

National Alcohol Harm Reduction Strategy

Comments on the Consultation Document

submitted by

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A. 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?

A	<p>Alcohol is an addictive substance that is increasingly used by younger people to harmful effect.</p> <ul style="list-style-type: none">• A high number of teenage girls first have sexual intercourse while under the influence of alcohol. It could be argued that they drink to give them the courage to do something that they want to do, and this may be the case for many. However they remains those who go ahead with an unplanned sexual experience just because they were drunk. Over 90% of unwanted teenage conceptions happen when the girl is under the influence of alcohol.• The road traffic accident rate among young people is high, and young people run a higher risk of dying from a road traffic accident than from drugs.• Alcohol misuse has an enormously damaging affect on the families of alcoholics whatever the relationship of the alcoholic person in the family.
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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?

A	<p>Young People are at a greater risk of</p> <ul style="list-style-type: none">• Being influenced to use alcohol by advertising, media message and fashion because of the desire to conform to their perceived social norm,• Acting on assumption rather than information, and convincing themselves otherwise, <p>and therefore the drinking of young people is not entirely their responsibility and certainly generally not their INFORMED choice.</p> <p>Government has a responsibility to inform and to protect young people through services, legislation and persuasion. Alcohol should be included with drugs in Drug Action Team remits and there should be alcohol education in schools as part of drug education. Alcohol availability to young people should be controlled by legislation and there should continue to be standards with regards to advertising, selling and availability of alcohol to protect young people.</p>
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3. How can we strike a balance between individual and community rights and choices?

A	Through greater awareness, health promotion, and health education. Currently there doesn't seem to be much of a balance, possibly because individual choice has greater economic sway.
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4. What are the respective roles and responsibilities of consumers, voluntary groups, commercial interests and others?

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

A	<ul style="list-style-type: none">• An awareness of the impact of the misuse of alcohol on society in general (crime; impact of alcoholism on breakdown of family, family relationships, the work-place; anti-social behaviour,) and young people in particular.• An awareness of the benefits and legitimate pleasures of alcohol.• An understanding of the role that the pub can play in the community, especially in rural and remote areas.
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B. 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?

A	Use of alcohol that adversely affects the health and well-being of the individual, (this would include the economic effect of misuse), the individual drinker's family, the wider community and/or society as a whole (any changing adverse effects, for instance increased numbers of young people presenting at A&E with alcohol poisoning on a Saturday night).
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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?

A	For young people the main reduction strategies should be addressing the current culture of drinking to get drunk, behaviour that possibly reflects increased levels of stress that young people live with and seek to gain temporary relief from with excessive alcohol consumption.
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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?

A	For many I suspect that alcohol consumption is (as it always has been) a way to relax. This is not a problem until consumption becomes excessive and addictive. This reflects the increased pressure (economic, environmental, work, school, home) that many now live with and the media pressure on young people to 'grow up' fast. The use of 'Alco pops' is interesting. Presumably the marketing of these drinks is based on the fact that people want to consume alcohol but don't like the taste, so consume it with the taste disguised as a soft drink taste. This begs the question why do they want to consume alcohol specifically, rather than have a beer, or have a glass of wine or whiskey etc.
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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?

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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?

A	Alcohol has a positive part to play in our culture as a pleasant and relaxing activity and a social behaviour.
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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?

A	Young People are particularly vulnerable to fashion and marketing and this certainly has an impact. Family background and the habits and behaviours that one grows up with are also powerful influences. Programmes and initiatives that educate and help young people make informed choices all help to influence. It would be useful if drug action Teams included and were funded for Alcohol related work.
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13. How do attitudes to risk affect use of alcohol?

A	Risk-taking becomes easier with alcohol use. Alcohol is probably often used by young people as part of a risk-taking culture.
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C. 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

A	See answer to Question 6
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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?

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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.

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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.

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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?

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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?

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

A	That we need to tie alcohol in to DAT work, as alcohol is often used by young people in conjunction with drugs and as part of the drugs scene.
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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?

A	This is anecdotal, but when I lived in Japan 20 years ago, drunkenness was seen to produce very different behaviour (not aggressive or destructive) and was therefore tolerated as a stress release tool.
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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?

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D. 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?

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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?

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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?

A	Lack of entertainment venues, youth clubs, things to do. Roving groups of young people are often seen as threatening by the community and their Parish and Town Councils, who as a result do not provide amenities for them for fear they will vandalise (which they might) or a punishment ('they don't deserve it because of their anti-social behaviour')
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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?

A	Young people are often seen as difficult, anti-social and noisy by rural and village communities (see answer to question 26). They are generally not old enough or not welcome in the local pub. The result is often a schism between sections of the community.
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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?

A	Plastic drinking glasses are an environmental abhorrence. I would like them to be banned but can see that this will not happen. Research into biodegradable alternative should be researched as a matter of environmental priority. I would also like to see restrictions on polystyrene drinking containers. Incidentally, Australia managed to make McDonalds use environmentally friendly packaging (cardboard and greaseproof paper instead of expanded polystyrene boxes) as a condition of letting them trade in Australia!
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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?

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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?

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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?

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

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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?

A	This is an important issue with regards to children and young people growing up with domestic violence either as victim or as a witness (witnesses are of course also victims). Evidence and advice will hopefully be supplied by those working in the field.
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E. 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?

A	All really, but obviously some groups are more vulnerable than others. Very young children, looked after children, children excluded from school and those who are criminally offending obviously come into this category.
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37. What other groups would you identify as particularly at risk and vulnerable to the harmful effects of alcohol?

A	I suspect that alcohol misuse is greater (but not restricted to) when it is part of the youth culture of an area.
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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?

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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?

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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?

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F. 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?

A	Objectives should be concerned with changing attitudes and behaviours and encouraging shared responsibilities for the communities in which we live. Over the years the impact of a succession of 'Drink/drive' campaigns seems to have effectively changed social attitudes about drinking and driving and had a positive impact on statistics. There must be lessons to learn here.
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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?

A	See answer to question 41
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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?

A	Apart from the 'Drink/drive' campaigns, there doesn't seem to be any sensible and coherent message reaching an audience.
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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?

A	It has sometimes confused it, although I am not sure that it is the scientific research that is the problem, but the way it is disseminated. For example the increases in acceptable daily/weekly limits being publicised at exactly the same as the Christmas 'Drink/drive' campaign was launched a few years ago was a silly mistake to make.
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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)?

A	Probably
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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?

A	As part of PSHE /Drugs programmes. We have always included alcohol and tobacco in drugs programmes and drugs training locally. We have offered training to teachers about alcohol and tobacco in training sessions titled ‘The Two Most Dangerous Drugs’ and have always recommended that alcohol is included in Drugs education Policies and Drug Incident policies in schools. Alcohol is included both nationally in the guidance and locally in our Standards for the National Healthy School standard and for Buckinghamshire Healthy School Standard.
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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?

A	They are crucial. We have always recommended that Drug, Alcohol and Tobacco Education will not be truly effective for young people unless we engage parents and carers.
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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?

A	Through initiatives such as the Healthy school initiative (Ref. Health Development Agency, Marilyn Toft)
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49. What can we learn from educational initiatives in the field of illegal drugs?

A	See answers to questions 20, 46, and 47
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50. Do you have views on the existing regulation of advertising on alcohol?

A	People are confused by the alcohol content and strength.
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G. 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?

A	The expansion of the alcopops market?
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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?

A	If there is no research in this area then some should be undertaken as a matter of urgency!!
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53. How far do you foresee research and development creating innovative market-led solutions to the problems of alcohol misuse?

A	Not very much at all, the power of the market place does not seem to favour PREVENTATIVE strategies!
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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?

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

A	I'm sure they currently do, but not necessarily positively.
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H. 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?

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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?

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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?

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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?

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

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