

The principles that should underpin the strategy

Our starting point is one of principle. Before considering how best to tackle the problems associated with alcohol misuse we need a clear understanding of why Government should play a role at all.

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

At the point when individuals are causing significant harm (or potential harm) to others - e.g. if they are driving while intoxicated.

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 responsibility should be adequate if the individual is only harming themselves; when that harm spreads to others, then the government may have to intervene. It should be noted that it is not the alcohol itself which causes problems, but the way individuals use it and respond to it; e.g. using it as an excuse to behave badly.

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

As above: when one's behaviour becomes a serious risk to others, then some intervention should be considered - not necessarily legislation, however.

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

Commercial groups have a responsibility not to try to manipulate consumers (particularly young or otherwise vulnerable consumers). Some restrictions on advertising of alcoholic products would not be unreasonable.

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

The need to protect the vulnerable individuals (particularly children/young people) and to try to prevent misuse of alcohol; while allowing people to enjoy and consume alcohol as they wish unless and until this consumption harms others. (N.B. Usually it is NOT the consumption of alcohol which in itself harms others, but it is the "permission" that alcohol consumption apparently gives people to behave in ways they would not otherwise do. For example, alcohol does not "cause" violent behaviour: people cause violence, but they pretend to believe that alcohol gives them "permission" to do this.)

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.

Questions

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

It is difficult to define "misuse": it is very much a subjective matter, for each individual. If someone is unhappy about their use of alcohol, and are aware they have enormous difficulties in controlling their use of it, they may wish to use the term "misuse" about themselves. It is difficult for others to use this term, however, as it tends to be applied to any use they themselves disapprove of. It might, for example, be legitimate to use alcohol to deal with disappointment, frustration, anger, etc. - though if this is done repeatedly, it might be "misuse". Similarly, binge drinking might be seen as appropriate by some people, on some occasions, but entirely inappropriate by others.

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?

Should concentrate on a) drink driving; b) drinking behaviours that affect normal day to day behaviour - e.g. working, or caring for family; and finally c) drinking "just to get drunk". But established patterns of behaviour are not at all susceptible to change - there has to be a longterm strategy, perhaps by influencing young people's perceptions of drinking to excess as "cool" - or not.

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?

Definitely! (Self-evident). But the relationships are NOT clear-cut. More research needed, I would think. (For example, which comes first, late marriage or drinking patterns?)

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?

Macho male drinking culture: at least as much of a problem as increased drinking by young women.

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?

Positive aspects: helps socialising; helps people to relax; pleasurable and pleasant tasting accompaniment to meals; may be used positively as a strategy by those who need a temporary way out of the difficulties in their lives.

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?

I'm sure it does but I cannot say.

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 certainly have a large impact on the young. Financial considerations affect whether and what one drinks in the first place (if one becomes addicted, then they have less influence.)

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

No idea. They might affect attitudes to drink driving.

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

Heavy drinking becomes problematic when the individual appears no longer to have any control on how much or where or what s/he drinks; particularly if they cannot limit drinking before going to work and/or driving a vehicle.

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?

DK.

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.

Probably less serious than the costs of smoking or over-eating (or eating the wrong kinds of foods.)

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.

If people are generally happy, confident, productive, have enough money and feel useful, they are much less likely to misuse alcohol. This suggests that one should concentrate on providing educational and occupational opportunities for all, adequate housing, adequate incomes (even to those on state benefits). An emphasis on positive parenting might also be helpful: so many children grow up with low self-esteem because of neglect or abuse - or just thoughtlessness. Training for professionals should concentrate on the need for counselling; and the relative uselessness of organisations such as AA (which operate like religious cults.)

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?

Probably very ineffective in identifying those at risk; and interventions may not be particularly helpful either. Might work for some.

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?

No. There does not seem to be enough of anything - and counselling, in particular, is in short supply and does not last long enough. For women, it is important that there is adequate child care and support available so that they can access alcohol counselling and treatment while still caring for their children at home (if they wish to do that).

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

DK.

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?

This is due to macho drinking culture - NOT to alcohol in itself. As said above, alcohol gives (some) individuals "permission" to behave badly and out of control. This view should be challenged at every opportunity. But campaigns aimed at educating people to "safe drinking" (not just about limits on units) in the same way as "safe sex", etc., might be helpful, in the longterm: it should be seen as stupid to get violent when drunk, just as it is stupid to have unsafe sex or inject with dirty needles.

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 often be used as "self-medication" by those with mental health disorders, and in the short term, at least, it may be helpful, e.g. in regulating mood swings of those

with bipolar disorder. In the longterm, however, alcohol acts as a depressant and it can interfere with prescribed medication, so much be used with care. Those who have substance misuse issues as well as mental health disorders should be treated holistically - not seeing either of these issues separately. It is particularly important that women receive sympathetic treatment - preferably in womne-only settings, with child-care available, and sessions for group and indiivudal counselling, art therapy, etc.

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?

Very complex: as stated above, alcohol seems to give certain people (particularly males) "permission" to behave badly, and this is all part of overall male macho culture, which should be challenged at every possible opportunity.

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?

Someone who is a chronic alcoholic may turn to crime because they have no other way of obtaining sufficient income to feed their habit.

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?

Perceptions often fuelled by the media and are probably not at all accurate. There are as many people who fall asleep when they are drunk as those who decide to act violently or ina disorderly fashion (see above.) But the latter is more evident in our town centres and is picked up on by the media - and leads to imitative behaviour particulrly by young pseudo-macho males.

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. Despair. Lack of opportunities for fulfilling work/education. The best way to combat such problems is by providing a decent facilities and an adequate income to

everyone. And we have to give young people HOPE..

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?

DK

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?

Irrelevant.

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?

DK

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

Yes, because they have more chance of changing.

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?

Possibly.

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?

Police have to be consistent but fair in their approach - and not assume that any group of young people is likely to be a problem.

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?

Site pubs/clubs well away from residential areas; where they are in residential areas, have an earlier closing time (e.g. 11 p.m in the week and midnight at weekends).

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

They are successful because everyone acknowledges they are sensible: it is certainly true that one's reflexes slow down after drinking alcohol.

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?

There is no evidence that alcohol leads directly to domestic violence. However, SOME male perpetrators of violence use alcohol in order to "allow" them to abuse their partners. Some men are as violent sober as drunk. There are as many violent men who abuse when sober as there are alcohol-enflamed abusers. And many drunken men do NOT abuse their partners (or anyone else). See Audrey Mullender (1996) Rethinking domestic violence (London: Routledge) (pp.42-44).

It is also the case that some abused women turn to alcohol as a strategy to cope with the violence. There is a desperate need for more refuges with specialised support for women who experience domestic violence and also have substance misuse issues.

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?

Those who have been abused/neglected; those whose parents/carers are alcoholic; maybe some with Asperger's syndrome or learning disabilities; those who can see no positive future - e.g. have no chance of getting fulfilling employment or moving on into education.

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

Single parents, particularly young single parents.

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?

Ask people what they want and respond to this - whether it is a secure home environment, education, a job, "life skills" (e.g. how to manage money), someone to talk to regularly (a

counsellor), different ways to have fun - e.g. theatre projects.

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 voluntary sector is more effective than the state sector - more able to respond innovatively. However many voluntary sector projects are under-funded, and have no promise of secure core funding.

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?

Better to have individually tailored service - particularly for WOMEN (who want/need women only facilities and child care associated with them.)

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 drinkdriving. 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?

All of these.

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?

DK.

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?

Not at all!

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?

DK but I suspect not at al.

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)?

Young MALES need to be targetted since it is they who provide most of a problem for others. Young women need to be targetted in a different way: they are harming themselves, not (usually) others, or not obviously. (They may hurt their own children.)

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

the problem about providing alcohol (or drugs) education within schools is that young people may well reject it; ditto when provided by their parents. Better for outside youth-oriented organisations to do it.

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?

Parents' role in this respect is limited to their children's early years: children up to the age of about 10 will take on attitudes to sensible drinking, etc., from their parents - but after 11, they are more likely to rebel against it, particularly if given any strong advice or restrictive rules.

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?

DK

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

None of these have worked very well!

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

Advertising should NOT be directed at under-age drinkers; should not promote drunkenness; should not be too closely geared to "fashion" elements; should focus on the taste of the drink rather than its effects; and perhaps could be accompanied by a health warning (as with cigarettes) e.g. a reminder about the number of safe units per day/week.

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?

No - except they will always be trying to get larger profits!

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?

DK.

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

Unlikely.

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?

DK.

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

Pubs/clubs: they should make decent range of soft drinks available at reasonable prices (i.e. considerably less than they are at present.)

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?

DK.

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?

DK.

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?

DK.

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

No economic benefits within capitalism.

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?

No direct links.

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

DK.