr Mary O'Connor and colleagues from the University of California, Los Angeles (UCLA) studied 23 children between the ages of five and 13 years who were referred to UCLA's Foetal Alcohol and Related Disorders Clinic because of heavy exposure to alcohol in the womb. After assessing the children's intellectual and psychological functioning, researchers concluded that 87 per cent of the children met criteria for a psychiatric disorder. Twenty-

six per cent were diagnosed with major depressive disorder or adjustment disorder with depressed mood and 35 per cent met criteria for bipolar disorder.

- Although the mechanisms underlying risk for mood disorders are unclear at present, the team point to recent findings showing structural damage to specific areas of the brain in children prenatally exposed to alcohol.
- We therefore have to conclude that alcohol use by pregnant women should be a special cause for concern and must be taken into account when formulating any definition of harmful drinking.

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

- There may be some benefits to health in drinking alcohol in moderation but there is a fine line between this and drinking to excess. On balance the benefits are heavily outweighed by the risks.
- Estimates of the health costs of alcohol have been made, i.e. by Alcohol Concern in their 2002 report "Your very good Health" who came up with a figure of £3 billion per annum. Unless research is done however it will be difficult to ascertain the true cost to the NHS of alcohol related illnesses and effects.
- Apart from the direct health related costs of drinking there are many others but one that is not so well known is the effect on the unborn child. In the light of the statistics given in 14 above the ongoing costs of lifetime support for FAS children must be substantial and further research would appear to be warranted.
- Because medical practitioners often fail to identify alcohol as a causal factor many physical and mental problems remain undiagnosed or are misdiagnosed. There is evolving research that indicates that alcohol may be a contributing factor in conditions such as autism, cerebral palsy, epilepsy and may even effect the genetic development of cells.
- Death certificates normally only require the primary cause of death. It might be more accurate to also list contributing factors. We might then find that alcohol abuse plays a major role in many illnesses and causes of death.
- The statistics for child abuse, domestic abuse, suicide, learning disabilities, depression and teen pregnancy also need to be examined if we are to arrive at a true picture of the health related costs of alcohol misuse.

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.

- Refer to question 15.

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 plays a role in prevention?

- The most effective means is education in the primary grades of school.
- This must be in conjunction with the banning of advertisements on television, magazines and billboards; especially those bill boards shown during sporting events.
- Warning signs at points of sale, liquor stores, restaurants and pubs are also effective in conjunction with other forms of warnings and information.
- Professionals (medical personnel and educators) should be trained to know and recognise the symptoms of Foetal Alcohol damage so that the parents

can work effectively with educators to be properly informed and can take remedial steps for the child.

- Studies have shown that it is essential to have organised support groups in a variety of settings for convenience and availability.

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

- There is evidence that “brief interventions” can be effective when offered to those patients at risk from alcohol misuse. However the evidence also suggests that they will not be effective for those patients who are alcohol dependent or heavy alcohol abusers.
- It is therefore essential that medical practitioners delivering brief interventions should have the necessary assessment skills to be able to differentiate.
- It is also essential that the facilities exist to refer on to appropriate services without delay. Timing is an important factor – often the circumstances that lead to the patient seeking medical help at that time mean that there is a window of opportunity to intervene. This window will not necessarily remain open for long when the immediate medical crisis has past.
- Posters and brochures containing information about alcohol and support groups might be placed in medical and dental offices, at the chemist, other allied medical and health facilities. Consistent reminders of the dangers of alcohol misuse and sources of help may be more effective than brief interventions.

19. Do current treatment for alcohol dependence and hazardous drinking work? Are they sufficiently tailored to meet differing and 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?

- Current research such as Project Match clearly shows that treatment works.
- Research has shown that alcohol dependent women do better in a single sex treatment setting.
- One of the major obstacles blocking women coming forward for treatment is the fear of losing their children – although there can obviously be child protection issues when parents are drinking problematically policies need to be framed in such a way as to ensure that they do not become another obstacle to seeking help.

- Residential treatment facilities which accept mothers together with their young children can have certain advantages – the mother can learn parenting skills and begin to repair the mother/child bond during the course of treatment, the child can be assessed for FAS, FAE or other problems related to the mothers use of alcohol and a structured care plan can be worked out for the child which can be fully integrated with the mothers own care plan.
- Such mother and baby facilities here in the UK have a high failure rate because of economic factors associated with the funding system. There is a good case for suggesting that they could be provided as a National Resource.
- Alcoholism and alcohol related problems are normally quite complex and often require more than just physicians or psychologists working together. A program in Washington State (U.S.A.) for alcoholic mothers combines physicians with therapists, social workers, family counsellors to not only deal with addiction but to help with seeking services for the children.

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

- That you are even asking this question highlights a problem. Alcohol is a drug, albeit a legal one. A comparison of the numbers of alcohol related deaths and drug related deaths in the UK reveals that the number 1 drug problem in the UK today is not heroin, crack cocaine or ecstasy – it is alcohol.
- Within the drugs treatment field it is accepted that patterns of poly drug use are exceedingly common. Alcohol forms part of this pattern and is often not possible to draw any clear distinction between alcohol and drug abusers.
- The symptoms, progression and consequences of alcohol and other drug dependencies are similar, so much so that they can best be regarded as varieties of the same condition. The tendency of alcohol services to disregard drug use and of drug services to ignore alcohol use is artificially created and is counter productive in terms of treatment. It has come about as a result of historical accident.
- Alcohol and other Drugs Services should be integrated, however it is important that the additional workload that this will create should be properly resourced.
- Alcohol Services should come under the auspices of the National Treatment Agency for Substance Misuse. If Alcohol remains separate there will be duplication and two parallel systems would complicate matters to the detriment of the quality of service delivery.
- There is evidence that children are experimenting with alcohol, smoking, and drugs as early as 9 years old. These factors are predictive of problems with substance abuse later on in life. Children who are identified as being at greater risk should be supported with behaviour modifying classes.

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?

- If a person is caught driving while drunk, arrested or warned before or during an assault, the last drinking place visited should be warned about serving alcohol or selling to this person.

- Companies should make it public policy that alcohol beverages will not be served or allowed on the premises during business hours. In addition companies should be given strong incentives to implement comprehensive alcohol and drugs in the workplace policies.
- The Health and Safety Executive should take a more proactive stance on workplace alcohol and drug policies than it does at present – allowing an employee to work whilst under the influence of alcohol should be an offence and employers should be required to demonstrate that they have “safe systems of work” in place to ensure that their employees and the general public are not exposed to risk.
- All local and central government contractors should be required to have workplace alcohol and drugs policies in place as a condition of the contract.
- Again, the dangers of alcohol should be taught to children primary school. Early education is the most effective method.

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

- Studies have indicated that women are usually undergoing some type of depression before they start drinking on a regular basis. Severe depression can lead to suicide.
- Care co-ordination is the key here – there are several services in existence specialising in working with dual disorder clients and the beginnings of a substantial knowledge base.
- In the long term a similar system to the “Models of Care” being implemented through the National Treatment Agency for Substance Misuse will be called for – another reason to integrate alcohol with other drugs services.

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 behaviour patterns of many FAS/FAE, children/adults bring them into conflict with the law. The problems of poor judgement and gullibility that became apparent in childhood are not outgrown.
- The criminal justice system needs to find a more appropriate response to individuals with these disabilities. Recent research studies have revealed that our prison system is filled with adults with Foetal Alcohol Syndrome.
- This opportunity that presents itself to members of the judicial system is directly related to the concept of early identification and intervention.
- Commonly, it is the police officer on a street beat that encounters an intoxicated pregnant woman. Knowledge of community referral resources for pregnant women in crisis provides an alternative to incarceration and places the woman in a system designed to support the pregnant woman in her efforts not to drink alcohol.
- The best method of dealing with FAS related crime is to prevent it. Across the world several innovative projects have been developed that take the weaknesses commonly associated with FAS teens and adults and turn them into strengths. This gives self-esteem a valuable boost that thereby facilitates further rehabilitation.

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?

- Dr Ann Streissguth of the University of Washington Foetal alcohol (FAS) and Drug unit has said that one of the most distinctive characteristics of a person with FAS is the inability to learn from their mistakes. It is self evident that this type of inability could contribute to recidivism.
- FAS affect men and women of all ages and they commit a wide variety of crimes. One of their characteristics is their tendency to copy what others do. Thus, a person with FAS might be incarcerated for a minor crime and then follow a fellow inmate into a more serious crime, often without recognising the inherent wrong of the other person. Dr Streissguth has indicated that she feels the most outstanding characteristic of a person with FAS is the inability to connect an action with its consequences. Because brain cell damage is permanent, it is unlikely that any modern day punishment will deter the person with FAS from committing more and more serious crimes once they are led in that direction.

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?

- A study by Dr Julianne Conry on the University of British Columbia has concluded that nearly 60% of the men he studied in the Canadian penal system may be prenatally alcohol affected. Further studies need to be conducted. However, Dr William Healy has previously explored the connection between prenatal alcohol exposure and criminal activity as far back as 1918. Further research of older literature may reveal more studies of the connection between prenatal alcohol exposure and crime.

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?

If there is an excessive drop out rate in the schools and an increase in juvenile delinquency, the Government will be blamed. If the country has growing rates of mental health problems, violence, domestic abuse and increased use of health and mental facilities, the responsibility of improving these statistics will fall on the Government. All these things can and will happen if the Government allows problems like Foetal Alcohol Syndrome and alcohol abuse to go unchecked in the country.

Starting an early education program will go a long way in preventing other problems. The important thing is to start now and not allow these problems to proliferate.

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.

- The World Health Organisation's Global Status Report on Alcohol indicates that alcoholism might be even more of a problem in rural area. The hard work and lack of close neighbours encourages the use of alcohol.
- Individuals affected by FAS usually difficult to employ, they might feel that an urban area could offer better opportunities and travel there to seek a job, thus taking a rural problem to the city. There is a general tendency for young people to seek the excitement of city life.

- The problem with urban life is the anonymity and psychological distress that is encountered may tend to exacerbate rather than diminish personal problems and addictions issues.

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?

- While we do not oppose attempts to reduce the impact on the environment and we are aware of the approaches being tried such as part the various communities against drugs and crime and disorder initiatives we feel that we must point out that these initiatives only address the symptoms, rather than the causes of problems.
- There are also issues involved here concerning personal responsibility. To what extent are we likely to perpetuate problems in the long term if we start to take responsibility for the actions of individuals?
- Manipulation of the environment is a treatment after the fact and is always less effective than prevention. Several after- the –fact suggestions were offered in Question 20. However, early education of children about the dangers of alcohol is the best and most complete method of dealing with the current problems of alcohol.

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 only thing inhibiting agencies and communities from working in the way suggested is the lack of a holistic approach across all agencies. Criminal Justice agencies still see alcohol as a legal problem, Medical Practitioners perceive it to be a medical problem and Social Workers perceive it to be a social problem. There is also a traditional lack of trust between these various sectors and also between the statutory and voluntary sectors.
- There are many good examples of initiatives within the drugs field where this approach is being adopted.
- Those areas that have chosen to have Drug and Alcohol Action Teams rather than just Drug Action Teams will have an innate advantage.

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

- Anti-crime and anti-social behaviour initiatives need to be targeted on criminals and those individuals behaving in an anti social manner. If they are young people then so be it. To target young people as such however merely serves to formalise the "generation war", this will increase young peoples sense of alienation and powerlessness and is likely to increase problems rather than minimise them.
- Initiatives for young people need to be supportive and educational, inclusive rather than exclusive and teach them a sense of their own value. Young people are not stupid however. They will soon see through any schemes of this kind if individuals who do not truly believe in these values deliver them.
- It is important that measures to prevent FAS and to support both individuals and families affected by FAS are part of the National Strategy

and those FAS initiatives are seen as contributing to crime reduction by virtue of the links between FAS and crime.

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?

- It would seem to be self evident that we should not be encouraging drinking at all! There is a direct link between the amounts of alcohol we consume as a nation and the problems that we incur.
- A large proportion of alcohol related crimes are committed by people who are alcohol dependent. Alcohol dependent individuals will drink anywhere at any time that they can. Initiatives to encourage different drinking patterns are not going to have any positive effect and may well have a negative effect if the initiatives concerned result in alcohol being more freely available because of extended licensing hours etc.
- Overall the effects of such initiatives are difficult to gauge and predict because of the number of variables involved.

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?

- No public control or attempt to control excessive drinking, underage drinking or violence while drinking is going to change the underlying problem of people who drink because they have problems or of people who are alcohol dependent.
- Initiatives such as these address only the symptoms rather than the causes and offer some measure of protection for the non afflicted while the afflicted take their problem elsewhere. While it is valid and reasonable to attempt to protect society from the consequences of an individuals drinking this must not be confused with offering help to the individual concerned.

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?

- There is an old adage that we all have rights, as long as they do not impinge on another person's right to have rights.
- There is an underlying problems when a person needs to drink excessively in order to have a supposedly "good time". Government and communities need to work on these issues so that "good time" is not defined as an all nighter at the pub.
- This will require a major campaign over a prolonged period of time as for many people in many parts of the country this will require a significant cultural change.
- That it is possible to bring about such a change is evidenced by the change in the publics' attitude to drunk driving.

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

- See comment in 34 above.

35. Domestic violence is often 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?

- Excessive drinking may often bring out the worst in a person. This is especially true in a diminishing job market and when a job does not fulfil the needs of people involved in a relationship. Emotional inferiority often leads to “picking” on weaker members in family.
- In Japan, the child abuse rate has jumped 1600% since 1991. The late 1980s also saw an increase in the use of alcohol by pregnant women. It is entirely possible that symptoms of FAS, such as problems with school work, especially maths, problems with other children, indiscriminate touching and fondling, inability to do sequential tasks, inability to follow verbal instructions, unusual food preferences, medical problems with allergies and respiratory infections, eye and hearing disabilities or deficiencies lead to family arguments.
- It has been shown that an increase in medical and educational problems (which in turn lead to financial problems) causes great stress in families that can often lead to violent outbreaks that are fuelled more intensely with alcohol effected individuals are involved.

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

- There is plenty of research to show that children raised in families where there is a history of substance misuse are particularly at risk, this appears to be at least in part a matter of genetic predisposition.
- US Research has shown that it may be possible to identify those most at risk of developing problems later in life by means of enhanced EEG's – i.e. there is a observable physical difference in brain function.
- US research has also shown that prenatal exposure to alcohol, in particular FAS, is highly predictive of alcohol related problems in later life.
- These individuals also suffer from other problems: they experience neurological damage which is expressed as hyperactivity, behavioural problems, learning disabilities and a general inability to function normally in a social milieu.
- Research in other countries has shown that FAS individuals who are not supported at an early age either end up in prison or on the streets. Diagnosis can be made at birth and from then on continuous support from various agencies can make a valuable contribution.

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

- There is evidence to suggest that groups who have lost their cultural identities and become marginalised are at a higher risk, particularly if they have no cultural history of alcohol use. Historical examples would include Native Americans, including Eskimos, and Australian Aborigines. All of these groups have developed high levels of alcohol related problems including FAS.
- It is important to realise that although some groups may be particularly at risk strategies cannot afford to ignore the fact that in fact anyone can be at risk. All groups from the social strata are at risk without adequate education and information.
- The unborn child, who hasn't a voice, is at risk!

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

In respect of individuals who are affected by FAS:

- Children and adults with FAS have unusual set physical reactions to the environment that affect not only the way they perceive the world but also how they physically react to it.
- Mentally the person with FAS may not show any emotional attachments.
- They may be unable to make reasonable connections between thought A and thought B. Abstract thinking is extremely difficult for them. They may be very literal in their thinking. They may be very concrete in their learning skills, unable to make adjustments or changes once a task is learned.
- Many times they are thought to have no consciences.
- They may be unable to follow verbal instructions without visual aids. They might not be able to stay on task with out external help.
- They may be very self-centred.
- They may seem gifted in some areas and severely delayed in others.
- They may seem terribly impractical.
- The most outstanding behavioural problem with a person who has FAS is the inability to connect an action with its consequences.
- Physically, sequential instructions and the required tasks are hard for the child or adult who has FAS.
- Hearing may appear to be within normal ranges but special hearing examinations often reveal deficiencies in certain sound levels that make learning difficult. Noises may be too loud or too soft. The child may hear things beyond the hearing range of normal children.
- Vision may be myopic or spotty and difficult to diagnose. Lights and moving objects often interfere with their ability to concentrate.
- Clothes may be very comfortable or very uncomfortable. Hyper and hypo sensitive may cause food allergies and/or rashes.

- Inability to recognise when they have to go to the toilet, or when they need personal hygiene.
- Nerve damage to organs might cause insufficient food processing and problems with elimination.
- The best time for intervention is before FAS children encounter the frustration of the school environment. This means diagnosis soon after birth and before school starts.

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?

- See question 29 – similar reasons apply.
- There are again plenty of examples of good practice from the drugs field.
- There is a severe lack of political will to tackle alcohol related problems that is not evident when it comes to drugs – brewers and distillers are seen as valued members of the business community and are to be consulted while other drug dealers are not.
- Unfortunately until the time comes when alcohol is seen as the killer drug that it is there will probably not be much progress. Again this is a matter of cultural change.
- Education is the most effective means to bring about change. This should involve not just public education but also the professional education of medical and allied health professionals, teachers, social workers and criminal justice professionals.

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 in the UK are under funded.
- Funding itself is not the answer – until the mainstream services receive substantially more training in alcohol related issues, especially in recognition and assessment skills, further resources will only be squandered on ineffective schemes.
- There must be more cooperation between professionals, educators and public agencies.
- There needs to be an effective case management and care co-ordination system in place before this co-operation can prove really effective.
- The role of self-help groups such as Alcoholics Anonymous has been consistently ignored and minimised. They help many thousands of people with alcohol dependency problems annually, there are groups right across the country and they provide a free resource that does not cost the exchequer a penny!

41..What should be the objectives in this area? Is the aim to raise levels of awareness?

Is it to inform more specifically? Is it to change behaviour? Are there any particularly successful or unsuccessful examples we should be aware of?

With regard to FAS the objectives should be:

- To undertake research on Foetal Alcohol Syndrome, in particular it's prevalence, with a view to establishing baseline statistics.

- To review the international evidence base regarding effective prevention and intervention strategies for FAS. (This will minimise the cost).
- To initiate projects designed to raise the profile of Foetal Alcohol Syndrome in the general community, the caring professions and within the alcohol and other drugs fields.
- To develop systems to identify and support children who are affected by Foetal Alcohol Syndrome or its effects.
- To inform and educate the professionals who pass on facts about alcohol.
- To review in the light of current worldwide research and to change where appropriate the advice given to women regarding the consumption of alcohol while pregnant and breastfeeding.
- To ensure that alcohol awareness campaigns raise the level of awareness that alcohol is a drug and that its long-term effects are cumulative.
- To ensure that all children and young people receive education about the dangers of drinking alcohol including the effects on the unborn child and binge drinking.

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

- The objectives mentioned in 41 above will create baseline figures against which effectiveness can be measured. In the meantime there needs to be a country wide survey that can produce statistics relating to alcohol and its effects on the wider community.
- **FASawareUK** host a support group and in our experience we are not dealing with biological parents. The parents looking for help and support are adopters and fosterers.
- Statistics need to be compiled, starting with children's homes, and schools where there are known adopted/fostered children to investigate whether these children are already on special measures for behaviour and learning difficulties or indeed they are receiving Special Needs Support.
- Alongside this, children who have biological parents but are showing the same signs of behaviour and learning needs require diagnosis. The difficulty here is that natural parents are in denial when it comes to assessing their children's special needs.

- Schools have an ongoing “Special Needs” process but the teachers are limited in their knowledge of how a child’s behaviour is affected by alcohol either through direct drinking or by his/her mother when pregnant.
- It is important that children affected by FAS they are identified very early on and supported. This will help in reducing the cost to the Government and the NHS in the long-term.

42. 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 is very clear that message of sensible drinking is not getting across to the public. A perfunctory examination of the amount of highly sophisticated alcohol advertising in our media as compared to the amount of health education material about alcohol should be enough to explain why.
- Increasingly alcohol advertising is aimed at women and young people.
- Until we can run campaigns that present “not drinking” as being as fashionable, or more so, than drinking we are not likely to be effective.
- Sensible drinking promotions based on fear are not as effective as those that promote not drinking as something desirable. In other words sell what you do want rather than try to prevent what you don’t!
- To make a good positive start introduce alcohol health warnings on alcohol containers, similar to those on cigarettes and tobacco, include an honest warning of the lasting damage that alcohol creates to the developing foetus.

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

- We see little evidence to support the idea that scientific research is feeding into alcohol education. If there were evidence to the effect that all the available international research was feeding in then there would be no concern on our part to complete this consultation document.

44. 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 Children and young people, pregnant mothers and prospective parents from all ethnic groups should be targeted for education, information and communication.
- Everyone should be aware of the full facts about alcohol so that they can make the right life changing choices. Foetal Alcohol Syndrome needs to be part of life education for all.
- Foetal Alcohol Syndrome is 100% preventable with education and awareness, yet totally incurable.

45. 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 healthy learning environment?

- There is a vital role for schools, colleges, universities and other educational institutions in providing facts about alcohol and its effects on people and future generations.
- Information regarding the dangers of alcohol consumption and the effects on the unborn child should be treated with the same importance as drugs and smoking and incorporated into the national curriculum.
- There is a considerable body of US research on the problems of alcohol use on campus that is worth examining.
- Several US educational establishments (at all levels) have formed the Association of Recovery Schools with a view to providing specialised educational programmes for students in recovery from alcohol dependency. This is a new way of combining support services with education and is worth further research.

46. What role is there for families/parents as role models or in education their children on sensible levels of alcohol drinking and the risks of alcohol misuse? How can they best be informed and engaged in this effort?

- Education regarding the abuse of alcohol should start in the home, but there is little or no evidence to suggest that parents possess the knowledge or motivation at this time. This is because they themselves can be ignorant of the facts. At the present time education in school has to be paramount for the welfare of the child.

47. 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?

- Children listen to teachers and other children if a package is presented in an interesting and informative way.
- Older pupils will listen to their peers, role models and anything that the pop/media gives however the message must be positive.

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

- See answers to questions 20,28, 29, 39 & 41 regarding the separation of alcohol from other drugs.
- Alcohol is often a gateway drug and should therefore be included in educational initiatives in the field of illegal drugs.
- It is essential to remember that people affected by FAS are not contributors to society but must often avail themselves of its services. US estimates for the cost of a FAS child add up to \$1.5 million over that person's lifetime, not including the time and the lost income of those who must contribute to the care of this person with FAS. It is possible to do a lot of education and prevention work for that kind of money!

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

- We need to print health warnings on the dangers of alcohol on alcoholic drinks.
- There should be guidelines set to measure the amount of alcohol advertising aimed at the young women.
- Alcohol advertising on magazines, television and billboards should be banned.

- Alcohol beverage companies should not be allowed to sponsor any public events.

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

- It would be very beneficial to all if there were honest information on all labels. It would also be interesting to see if the Alcohol companies would use some of the huge income that comes from alcohol sales used to help eradicate Foetal Alcohol Syndrome.
- We would like to see civil law suits for damages bought against alcohol retailers where it can be proved that they have knowingly sold alcohol to minors resulting in serious consequences such as death or injury.
- Alcohol companies need to look at down the line as have the U.S. tobacco companies. It would be most advantageous for these companies to diversify their product lines and look into acquiring businesses in other sectors.

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?

- We believe that the alcohol companies aim a substantial part of their advertising at young people, especially women. e.g. Alco pops, designer drinks make alcohol and drinking a fashion accessory. This is a market ploy to diversify the types of drinks available. It is simply a way of reaching a wider age range and minimizing the dangers of alcohol.

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

- The very wording of this question shows that the current thinking is unrealistic. You only have to take out the word alcohol and substitute the words "crack cocaine" or "heroin" to see how absurd it is to believe that the suppliers will come up with a solution. Their interests are best served by denying their liability for all alcohol related problems and by blaming others.

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 a field?

- The only interest that the alcohol industry has to reach consumers is to sell more alcohol. If the government is interested in seriously reducing alcohol related harm it will not co-operate with the industry instead it will hold the industry accountable for both it's actions and it's products. What would be the government's attitude to any other kind of manufacturer whose products contributed to the deaths of 35,000 people a year?
- Unfortunately because of the large amounts of revenue generated by the alcohol industry for the government we do not foresee this happening.
- The Government and the alcohol industry need to approach this objectively and not back down as happened with the sponsoring of Formula 1 and the tobacco industry. Look at future implications of alcohol related problems so that children and young people are protected so they develop into valued member of the community. They should show realism when reading all the consultation documents as here are the keys for solving a great number of problems.
- See questions 52 & 53

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

- Of course commercial and media have a joint responsibility in their influence towards drinking behaviour and fashions. The lack of honest information by the Government and BMA creates further problems around alcohol and its consumption and it should be legislated for greater clarity in the commercial industry so that warnings are placed where people can see them – on all alcohol containers, this should also be seen in advertising and the media.
- Refer to questions 12 & 43

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

When calculating the economic costs of alcohol please consider that there is US and Canadian research that shows:

- That of pupils diagnosed as suffering from FAS:
 - 60% had disrupted school experience (defined as having been suspended or expelled from school or having dropped out of school)
 - 60% had trouble with the law (defined as having been in trouble with authorities, charged or convicted of a crime)
 - 50% had confinement (including inpatient treatment for mental health problems or alcohol/drug problems, or ever having been incarcerated for a crime).
 - 50% had inappropriate sexual behaviour.
 - 30% had alcohol or other drug problems.
- 30 women with FAS/FAE had given birth to a child
 - 57% of these no longer had the child in their care
 - 40% were drinking during pregnancy
 - 17% had children diagnosed with FAS or FAE (Foetal Alcohol Effect)
 - an additional 13% had children who were suspected by the informants of having FAS/FAE.

(Statistics drawn from The 1996 Final Report: Understanding the Occurrence of Secondary Disabilities in Clients with Foetal Alcohol Syndrome. Centre for Disease Control & Prevention, University of Washington Foetal Alcohol & Drug unit.)

57. Are there key pieces of research of which we should be aware? Where are the gaps in the available data on the economic costs and benefits of alcohol?

- Refer to the previous question.
- Plenty of research has been done on FAS worldwide but for some reason it does not seem to have registered with the Government. It has not been phased or used to protect those most vulnerable.
- Dr Moira Plant who hosted the first conference for Women Alcohol & Pregnancy has conducted considerable research.

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 to Government?

- When Foetal Alcohol Syndrome occurs the government pays. When the child with FAS cannot achieve in school the education authorities accept the cost of trying to educate a child whose brain cannot process information in a typical manner. When that child skips school or drops out, society pays the costs incurred for an individual with few skills, even less education and the inability to hold down a useful occupation.

When that child grows up and cannot earn a living and commits a crime, it is the Government who pays for the prosecution and the detention of this individual until he/she can be transferred to prison. No one person can be held responsible for the cost of Foetal Alcohol Syndrome because, in the end society will pay for all of the damage in one-way or another.

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

- Benefits to whom?
- No, we cannot quantify them in the context that we are completing the consultation document.

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 network in workplace. What in your view are the links between alcohol use and educational and occupational attainment?

- Refer to question 56.

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

- Refer to the US Center for Substance Abuse Prevention – Workplace Resource Center programmes & the US Drug Free Workplace Act 1988 as ideal models.

In his book “ The Broken Cord” Michael Dorris stated “ we may someday have whole societies with lower average intelligence”. It would be incredible that this should happen to a county like Great Britain.... But with the continuation of Government policies, which permit the use of alcohol by anyone at any time, this could be conceivably be the fate of the nation.
