

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?

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?

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

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

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

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?

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?

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?

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?

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?

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?

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?

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

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

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?

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.

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.

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?

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?

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

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?

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?

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?

There have been a number of research projects undertaken to assess the link between alcohol and all types of offending (Robertson, 1990, Alcohol Concern, 1991, Yates, et al., 1987, Room, 1993, Saunders, 1998, for example). If all police force areas are able to provide data alongside BVPI 127 - C & D our understanding of the influence alcohol has on offending will become all the more clear. Returns against this BVPI should be considered a priority.

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?

The physical and psychocological effects of alcohol consumption is well known. The fact that it causes aggression in some and a lowering of inhibitions is bound to affect the way people behave and how they socialise in mixed company. Information from police custody units and the criminal justice process indicate that some offenders are frequently and persistently committing drink related offences. The causal effect of alcohol on acquisitive crime is difficult to determine but the link to drunkenness offences, drink/drive offences etc is obvious.

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?

Again the link to drink related offences is obvious, and there are still a significant number of these crimes being pursued through the courts each year, despite the relevant recent introduction of more widespread cautioning for some of these offences. As detailed above, there is a substantial body of research proving the link between alcohol and violence, especially domestic violence and domestic murders. Further proof of the direct link can be obtained from custody data which shows a high proportion of public order offences involve the consumption of alcohol, although it may also include the use of drugs.

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?

In our view one of the biggest influencing factors is probably one of the most difficult to

change. Areas tend to have a underlying culture around drug/drink abuse and violence. Whilst there are some exceptions town and cities known to be violent years ago also tend to be at the higher end of the table today despite considerable efforts to tackle the problem. This cultural issue is undoubtedly a matter for the crime and disorder partnerships to concentrate on. Other factors will include the use of drugs, the age of people going out to socialise, the effectiveness of force licensing policies, the degree of responsibility undertaken by the licensing trade, physical environment (lighting, CCTV, location and number of taxi ranks, time of restaurant licences, visible authority resources, the use of other crime prevention initiatives and advice). Most of these factors are relevantly easy to influence. What is more difficult is the need to properly identify what the causation factors are, identifying the most effective solutions, co-ordinating a multi faceted response and then getting funding to put the initiatives into practice. Crime and Disorder Partnerships are best placed to have a substantial impact in these areas but this should not dissolve responsibility for individual organisations from taking more comprehensive and targetted action in other ways.

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?

We would suggest that the main differences are; the volume of drinkers in the urban environment compared to rural areas; and the age of those socialising. In urban areas public entertainment is generally targetted at the younger age group whereas in the rural environment there is little in the way of organised entertainment and where it is in place will be of a different nature. There is I suspect a third element which can have a very big impact and that is anonymity. In urban areas people socialising will generally not be known to those involved in the licensing trade, to police officers etc, whereas in rural areas those socialising will generally be known on first name terms.

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?

There is little doubt that effective planning can have a positive impact on many crimes and offending. Our thoughts are not restricted to planning the physical environment but also planning suitable deployment of resources and prevention/reduction initiatives. The new legislation to combat under age sales is a great opportunity to impact on the culture of an area, and if finance was made available to properly equip partnerships to en-force this legislation I am confident that underage drinking could be reduced. Use of PEL's to ensure prevention/reduction suggestions are put in place would undoubtedly help.

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?

Tackling the cause and effect in partnership is undoubtedly much more likely to have a positive effect on a wide spectrum and crime and disorder issues in the short, medium

and long term. There is still some reluctance from partner agencies, the main causes of this being; the need to prioritise in other areas; not being able to identify the benefit for them; having a different culture and way of working from its partners; too protective of its own budget.

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

In the main young people are responsible for the majority of complaints of crime and disorder from people within the community. It therefore follows that a substantial effort has to be made amongst this age group to drive change. However, this should not be exclusively so because there is a need to address fear of crime and the causes of crime and disorder. In the latter case, the reason why some young people offend is directly attributable to their upbringing and socialisation and I believe there would be benefit in also looking at what could be done in these areas.

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. Education is one of the steps that should be taken to help drive change, not only to reduce crime and disorder but also to improve health and well-being. We also remain to be convinced that extending the periods when alcohol can be purchased will reduce disorder.

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?

The no drinking zones are certainly not effective because of the limited police powers that are attached to the legislation. The police approach to drinking and drunkenness can have a major impact as could the licensing trade. However, in recent years the increased demand upon the police has not been matched with increased resources and the available time to undertake such duties has been eroded. Of particular significance is the change made to the Confiscation of Alcohol (Young Offenders) Act 1997. This legislation originally gave police officers a tremendously effective tool against under-age drinking. The watering down of the legislation since has already undone the positive changes achieved through effective use of this legislation.

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?

There must always be balance but we should have a something like a minimum standard of behaviour in public places which is acceptable to the majority of people.

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

The campaign shows that when you prioritise something it can have a positive impact. That is because there is a concentration of mind and effort as well as becoming news

worthy. That being said the anti drink-drive campaign has been on-going for some time now, with the message clearly stating that drink-driving is socially unacceptable. Despite the considerable effort and investment of money, the problem has not been eradicated and one of the things we must learn is that combatting these problems can sometimes take a number of year to achieve. To that end we must be resilient and persitent, ensuring co-ordination of effort and realise that country-wide initiatives can have the greatest impact. We must accept that however civilised you make the drinking environment some will act in an uncivilised fashion.

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?

As with other crimes alcohol is a significant contibutory factor to domestic violence because a persons personality can change and many people become predisposed to violence. It is also a frequent comment used by people subjected to abuse that they blame the consumption of alcohol for the problem and therefore remain in the relationship because the 'highs outweigh the lows'. Dealing with the influence of alcohol on this type of behaviour would be very different. In our view it is not an issue that should be tackled in isplation but should be part of an all inclusive package to deal with all the contributory factors and tailored to meet what are on occassions very distinct problems. In many respects drink abuse in a relationship is the outcome of many other contributory issues and not simply an isolated cause in its own right.

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?

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

38. Those who are vulnerable to the consequences of alcohol misuse often have

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

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?

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?

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?

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?

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?

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?

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)?

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?

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?

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?

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

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

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?

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?

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

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?

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

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?

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?

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?

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

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?

[Empty box]

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

[Empty box]