

## **Barnsley Metropolitan Borough Council**

Chief Executive: Philip Coppard

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

The Government is concerned with alcohol and alcohol misuse on several levels; through taxation, legislation and licensing, health, social inclusion, education and citizenship. There is no single point at which the Government should intervene; rather a multi-faceted approach is required.

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?

Individual freedom of course, brings about individual responsibility. The Government also has a moral responsibility to all its citizens to ensure that they reach their full potential. The Government should model treatment interventions based on the National Treatment Agency and 'Models of Care' (DOH, 2003). It is apparent that alcohol misuse causes problems on many levels from anti-social behaviour, to the economic cost of lost days at work, the Government cannot afford to do nothing.

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

We see this consultation as a good start to this process. There should be extensive consultation with the public and community groups to reach a satisfactory balance.

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

It is clear that there are many differing roles and responsibilities associated with alcohol, and it is also clear that some of these roles and responsibilities may come into conflict.

An example may be where a local authority wants to regenerate the local economy, via the leisure sector, yet also needs to be mindful of the public order implications of such a policy.

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

The overriding principle that should underpin the strategy is that of inclusiveness. A National Strategy needs to be owned by all stakeholders.

In addition we would like to suggest the following principles:

\* Realistic Goals

- \* Adequate Resourcing
- \* Regular review
- \* Compatibility with the European Convention on Human Rights.

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

Alcohol misuse can be defined as when the individual, family, or community as a whole is negatively affected by alcohol use. The negative effects can impact upon physical and mental health, finances and good behaviour.

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?

The Government should aim to have an effect particularly on binge drinking, ie, drinking levels that cause the most harm as well as anti-social behaviour.

The Government should ensure that any prevention programmes are fully evaluated in terms of outcomes on a pilot basis before implementing any National Prevention Programme.

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?

There may well be a causal link with each of these, but my Authority is not aware of any research in these areas.

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?

Any strategy needs to be as inclusive as possible without causing any religious offence.

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?

There are many people in the UK that do not experience or cause any problems as a result of drinking. Many of those people meet and socialize around venues where alcohol is present.

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?

We cannot generalize on an English 'drinking culture' though it is true to say that there are differences in the way the English and say, the French view and use alcohol. There are regional differences and trends in drinking patterns, as well as amongst different social groupings.

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?

The Media undoubtedly plays a major part in influencing people. Behaviour is affected by all of the factors that have been mentioned above. It is easier to

exert influence in the shorter term, through reactive factors, including media promotion and legislation, than it is via longer-term behavioural factors.

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

There is no doubt that alcohol is a disinhibitor in that people's attitudes to risks can be considerably altered due to alcohol consumption.

Young people growing up naturally take risks as part of the journey to adulthood. Many young people do not see alcohol consumption as particularly risky. Attitudes to risk are often affected by the immediacy of action vs. consequence. A long-term view of alcohol and its adverse impact on health is not uppermost in young people's minds, when drinking.

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

In our view, harmful drinking can be defined as that which causes physical and/or, mental and/or a social harm to the individual.

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?

Both Alcohol Concern and DrugScope are among those better placed to comment on research and evidence. However we consider there are gaps in outcome research relating to Alcohol Prevention/Education.

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.

We believe that the costs to the NI-IS should be measured in short and long term issues. In the short term there are the A&E visits due directly and indirectly to alcohol, and subsequent bed space and inpatient costs.

In the long term there are the costs related to alcohol dependency treatment and alcohol related long-term health issues such as liver disease.

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?

The most appropriate means of prevention must be through consistency. Safe drinking levels need to be based on sound research and not change without due evidence. There needs to be a national, post qualifying training programme that can be accessed by all to ensure that the messages are consistent across professional disciplines.

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?

Brief interventions have shown to be effective in several pieces of research. In identifying people at risk there needs to be a more proactive, multi professional approach.

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?

Please see response to Question 20.

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

The last 2-4 years have been a turning point in the treatment and care of people with substance misuse problems. The development of the National Treatment Agency (NTA) has shown to be effective in change implementation. Many drugs services are providing an evidence base for their work through outputs and outcomes. The NTA has been instrumental in guidance to commissioners of drugs services; many of the

same principles apply when looking at alcohol treatment.

There needs to be a range of service responses to alcohol treatment, similar to drugs treatment; counselling, medical treatment, detoxification and rehabilitation, complementary therapies, nutrition and dietary advice.

Treatment needs to be easily accessible, confidential, of quality, and free at the point of entry.

In terms of prevention and, in particular, primary prevention, the picture is less clear. We know of no outcome studies that show major behavioural change as a result of prevention programmes.

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?

Plastic glasses and bottles in pubs and clubs with harsher penalties for offenders. Drinking abstinence orders for offenders as well as compulsory anger management and alcohol education courses for offenders, would in our view, be better solutions.

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 may play a major contributory factor in the majority of suicides. Alcohol, as a central nervous depressant is often used to self medicate symptoms in people with mental health problems.

Similarly, and in relation to the current thinking on drugs, my Authority believes that there needs to be better use made of a multi disciplinary dual diagnosis approach.

Co-ordination for all alcohol related activities could come through the Drug Action Team structure, and many areas, including Barnsley, have included alcohol abuse in the DAT process.

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?

We believe that the Police should routinely record alcohol consumption, as a contributory factor in crimes perpetrated and a national database should be kept to analyse key trends and statistics.

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?

We believe that it may be a major contributory factor.

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?

We believe alcohol may play a major part in criminal and disorderly behaviour.

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

Licensing policy can often be a contributory factor.

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?

No comments.

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?

Please see response to Question 21.

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?

We would support a multi-agency approach in dealing with alcohol related issues. Partnerships between statutory agencies and with voluntary and community groups are becoming the preferred approach and the lessons learned should be applied to the treatment and minimisation of harm caused by alcohol.

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

Evidence would suggest that the majority of offences are carried out by people under the age of 25.

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?

Yes.

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?

Town centre bans for individuals committed of offences is one possibility, as are alcohol abstinence orders. Where public drinking becomes problematic, local authorities should implement more no drinking zones.

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?

We believe that guidance is needed in this area, particularly in achieving consistency.

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

Drink-drive policies were not effective immediately, but through years of painstaking action and consistent messages.

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

Alcohol should certainly never be regarded as a mitigating factor in domestic violence. Greater support needs to be given to victims and greater penalties to perpetrators. Victims of domestic violence need to be able to access appropriate help and support immediately.

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

The children of alcohol misusers are probably the most vulnerable. Children that are excluded from, or truant from school, as well as young offenders, would constitute other categories.

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

Anybody that has faced major trauma, such as refugees, major disaster victims and so on, are susceptible to self-medicating with alcohol. Young people in general face serious effects on their developing bodies when drinking too much.

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?

Better research needs to be carried out into the area of mental health and alcohol misuse. Anecdotally, the DAT may see many people with mental health problems that also misuse alcohol. We agree that the problems are complex.

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?

Joint commissioning and service specifications can lead to better joined up service provision.

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?

All care plans and pathways need to be individual, rather than, service led. We would recommend the 'Models of Care' approach.

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?

We do not believe that prevention alone can alter behaviour, rather, it is a combination of prevention, health promotion, legislation, social and peer pressure. Raising awareness is always a primary aim of prevention and should remain so.

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?

Effectiveness must be measured by its longevity as well as its immediate effect. For example, the effectiveness of the "don't drink and drive" campaign can be seen in the related drop in offences and accidents involving alcohol.

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?

In terms of young people, the message does not seem to be getting across. The message on sensible drinking suffered a setback some years ago when the sensible drinking limits were changed, seemingly arbitrarily, some weeks before Christmas. Sensible drinking limits should be as familiar as then benefits of eating fruit and vegetables, and getting exercise.

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?

No comments.

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)?

There is little doubt that messages, whilst remaining consistent in content, need to be tailored for specific groups. In certain situations the messages would need to be more intensive than at other times.

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?

Alcohol education should be cross curricular, we believe that there has been insufficient resourcing in this area, and the perception is that drugs are more dangerous, based on resourcing and prevention and education activity.

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?

There is great scope for parental and family involvement. The 'Sure Start' programme is a good example of this, which could be extended to over 5's.

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?

No comments.

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

No comments.

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

Clear health warnings similar to tobacco should be utilised. In addition, there should be no advertising hoardings for alcohol near schools.

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

The alcohol industry should be active partners in the national alcohol harm reduction strategy. The industry should be encouraged to take voluntary steps to contribute to the reduction of alcohol related harm, if necessary, reinforced by Government legislation.

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?

Positive promotion of alcohol free or sensible drinking lifestyles needs to be proactive. Government might offer incentives such as tax relief on positive advertising.

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

Research in this area is crucial, future responses should be based on sound findings of what works.

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?

This can be best achieved by a partnership approach.

Better labelling is needed on alcohol products to show clearer information, perhaps a 'banding' system; Alcohol free, low alcohol, medium alcohol, high alcohol and very high alcohol, to be boldly displayed.

A national accreditation scheme could be introduced whereby responsible parts of the industry could benefit.

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

There should be no tax, or even subsidies on alcohol free drinks in pubs and clubs to encourage less alcohol consumption. Venues offering alcohol free areas could be given tax incentives and benefits.

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?

No comments.

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?

No comments.

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?

The Government and the alcohol industry receive most of the income from alcohol sales, therefore they must be held partially responsible for the costs. The Government should apportion part of the tax generated on alcohol to treatment and education, and similarly the alcohol industry should become socially responsible enough to apportion a percentage of their profits.

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

The alcohol industry is a significant part of consumer spending, and is of benefit in regenerating the business community, much of which is dominated by leisure.

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?

We feel that the question answers itself somewhat.

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

Barnsley MBC has a substance misuse policy for employees which includes tackling the harm caused by alcohol.