

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?

The causes and effects of alcohol use cuts across a wide range of bodies, creating a whole raft of conflicting interests - a national lead is therefore required, to ensure that an integrated and robust response is made. Government intervention is justified because of the impact and cost of alcohol misuse on society.

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?

Alcohol misuse is always an individual's responsibility because of the personal decision behind consumption. However, as alcohol is an addictive and mood-altering drug, there will be times when a person's judgement is impaired, and may find it difficult to resist. Use may stem from a variety of reasons, from socialising to the need for an emotionally anaesthetising substance. The Government has a responsibility to ensure there is adequate provision of guidelines (for the public and professionals), and access to services across the sector.

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

Political direction, education and the provision of information is crucially important at both a national and local level. The increased availability of alcohol can only encourage higher use and makes it increasingly difficult for those seeking to abstain or cut back. Freedom of choice (the right to drink) necessitates personal responsibility and this must be made clear. Along the same lines, those within the alcohol industry must accept a degree of social and moral responsibility. A judgement has to be made to keep individual and community rights in creative tension rather than in conflict or an adversarial position.

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

Each need to be kept informed of the likely risks and consequences of regular alcohol consumption. As all groups have differing degrees of social and moral responsibility - perhaps a consortium role is needed to bring all strands together for a common purpose.

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

Respect, beneficence, non-maleficence, understanding of the underlying causes behind alcohol misuse, justice, service access and integration, evidence based good practice.

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?

Any alcohol use that leads to a problematic effect could be defined as misuse. The term 'alcohol misuse' to refer to problematic drinking is somewhat misleading as alcohol does not have to be misused for problematic effects to occur. An emotionally distraught individual may lash out having drunk very little, causing themselves and others severe problems, and the disinhibiting effect of alcohol after only 1 or 2 units makes all alcohol use potentially a misuse if it leads to any number of problematic effects.

Many people self-medicate on alcohol because they find it helps them better than prescribed medication. Other people have suppressed anger, emotional hurt or self-hate and do not realise they are using alcohol as a 'safety valve' to release this internal pressure, or as an effective anaesthetic.

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?

Binge drinking, drinking 'to get drunk' and underage/teenage drinking which can lead to early onset addiction.

Most drinking patterns can be changed if the drinker is offered an appropriately supportive, facilitative and accessible environment. Too often services mirror the psychological 'all or nothing' dynamics of alcohol use. Instead, the Government needs to concentrate on understanding the underlying causes of drinking problems. Prevention measure should target all areas, from schools, workplace and public social settings to corporate businesses in the alcohol industry.

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 is definitely a relationship between drinking and social changes, not least, wider availability of alcohol and increasing disposable income, as the examples cited suggest. In the counselling field, there is a sense from clients that there is little in the way of social opportunity not in some way linked to alcohol. Establishments should be encouraged to provide alternative, non-alcoholic beverages at a reasonable price - often a small cup of coffee can be more expensive than an alcoholic drink. Other influences should focus on the underlying problems that can lead to alcohol misuse - simply reducing the availability of alcohol will not cause problems to disappear; they will manifest in different areas. Perhaps teenage and student arena's should receive attention in the first instance as these are the potential problem age-group of the future.

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?

Ethnic groups, high-risk occupational groups, single divorced men and rural communities. Also, in light of increasing numbers of early onset drinkers and an increasingly aging population, elderly groups should eventually be targeted.

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?

Socialising, celebrations, trans-age group mixing and to a degree cross-cultural contact. Alcohol can also be a way for a person to engage in their feelings and release them or meditate on them - this is psychologically healthy as long as alcohol addiction does not result. There is a common belief that a little alcohol is healthy for all, but research tends to be contradictory.

If there was no alcohol within our society (an impossible consideration since alcohol has been with us for thousands of years, and if public use was curbed it would just move underground into illegal production and consumption), there would still be violence, ill-health and all other problems associated with alcohol misuse, because the underlying problems within individuals and society would still be there - which is why emphasis should be placed on the causes behind misuse.

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?

There is certainly a perception that the English have a binge-drinking culture ie not using alcohol each day but drinking to excess at weekends for example, either as a social event or to suppress stress/emotional issues. Not all quarters agree with this however, preferring instead to note a variable culture, which can include heavy drinking by young people, street drinking, commuter drinking, business drinking, coping with loss drinking, 'self-medication' using alcohol, binge drinking and for the suppression or release of feelings. Certainly drinking 'to get drunk', is a key aspect of the English style of drinking, common among the young but not exclusive to them. Drinking alcohol alone rather than as a social exercise is also widely practised, such as drinking alone in the home.

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?

All these factors are pertinent to the development of problematic drinking, however, there seems little in the way of education concerning the dangers of alcohol use. It is almost impossible to say which is most influential, but in the counselling world, many people with alcohol-related problems find family background (and family role models) is a key factor in whether their drinking habits developing into a problem. Influence needs to be made through targeted marketing with messages appropriate and

sensitive to the target group. More awareness of the signs of alcoholic problems by health and social professionals would be beneficial, along with increased access to services aimed at people who do not see themselves as alcoholic or alcohol dependant.

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

For some people, awareness of the risks behind alcohol use will reduce their intake. However, we are increasingly developing into a risk-taking society, so it is likely people will see potential risks as a hazard of life (this can be influenced by peer pressure). If excessive alcohol use is a result of deeper psychological problems or unresolved issues then attitudes to risk will not be such an important point to consider.

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

Alcohol use is harmful when it has a permanent dysfunctional effect either internally or externally. Harm may be defined by a variety of factors, including quality of life (physically and/or emotionally), and its impact on others, employment or finances.

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?

Alcohol clearly has enormous health costs - it can adversely affect all parts of the mind, body and spirit.

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.

Alcohol-related problems impact directly across the whole range of NHS services and resources: GP workload (a great many consultations are for alcohol-related problems); A&E and surgical wards (falls, accidents); general medical wards (ulcers and other internal damage from alcohol use); mental health services (many alcohol misusers have mental health/psychological problems). It is worth remembering that people may present with a problem indirectly caused by alcohol misuse without being aware of the fact. Indirect costs relate to long-term physical and psychological problems that absorb health professionals time and resources - both from the problem individual and their family.

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.

Public awareness campaigns, constructive education programmes and training for health and social professionals to recognise when referral on to specialist services would be beneficial.

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 people are missed. Brief interventions are a useful start, but as alcohol misuse is often symptomatic of something else, for instance childhood sexual abuse, then it will not resolve the problem. There is a need to be able to identify where a brief intervention is appropriate and when referral onto more specialist services is necessary.

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?

Debate continues on what actually does work - different treatments work well with different people, and there are many approaches, some more 'alcohol' centred, others more 'person' or 'patient' centred. Not all services are flexible enough to allow for individual tailoring, or even group tailoring - the elderly in particular can find it difficult to access rehabilitation that is suitable for them. Counselling, cognitive behavioural therapy and a number of complementary therapies (aromatherapy massage to reduce stress for example) have shown positive outcomes. Research at University of Birmingham suggests that the Alcoholic Anonymous treatment approach provides a better rate of sustained recovery than detox units, GP services and other professionals in the field. Research into European and other international alcohol misuse guidance/interventions should be assessed before guidance are produced.

There is a definite need for commissioning service guidance - primary care groups/trusts are struggling to keep up with the demand for psychologically specialist services. Primary care referral and self-referral should be available routes to specialist service.

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

Educate don't terrorise; inform don't patronise! Community drug treatments do have one crucial factor - the prescription - which serves to keep people in touch with services. Provision of lower strength spirits/lagers could be considered to encourage reduced-strength drinking, but as alcohol is relatively inexpensive and widely available this would be both difficult and expensive to implement. Perhaps similar advertising campaigns could be explored.

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?

In the workplace, education and enforceable policies are needed. Public House landlords should be responsible for refusing to serve clientele who are drunk, and employ trained bar staff and doormen to effect this. Home-based incidents are more difficult to minimise, but perhaps a national helpline specifically for alcohol related issues could be considered.

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?

Clearly, a number of mental health problems are caused by, or lead to, heavy alcohol use. Suicide is a very real issue, but is usually linked to underlying problems rather than alcohol itself. This highlights the difficulty in being able to determine whether the primary problem is alcohol misuse or mental health. However, this would be immaterial if the underlying reasons were investigated - attaching more alcohol and therapy specialists to other services (mental health, primary care, social service, criminal justice) would help. Regional/local co-ordination would be the better option.

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?

Determination of the reasons underlying alcohol misuse must be a priority. There is an important area that is not mentioned in this consultation paper - that of ex-offenders released back into the community without any references or referrals made to drug or alcohol problems. With our ever expanding prison service, such a gap has potentially serious consequences for re-offending and excessive alcoholic bingeing as a of the notoriously difficult reintegration into society.

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?

In some instances yes, but not in all - alcohol misuse is not a panacea for all re-offending. Certainly drink-driving, domestic violence and public violence (street fighting) are

commonly associated with re-offending, sometimes without intention, sometimes with. Alcohol is known to alter the chemical balance within the brain, inclining people to belligerence and muddled thinking, which together can 'spark' violent incidences. One-off instances, especially amongst the young are undoubtedly because of this. However, it is likely re-offending have its roots in dissociated, unresolved anger.

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?

There is no doubt of there being a 'real' link (see comments above). It may be uncomfortable for the alcohol industry, but the reality is that their products, when consumed, can lead to extreme behaviours that can put people at risk.

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?

Shifting patterns of employment, role definition and gender role/functions. Also, the concentration of public houses and night-clubs into town/city centres. The former factors are difficult to influence in the short-term, the latter could be resolved by reducing the number of premises in problem areas. Mobile SOS services such as the one operating in Norwich could be implemented on a wider scale - a late night service which offers advice on problems and transport. There is some debate whether the proposed extension of the licencing laws to allow 24-hour opening will cause more problems, but street fighting at least may be curbed. Responsibility for such initiatives lies with local authorities working in partnership with the alcohol industry.

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?

Rural drinking is generally much more social in the sense that the pub is often at the heart of a village community and many people know each other. Rural pubs also tend to offer food and hence is less likely to result in drunkenness or appeal to (young) groups set out to get themselves drunk. However, the instances of alone drinkers with problems and vandalism from young people with no-where to go at closing time, is increased.

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?

It should be mandatory for all alcohol-related industries to recycle bottles (plastic/glass) and cans. Staff and doormen trained in spotting and dealing with potentially problematic clients should also be essential. Plastic drinking glasses are potentially as hazardous as glass ones - plastic shards can also be successful cutting items - and their use are environmentally unsound. Weapon searches of people entering bars/clubs is an option, along with the provision of more seating areas to reduce the density of people on a safety and clientele temperament basis (alcohol tends to increase belligerence).

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?

Yes, but different organisations have differing priorities depending on their professionalism, so clear and agreed protocols/guidelines must be formulated and adhered to for success. Resourcing can also be problematic because of differing priorities.

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

Yes, but not exclusively so - all age groups can demonstrate anti-social behaviour. For instance, elderly problematic drinking residents in sheltered accommodation can also cause problems for their neighbours, and with an increasing elderly population, elderly drinking is set to become a bigger problem in the future.

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, but any change will take time. Extended opening hours would need a change of drinking culture to be truly successful.

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?

Unless the no drinking zone covers a large enough area the likelihood is that street drinkers will simply move elsewhere in the locality. Some city centres, such as Coventry, have managed to reduce public drunkenness by making the whole city centre a no street-drinking zone. This did need constant policing initially but has proved to become an accepted restriction. The introduction of 'wet houses' which monitor alcohol consumption and provide advice/healthcare are possible. There is debate whether arrests for public drunkenness and/or the introduction of an alcohol blood limit for pedestrians would be effective, but as a long-term solution this is unlikely to prove successful in reducing the problem as too much policing/restrictions are likely to compound the problem rather than restrict or manage it.

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?

It seems as a society we have moved too far away from individual responsibility - if we choose to leave in society we have to accept that some of our free choice is restricted to allow others to live freely within that society too. Those who choose to drink in a way that leads to criminal acts must take responsibility for that action. However, the alcohol industry must take responsibility for keeping 'an orderly house' and limiting the sale of alcohol to those who are behaving drunkenly. We need to develop respect for others and

for alcohol. The Government must take responsibility for initiating information campaigns and resourcing policies.

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

It is important to remember that change is possible, but as it is cultural it takes time. Associating shame with drink-driving is slowly but surely coming about but has required many years of advertising campaigns and policing. It seems likely that a similar approach to alcohol-related offences (within the home and the public arena) would in time have a similar effect. Random blood testing of pedestrians however could be counter-productive, though selective testing could be an option, and instead of custodial sentencing, mandatory attendance at therapy considered.

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 liberates restraints which can highlight the unsatisfactory or dysfunctional nature of a relationship. Suppressed, unresolved anger also plays a role. Both perpetrators or victims need to be encouraged (or enforced if appropriate), into therapy to help them understand the real issue behind their action. It should be remembered that not all domestic violence is associated with alcohol consumption. Brief intervention systems must be widely available within health, social and police professions, and 'wet' refuge's introduced for those who have turned to alcohol to deal with what is happening to them (currently refuges refuse alcoholics).

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?

Vulnerability to alcohol misuse cuts across all socio-economic levels and we need to fully understand the variety of attractions behind alcohol use by children and young people before targeting any one group. Consideration should be given to alcopop drinks - either the outright banning or, more realistically, the inclusion of clearly observable health warnings on labels.

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

Victims of childhood abuse (sexual, physical or other forms); those working within the sex industry; the isolated elderly; lone males not in relationships; people with learning difficulties; sufferers of workplace stress or heavy-drinking cultures; people with mental health problems (depression, anxiety etc); the homeless.

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?

Key factors and focus should be placed on aspects of alienation, unresolved emotional issues and low self-esteem. Also, boredom, unemployment and poverty.

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?

Alcohol services need to be funded in such a way that service integration is a requirement and can be monitored. Non-alcohol specialist services need to be prepared to work with clients with alcohol problems under some form of consultative support from specialist services. Referral routes need to be clearly defined. A spirit of joint-working needs to be encouraged - co-operation must replace competition. Free drop-in centres and/or one-stop shops have been successful in other problems areas.

40. How realistically can these vulnerable groups be dealt with by mainstream services and how far do they need services which are tailored to individual groups and indeed to individuals on a case-by-case basis? What is your experience?

Mainstream services would be fine as long as there is adequate access to specialist services/professionals. Services tailored to generational groupings are likely to be a more effective strategy rather than a 'catch-all' generic approach - flexible systems providing case-by-case approaches when necessary are needed. Telephone helpline services as the first port of call can lead effectively into direct services.

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?

Education has to be concerned with raising awareness - using specific information where appropriate - with the objective being to change behaviour. A European-wide or international initiative would be ideal. Drink-drive programmes have seen some success, but campaigns against illegal drug use have in the main been unsuccessful (research into why is timely). Care must be taken not to encourage a 'what is bad is good' attitude in the young, so information should focus on personal responsibility and respect.

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?

Health Educational Authority Indices and research, both quantitative and qualitative is needed. Long-term assessment of services are important for the evolution of services. Evidence of efficacy is necessary in all areas for added weight to policies.

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?

The message is muddled and probably still too punitive to reach people. For example, debate continues over whether daily or weekly limits should be used, and what 'safe-drinking' actually means. It doesn't help that there are variations world-wide - and health professionals seem no clearer about the situation than the public.

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?

The problem is not so much as whether scientific research is getting through to education schemes, but that the research undertaken is not generally targeting those issues we know little about, such as efficacy of interventions. The likelihood of unbiased research from the alcohol industry is questionable. Practice-based evidence needs wide dissemination.

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)?

All people need to be made aware of the potential dangers associated with alcohol use - it should not necessary to have to target specific groups. However, those within identified high-risk groups could be targeted (see previous comments).

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?

Education establishments have an important role but it must be relevant to the audience. In-school/college counselling and nursing services should be able to offer in the least, some form of brief intervention and initial assessment, with the ability to be able to refer people onto more specialist services if necessary. All professions have a responsibility to

operate a fitness-to-practice policy - essential for role model influences.

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 are the best and most appropriate role models for children, but quite often, the parents own alcohol-related attitudes and/or problems are a poor example. Too many family related responsibilities have been passed onto the education system in recent years, giving parents the all too easy option or placing blame elsewhere. Without becoming obsessive, parents, with the help of schools, voluntary groups and government information campaigns, need to help children understand that alcohol use can be fun, in moderation, and that there are personal responsibilities that go along with their choice to drink. This should include the fact that most alcohol misuse hides a range of deeper psychological issues, and where they can be helped with this. Workplace educational campaigns could also be used.

The success of the process depends on whether parents/families have problems (alcohol or drug related, debts, mental health issues etc etc) that they are either unwilling or unable to access help with.

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?

Radio gives good message retention along with TV educational campaigns and cinema advertising, especially those targeting the young. National campaigns should be initiated by the Government, but local issues should be co-ordinated by local authorities in partnership with health professionals and local groups such the Youth Service, Age Concern and Alcohol Concern. Too much centralised dictation can miss a localised problem completely.

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

Debate over the efficacy of campaigns against illegal drugs continues. However, peer education seems an effective vehicle. The use of the arts/entertainment field can help to highlight issues, especially with the involvement of people who have credibility as far as young people are concerned. There is need for less dictation and more empathic understanding that is sensitive to the dilemmas people at various ages face.

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

It is debatable whether alcohol advertising should be as limited as tobacco advertising, as this has not had a great impact on the number of new and/or young smokers. However, perhaps a code of practice for the alcohol industry would ensure that producing educational adverts is also an essential part of responsible marketing.

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?

Unless the government strategy is able to instill a moral and social responsibility on individuals and the alcohol industry then the industry will undoubtedly continue to expand its market. If European regulations work, then those countries without national policies could be placed under increased marketing pressure.

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?

There are direct links between fashion trends and alcohol use, and clearly, the alcohol industry target on young people has encouraged the growth of problems in this area, particularly among young women. Much of this type of drinking has a certain 'designer' nature to it, so it is possible that entertainment and fashion icons could be used as role models to reverse the trend.

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

Such development is unlikely if the alcohol industry lobby continues to retain and exercise its current high level of government control - bearing in mind its core purpose being to develop the market for shareholders. However, research and development does have a significant role in supporting sustainable and effective programmes and should be strongly encouraged.

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?

The Government needs to develop a environment of debate and innovation with the alcohol industry, by not bowing to the needs of the industry or dictating outright what must be done. However, certain restrictions could be considered against for instances some of the more aggressive marketing policies adopted by the alcohol industry - for example offering free vodka shots at university freshers fares. Joint funding and development of educational campaigns could be possible, but would be difficult in the current climate of power allotted to the alcohol industry lobby group.

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

The entertainment industry.

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?

The benefits of alcohol seem largely in relation to jobs within the alcohol industry. Cost to society involve the whole spectrum of issues previous mentioned, from health services to police services.

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?

This is difficult to assess, especially as much alcohol abuse goes undetected, and the difficulty involved in separating reasons behind alcohol use. We do know that the alcohol industry is big business and the use of alcohol vastly significant in terms of both peoples enjoyment and resultant problems.

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 mind-altering and addictive nature of alcohol, which places a degree of responsibility on the alcohol industry. Certainly manufacturers and outlets should incur some of the costs, from educational campaigning to the employment of staff trained to spot and handle potential problem individuals or groups. However, with increased education and awareness it would be reasonable for consumers to expect to pay towards the costs of local government campaigns. The Government, as the recipient of profit tax should be responsible for related NHS costs (specialist services).

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

This is not easily quantified but must relate to Exchequer revenue, employment and potential prestige status exporting overseas. There can be no debate over whether or not the alcohol industry is destroyed because this would undoubtedly create bigger problems in other areas, as well as develop the criminal black marketing industry.

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?

To talk about alcohol positively as a way of reducing stress is dangerous because the practise does not target the underlying cause of stress. People do not need alcohol to network in the workplace, and if they appear to, then something must be fundamentally wrong with the management and culture of that organisation/industry. We know that many people do hold down good jobs whilst drinking heavily, however, alcohol does without doubt impair performance and judgement. The same is true for educational attainment ie alcohol impairs assimilation of information and clear logical thinking.

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

Employment Assistance Provider (EAP) schemes can offer confidential help, counselling and advice to employees who self-refer for a wide range of problems not necessarily connected with the workplace. These are generally very successful. However, not all organisations fund such programmes. The BACP report 'Counselling in the Workplace: The Facts' is a systematic review of the research evidence highlights the efficacy of EAP schemes.