

The principles that should underpin the alcohol harm reduction strategy

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

Alcohol misuse does not stem from an individual's behaviour alone. Different factors such as advertising by alcohol companies influence a person to misuse alcohol. In areas such as this, where an individual does not have any control, the government does.

Alcohol misuse affects the health of the individuals, leads to problems in families, and crime & disorder in the society, at great cost to the country. The government which has a responsibility to protect and promote the health and safety of its citizens has to take a proactive role in facing this challenge.

For the effective implementation of programmes for coronary heart disease, cancer and other diseases, control of alcohol, which is a major risk factor for the above diseases are important.

There is no need to stop the sale or consumption of alcohol. Nevertheless, the government can play a major role in restricting the consumption of alcohol beyond a level, which is injurious to individual health and communal safety.

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?

As said above, although individuals do have a role in alcohol misuse, they are not the only one. Furthermore, many individuals who misuse alcohol do not have control over their habit and require help.

Government can take measures to reduce excessive consumption of alcohol and also provide the services and support necessary to manage the consequences of such consumption. Its approach should be multi-faceted, inclusive and focussed on long term benefits. It should try and change people's attitude towards binge drinking and chronic heavy drinking. It is vital to raise people's awareness about the consequences of alcohol on individuals and society. Taxation and regulations should be used appropriately to restrict alcohol sale and consumption. Services and support should be provided to people who need help.

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

Restriction on drunken driving is a good example of where an individual's right and choice ends. Any action, which places the community at large at risk, should be restricted. However, the actions, which affect only the individual who is committing it, could not be restricted. But, efforts should be taken to educate the individual about the

risks involved and provide help, if sought.

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

Consumers: The consumers need to be more responsible and curtail their alcohol consumption to reasonable levels, taking help where needed.

Voluntary groups: People, who are in the habit of consuming alcohol beyond safe levels and who are dependent on alcohol, have complex problems, which needs flexible approach. Voluntary agencies are in a position to be very flexible. They also have a strong role to act as an advocate of the people who misuse alcohol, in particular among vulnerable groups.

Commercial interests: Alcohol industry is a thriving industry. They have to strike a balance between commercial interests and the interests of the society at large. They should -

1. be more responsible with their advertisements to promote alcohol, particularly in terms of content and targets.
2. focus on promoting soft drinks and drinks with low alcohol contents rather than drinks with high alcohol content
3. reduce the relative price of drinks with low alcohol content
4. indicate clearly the alcohol contents of a drink in units
5. use strong glass or plastic container, wherever possible
6. fund research in the field of alcohol
7. fund the efforts of government and voluntary agencies to tackle the problems some people have with alcohol.

Alcohol retailers should not strictly sell alcohol to underaged drinkers. Waitresses may be asked to keep a watchful eye on people who are known to or are drinking beyond safe limits and refuse further fill. However, the practicality of enforcing this is very uncertain. Only thick glasses should be used in doors and windows of the shop. Renewal of shop's license to sell alcohol should be linked strictly to the adherence of rules in the past. License should be issued only in the name of a trained person and he should be made responsible for training others in the shop. The governments' decision to allow differential closing time for shops selling alcohol might help to contain fights following simultaneous closing of shops in the night. But it may increase consumption of alcohol and needs very close monitoring and review of policy, if necessary.

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

The principles underlying alcohol strategy should be:

1. Reduction in the overall alcohol consumption in the society. This would lead to great reduction in the levels of excessive alcohol consumption.
2. Focus on binge drinking and chronic heavy drinking patterns.

The measures should include:

1. Appropriate taxation and licensing regulations.
2. Control on commercial advertisements aimed at promoting alcohol consumption.
3. Campaign against misuse of alcohol, education and information of the public and the users of alcohol about the consequences of alcohol misuse.
4. strengthen community safety - action against drunken driving and drink disorder in the community.
5. Secondary prevention and management of the consequences.

The cultural and behavioural issues around alcohol use and misuse

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

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

The definition for misuse of alcohol would vary widely, from individuals' point of view. However, for policy initiatives, it is important to have a practical and measurable definition for alcohol misuse. Consumption of alcohol beyond certain limits (as set out by DoH), which are found to be harmful for the individual and to the society, could be considered as alcohol misuse. A clear, easily understandable measure like this will help awareness raising and screening for alcohol misuse.

However, in some situations, especially from the community safety point of view, it is crucial to consider performance of certain actions even under the minor influence of alcohol as harmful, as in the case of drunken driving.

From the users' point of view, the term 'alcohol misuse' might be seen as judgmental and it is preferable to avoid the term except in clinical situations.

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

Alcohol strategy needs to target both binge drinking and chronic excessive drinking. Focus on young people, pregnant women and middle aged adult is vital. Altering lifestyle behaviour is a difficult task and involves long term and complex plan. A comprehensive strategy is needed to develop positive attitude and environment in the community, improve knowledge and develop skills of the individuals to help them to change their behaviour. Appropriate and consistent message should be delivered to general public and users. This should include mass media campaign at the national level and activities at the

local level. There is also a need to regulate advertisements by the alcohol industry. Employers, schools and primary care professionals should play a major role in educating against alcohol misuse. A good amount of evidence suggest that taxation and legislation are very effective tools in driving down the alcohol consumption at macro level.

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

Social environment and culture have a great influence on alcohol consumption. The last decade has not seen much change in the drinking pattern among men. Nevertheless, the change has been significant among young women and children, probably reflecting some changes in the society. Some of them are:

1. Advertising by alcohol industry being increasingly focussed on young people and women, portraying alcohol consumption as a fashionable thing to do. Portrayal of alcohol consumption in connection with celebrities, sports, dance and music gives it an appearance of an essential component of youth life.
2. More young women believe that drinking like men is a way of behaving equal to them. People deep into this form of laddite culture do not recognise that men and women are biologically different and metabolic rate of alcohol among women is comparatively less.
3. Increased access to alcohol for young people and children - i. Availability of alcoholic drinks outside pubs/licensed shops and ii. locating of shelves of alcopops near sweet shelves in super markets are some examples.
4. Increasing recognition in society for drinking. Most of the social life revolve around alcohol, prime example being football matches.

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?

Drinking among minority ethnic men is an important area of concern. Minorities in Britain are not a homogeneous group. Drinking is forbidden among Muslims. Hindus, Sikhs and people of African and Caribbean origin differ in their pattern of alcohol consumption. More research is needed to understand the drinking patterns of these population in England and what strategy works to wean them away from misuse. At present, mainstream services sensitive to the needs of the minority would be most practical. For areas, where ethnic minorities constitute a sizeable proportion of the population, services designed especially for their needs could be considered.

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

Alcohol consumption is considered as a way to celebrate or relax after a long day's work.

Many people consider alcohol as a boon to overcome anxiety and forget worries and problems in various spheres of life. Pubs function as community centres, where people meet and talk. For many, a world without alcohol might be unbearable.

Alcohol is also considered to be beneficial to heart, for certain age groups, if drunk in small quantities.

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

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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?

Evidence suggests that children of parents who misuse alcohol are more prone to misuse alcohol themselves. Targeted marketing of alcohol industry, Lack of knowledge about harms related to alcohol misuse and modern lifestyle are important factors. Public education and media campaign against alcohol misuse may be helpful. Education is useful to change the attitudes of people and users and prime them to respond to other measures aimed at altering their behaviour. More helpful would be regulatory mechanisms to restrict sale of alcohol to underage drinkers. Legislation would be helpful in select situations. Taxation linked to inflation would be one of the important tool. From available evidences, taxation and legislation seem to be the most influential tools.

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

Generally, the perception of risk in relation to alcohol is very minimal. People who drink alcohol do not generally think that there is a chance of them becoming dependent on it or affected by it. Even people who are already dependent on alcohol do not recognise their dependence or accept it easily, even if recognised by others. This is may be due to lack of information and knowledge about harm related to alcohol and also due to a need for a delicate balance between normal and socially acceptable level of alcohol consumption and misuse, both in terms of health and community view point.

Health: prevention, treatment and the impact on the NHS

The effects of alcohol misuse cost the NHS money. There are direct costs both to the NHS and in social care in treating those with alcohol dependence. And there are a host of

indirect costs through alcohol-related illnesses and accidents; through violence fuelled by alcohol; and through mental illness and depression associated with alcohol misuse; and through the mixing of alcohol with illicit drugs. But there is also some evidence that moderate alcohol use for some groups can be beneficial to health.

Questions

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

Harmful drinking is defined as consumption of alcohol beyond certain limits, which is considered to be 21 units for men and 14 units for women in a week, based on evidence. People who are not considered harmful drinkers by the above classification may still have harmful binge drinking problem, which is defined as consumption of alcohol beyond 4 units a day for men and 3 units a day for women. This highlights that it is important to use either or both the criteria to define harmful drinking (?).

Heavy drinking could be considered as problematic drinking if it is associated with alcohol related physical or mental illnesses, inability to stay sober / craving for alcohol, involvement in drunk driving, domestic / street violence and crime etc.

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

Health benefits of alcohol: Some papers suggest that alcohol has cardio-protective qualities, especially for middle aged and elderly people.

Health costs of alcohol: Evidence abounds implicating alcohol in excess admissions and deaths due to cirrhosis liver, pancreatitis, gastritis and ulcer, CHD, certain cancers, certain mental illnesses, injuries due to violence and accidents.

Gaps in the evidence: There is a need for more population based research. Research on the attitude and behaviour of young people towards alcohol requires more attention. It is also important to focus on identifying effective health promotion interventions.

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.

Costs to the NHS directly and indirectly: According to the Royal College of Physicians, alcohol misuse costs hospital services up to £3 billion a year. Godfrey and Hardman have calculated the societal costs due to alcoholism as £3 billion a year and Alcohol concern has calculated that alcohol misuse costs England £10.8 billion a year (1999).

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

Apart from the restriction of the availability of alcohol, communication of the harms of alcohol and early identification of the problems are very important. Professionals who come in contact with harmful drinkers need training to identify harmful drinking and associated problems at the early stage itself. They also need training to provide appropriate information and advice. Training also needs to clarify certain concerns regarding ethics and confidentiality in such discussions. Community Addiction Team already have experience in training professionals, which could be strengthened upon.

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

Many screening tools, which are effective in various settings are available to identify those who are at risk of alcohol misuse. Screening tools such as Audit and Five shot, with high sensitivity (92 - 100%), could be used in primary care and in patient hospital settings. In a busy setting such as A&E, tools such as PAT and FAST (90% of AUDIT) could be used. For assessment of dependency, Brief MAST and CAGE are useful, brief MAST being more sensitive (86 - 98%) and specific (81 - 95%).

Brief interventions are found to be effective by various studies. However, it is important to note down here that the term "brief intervention" refers to a range of interventions with similar properties. It is difficult to identify the most effective brief intervention for each setting and standardise the service accordingly. Hence, training to impart the underlying principles of brief interventions should be given to all professionals to improve the effectiveness of brief interventions delivered.

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

Detoxification and counselling work are the mainstay of treatment for alcohol dependence and hazardous drinking, and are effective in the short term. But there is a need for follow up and relapse prevention to maintain the outcome in the long term. Supported accommodations to people who have kicked off the habit is one which could be emulated.

It is fair to say that CAT and social services do plan the services to meet the needs of the individuals. But the referrals from other services are patchy and the capacity of CAT needs strengthening to meet the anticipated increase in the workload, following the implementation of the strategy.

One particular aspect of alcohol services, which needs mentioning is the high 'Did Not Attend' rate. Alcohol services need to understand the difficulties of their clients and cater to their needs, by making the services more accessible. 'Drop in' services are one such measure which can improve access. Services to people who are unable to give up alcohol also needs attention.

Guidance to commissioners regarding local treatment services is a must.

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

Alcohol is also a drug, albeit a legal and socially accepted one. It does not create problem, if used within sensible limits and hence is the most commonly used drug. Already drug treatment agencies are involved in managing alcohol patients and are in a position to take it further, given more guidance and support.

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?

Injuries related to alcohol could be prevented at various levels:

1. Education and communication against alcohol misuse.
2. Late night public transport should be planned with the quick dispersion of alcohol consumers in mind.
3. Location of pub, opening hours of pubs and bars need to be regulated and monitored closely.
4. Pubs and bars should go for thick glass in windows and doors.
5. Thick bottles or tins should be used as containers for alcohol. Drinks should be labelled clearly with the units of alcohol content.
6. People who serve alcohol should keep an eye on excessive drinking and signs of intoxication among their customers. Only limited co-operation could be expected in this area as it is against their immediate commercial interests.

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

Alcohol misuse leads to or aggravates or is associated with many mental health problems, both acute and chronic. It is an important risk factor for problems such as depression and suicide. Many patients who access outpatient or inpatient mental health services are also people who have problems with alcohol. Alcohol misuse makes diagnosis of certain mental health problems difficult, interferes with management, complicates mental health problems, affecting recovery and delaying discharge leading to longer stay in hospital.

Mental health services should play a major role in early diagnosis and management of alcohol problems. They have expert knowledge to handle alcohol crisis. They should also

work in close contact with general hospitals and other agencies, in particular with CAT and social services. For patients with dual diagnoses, care delivered by mental health and general medical/surgical departments need to be co-ordinated. Psychiatric liaison nurses, who work in general hospitals can cater to this particular need, with support from consultant psychiatrist wherever necessary.

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

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

Questions

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

Alcohol is certainly a factor in re-offending. Alcohol is generally associated with domestic violence, drunken driving and street fights. Alcohol is also associated with other crimes as shown by the high proportion of alcohol misusers among those who get arrested for various crimes. Alcohol is not associated with any particular type of major criminal activity.

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?

Alcohol misuse is proven to be associated with violence and injuries. Many who attend A&E for injuries report alcohol misuse or assault by a person who has consumed alcohol excessively. Many who get arrested for crimes are also found to be alcohol misusers. However, the question of the number of cases in which alcohol is a contributory factor and the number in which it is an associated factor is difficult to answer.

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?

Poverty and unemployment, illicit drugs, bad environment and friendship, lack of family and social support, bad childhood experiences, are some of the factors which may be contributory to crime and disorder. Actions from many fronts are needed to triumph over these factors. All agencies, statutory and voluntary, businesses and community have to take responsibility to tackle this problem.

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?

Although city centre disorders are absent in rural environment, issues like domestic violence are not uncommon. More research is needed on the type of drinking pattern prevalent in rural areas. Chronic heavy drinking may be more common in rural areas than binge drinking. Access to services is poor in rural communities and the communities also generally try to solve the problems locally.

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?

1. Toughened glass should be used for doors and windows in retailers.
2. Thick glass, tin or plastic containers should only be used.
3. Local public transport arrangements in the night should be made taking into account the closing time of the pubs. It is important to closely watch whether the differential closing hours of the pubs are helpful to control disorders.
4. Guidelines to police to handle alcohol disorders.
5. Local authorities should give permission to open pubs in an area, only after examining the h/o disorder and the potential for it in the area. Centre should issue a guidance to facilitate the process.
6. Revision of licensing regulations and strict enforcement are required to regulate the sale and consumption 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?

As alcohol misuse affects individuals and society, multi-front action and ‘joined up’ approach are vital. Tackling of alcohol related crime and disorder should be mainly preventive and correctional rather than punitive. Combined efforts are the key to success

in this area and should be encouraged. Barriers to such sensible approach normally are the different culture, priorities of the organisations involved. Sometimes different professions find it difficult to work together. Although it may not be sensible to overload the public sectors with targets, a good plan of action coupled with clear accountability arrangements are very crucial to the success of alcohol strategy.

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

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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?

Location of pubs in an area well known for community disorders should be avoided, wherever possible. Closing times of the pubs in the nights needs close consideration. It is generally felt that off-loading of all heavy drinkers in an intoxicated condition at the same time is an important cause for most of the disorders at night. To overcome this problem, the government has recently permitted the pubs to remain open beyond midnight. The downside of this decision is that people might stay longer in the pub and get more intoxicated. This could be avoided, if pubs are closed in the nights in a staggered fashion. Pubs should be allowed to remain open only until the time permitted by the local authorities, which should be decided after taking into consideration the disorder proneness of the area and the track record of the pub in adhering to the regulations.

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?

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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?

In the interest of larger benefit to larger number of people and also to the individuals, individuals' freedom has been curtailed in many occasions e.g., Drunken driving. It is important to respect individual freedom as far as it does not harm / affect the individual and others.

34. Drink-drive policies are generally acknowledged to have been successful. What can

we learn from them?

Drink-drive policies are created to save the lives of both the drivers and others (passengers and pedestrians). The objectives are clear, minimum alcohol level is clearly stated, the test to detect alcohol level is simple, enforcement is good and the fines help to more than pay for it. All these are supported by a mass media campaign, especially over Christmas time. These are key to the success of the policy which keeps the drunken driving under check and has reduced the deaths due to such driving.

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

Domestic violence and alcohol misuse are interrelated. Severe alcohol misuse triggers violence in some, which is aggravated by the stress due to job loss and poverty associated with such severe misuse in most cases. Some victims also misuse alcohol to put up with such stressful circumstances. This cycle of violence and misuse self perpetrates itself until outside help breaks the cycle.

The implications for vulnerable groups

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

Questions

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

Young men and women are at particular risk to misuse alcohol and meet the consequences. Children of parents who misuse alcohol are vulnerable to the consequences of alcohol misuse and are also vulnerable to become alcohol misusers themselves. Children who are being looked after by the local authorities are also vulnerable to become alcohol misusers. Children of pregnant women who misuse alcohol are at a particular risk of developing fetal alcohol syndrome.

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

Elderly population are at particular risk to harmful effects of alcohol. People who are disabled, people who have mental health problems, people who have drug problems, people who are homeless and people who are gay are particularly vulnerable to the consequences of alcohol. Ethnic minorities might also have greater problems with alcohol.

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

People who misuse alcohol severely may have serious physical or mental illness, associated drug problems and also may be facing social consequences such as loss of job, financial difficulties, marital problems, family break up, homelessness, social isolation and loneliness, chaotic lifestyle etc.

The key factor in the management of the consequences of alcohol misuse is to understand the complexity of the effects of alcohol misuse and the recognition of the need for multi-faceted support to bring an individual back to normal life.

Although screening and brief intervention/detoxification are very useful in the management of alcohol misuse, it is the rehabilitation and follow up, tailor made to the individual needs, which can really make a difference to somebody who had misused alcohol severely and has complex needs. Rehabilitation can vary from intensive residential, day care to supported accommodation according to individual needs. CAT and Social services should link with primary care and secondary care to provide this service to their patients. At present, the current staff and other resources of CAT and social services, do not really permit them to provide this support adequately to primary and secondary care patients.

Voluntary agencies have a very important role to play in the provision of services tailor made to the needs of individual patients.

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?

The services provided by primary care, secondary care - general and mental health hospitals, community addiction team and social services need to be joined up to be more effective.

An understanding between primary care and secondary care is essential regarding which patient with alcohol problems should be referred for admission and inpatient management. Liaison between general and mental health hospitals with respect to the management of dual diagnosis patients, needs improvement.

There is also a need for common patient ID, database, assessment and management protocol between CAT and social services. The major barrier to joined up working are the differences that exist between CAT and social services in some areas. Each feel threatened by the other and try and defend their territory at the cost of mutual co-operation and effectiveness. The joint CAT - Social Services team that works at the primary care centre level in S. Tyneside is a good example of effective co-operation.

Link between homelessness and alcohol highlights the importance of co-operation between health and local authority to take steps to prevent alcohol misusers from becoming homeless and also in the management of homelessness.

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?

Primary and secondary care staff may not be aware of the vulnerability of certain groups to alcohol misuse and may miss the opportunity to identify and assess at an early stage. It is important to train them to raise their awareness. CAT and social services are fairly aware of the vulnerable groups and may be looking for such groups in their assessment and prepared to tailor the management to individual needs. Here, the major limiting factor would be the limited resources at their disposal.

Education and communication

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

Questions

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

The objective of education and communication should be to raise awareness of the public and users about the risks of consuming alcohol in excessive amounts and create an attitude and environment, which would facilitate refrain from alcohol misuse. An appropriate attitude is an important pre-requisite for various other measures to succeed in altering behaviour. Detailed information on sensible limits and how to calculate the units consumed should also be part of the information provided. It is difficult to inform specifically at a national level. However, the local activities can compensate by targeting various groups with appropriate messages in an appropriate mode of communication.

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

Education and communication are proven to be effective in changing attitudes. A cross sectional survey on knowledge, attitude and practices may be needed to measure the effect of the above interventions. Number of people who have seen/heard of such an ad/message, who have understood it and have taken it on board and have changed their attitude towards misuse of alcohol could be used as indicators of performance.

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

Many people are aware that excess alcohol consumption is not good for health but most of them think what they consume is not excessive. It is very doubtful whether sensible drinking message has succeeded in informing its audience about the sensible limits. This is further complicated by the lack of details such as number of units in the labels of the drinks. Many messages focus mainly on alcohol related problems but do not give adequate information about calculation of units and sources of help.

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

More research is needed in the field of alcohol education to feed into the development of appropriate messages aimed at various groups through the right mode of communication. At present, the research is very patchy and needs some co-ordination.

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

It is vital to target groups for effective communication of information. Different groups have different patterns of alcohol consumption. While young people are more into binge drinking, elderly people drink evenly over the week. Young people's drinking is associated with partying and social life whereas drinking of elderly is mainly associated with loneliness. It is absolutely crucial to develop appropriate messages for each group

based on their information needs. Young man, young women, middle aged adult, pregnant women and elderly are some of the groups who need messages based on their various needs. Ethnic minorities need messages in their own languages also taking into account any cultural variations. Communication with groups such as homeless should be at local level.

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

Schools and other educational institutions can play a major role in alcohol education. As it is the young men and women who are more into alcohol in the recent decade, the importance of their role becomes more prominent than ever. Schools should include alcohol education as part of their curriculum. Healthy school initiative should help to raise alcohol awareness among students. Teachers and school nurses should work with parents to educate children about the risks of alcohol misuse. Guidance and appropriate teaching materials should be made available for teachers and nurses. Parents need education materials as well as support to tackle alcohol misuse among their children. School alcohol education should be monitored and evaluated regularly. Students might also need some personal advises and hence provisions for confidential advisory sessions becomes important. A national help line would be very useful for children with alcohol problems.

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

Actions speak louder than words. Parents should set examples for their children by refraining from misuse of alcohol. They also need to be friendly with their children and be open minded and a good listener so that children do feel like coming to them when there is a need for advice or guidance. Many parents need parenting skills and information and knowledge about alcohol related problems and prevention methods. It is important to provide them with guidance and support. This could be done through school and community activities.

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

The most effective way of communication may be to talk directly and provide advice based on the personal needs. This is possible only at local levels and only with certain high risk groups. The government is particularly well placed to carry out a mass media campaign at a national level and also to regulate the advertisement of alcohol industry. It also has the resources to encourage research in this important area.

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

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

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The shape of the market and market-based solutions

The drinks industry is a major part of the national economy. It provides large numbers of jobs both in supply and distribution; it influences trends and fashion through its advertising; and it provides a substantial portion of tax revenues. Understanding how that market works, what drives it and how it responds to demand is essential to producing an effective strategy.

Questions

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

Millions of people drinking within sensible limits, living healthily for longer periods is not a bad market for the alcohol industry. Alcohol industry also needs to be innovative in pricing and marketing. It should try and market more products with moderate alcohol content. It should also price the products ingeniously charging the people who go for drinks with higher alcohol content. The industry should also support research and development in the field of alcohol harm reduction. Alcohol harm reduction strategy is only a long term aspiration and industry should make use of this period to diversify into other areas.

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?

Alcohol industry has successfully targeted its products on young people, especially young women. The success is mainly due to its skilful marketing enabling young people to identify alcohol consumption as a fashionable thing to do. Government should regulate such advertising campaign and also should take professional help to design an effective campaign against alcohol misuse.

53. How far do you foresee research and development creating innovative market-led

solutions to the problems of alcohol misuse?

Research and development within alcohol industry should focus on development of products with lower alcohol content but good in taste and quality. Alcohol industry should also contribute to research in alcohol harm reduction.

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

Government should work with alcohol industry in developing alcohol harm reduction strategy. It should also take the industry's help in implementing some of the strategies. Avoidance of targeting of young people and women in their marketing strategy, relative pricing of their products, contribution towards research and development and various harm reduction programmes are some of the key areas in which industry can play a major role in the implementation of the strategy.

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

The role of alcohol retailers - pubs, clubs, hotels and others - in influencing drinking behaviour should not be underestimated. Review of licensing laws and their strict enforcement is important. Training licensee and other staff is also important to raise their awareness about the consequences of alcohol misuse and their role in skilful prevention of misuse and disorders.

The economic costs and benefits of alcohol

Alcohol has significant costs for the economy. It costs the NHS and the police. It costs business money because of lost productivity and in some cases the need to repair alcohol-related damage. And it can be expensive for individuals who drink heavily and may find themselves unable to hold down a job. But it also has benefits. It brings in tax revenue and contributes to GDP. And it contributes to personal and social wellbeing for many. Part of the work on the project will be to form a clear picture of these costs and benefits.

Questions

56. How clear is the evidence both for the wider economic costs and benefits of alcohol? Are there key pieces of research of which we should be aware?

There are evidences for the costs of alcohol. According to the Royal College of

Physicians, alcohol misuse costs hospital services up to £3 billion a year. Godfrey and Hardman have calculated the societal costs due to alcoholism as £3 billion a year and Alcohol concern has calculated that alcohol misuse costs England £10.8 billion a year (1999).

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

The costs does not take into account the agony it creates in many lives. ?

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

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

Alcohol industry like any other industry creates job opportunities. They pay tax on the profits they make. Sale and consumption of alcohol creates jobs in pubs and clubs, also helping the survival of many small to medium enterprises. Hotels and tourism industry, which is also dependent on alcohol to a greater extent, employ many people and pay tax. Alcohol helps many people to shed their stress and get ready for the next day's work. This aspect of alcohol is difficult to quantify.

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

Alcohol is a double edged sword. It is important to raise the awareness among people to use it moderately and enjoy its benefits.

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