

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 government is responsible for all its citizens and their welfare, in particular the environment and any risk of violence or interference from others. Government intervention is justified as part of an overall education programme, to provide preventive attitudes to such interference.

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 principally an individual responsibility, but such thinking is far from the usual British approach. Government has a responsibility to shape the surroundings in which we live, and to create an environment in which an informed choice can be made by each individual. After years of living in Italy and France, in the former I never saw a drunk person in fifteen years, and in the latter where drinking is more advanced, it rarely developed into aggression against others. Particularly in Spain and Italy there is a dominant method of teaching children to look after their own appearance, so that their mothers and all others can be permanently proud of them. Such innate or conditioned pride in personal appearance is one of the overall best defences against misuse of alcohol, but Government persuasion would best be limited to guidelines for teachers in a way which seconds and endorses those parents who already have the appearance of their children firmly at heart. A number of non-European cultures already have this attitude, so that praise of elegant and slightly comportment is one of the best methods of persuasion.

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

The best balance is established on a basis of respect for others. The rights of every citizen not to be knocked down, vomited over, jeered at and provoked by Saturday night revellers are best protected by the inner feeling in the reveller that he/she is harming someone else, and therefore not looking their best. How to achieve this is best done through encouragement and a feel-good factor - hence praise for all those who have resisted the temptation to send up or mess up someone they have just met on the street. This is no short-term programme, as the chief obstacles are those of the bully - disliking anyone who is not exactly as they are, the desire to demonstrate power, and the rejection of any unfamiliar clothing, attributes, skin colour. Only a long, patient programme of encouragement of tolerance and even welcoming the stranger can slowly reduce these unfortunate effects of misuse of alcohol.

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

It is almost impossible to delineate responsibilities, when all groups are involved to some

extent. The suppliers should be held the most responsible, as it is often thanks to their subtle promotion and publicity that the excess purchase of alcohol is practised. Any publican who sells to an obviously inebriated customer is promoting drunkenness in society and should be held responsible for the discomfort and embarrassment this causes others. The organised use of loud music to stimulate nervous behaviour and increased alcohol consumption is a commonplace, often almost prescribed by certain brewers (in Australia at least). The impossibility of maintaining a real conversation against strident background music effectively stimulates drinking, and the callous disregard for the customer's best interests suggests that the major responsibility should then lie with the supplier. These commercial interests, in particular the noise levels require strict policing.

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

Respect for the individual - their emotional, physical and mental well-being. The convivial and social satisfaction of a good pub lunch is one pole - a sea of broken glass and sordid conditions leading to suicide is the other. It is very difficult indeed to control or legislate for individual behaviour in private, and there is no easy way to limit consumption on private premises. Can any PR programme effectively provide a strategy to limit harmful effects of alcohol? The frequent TV illustration of vomiting seems to advertise and encourage it, so that the promotion of self-respect and then respect for others is the only antidote, however lengthy. Discouragement of the glorification of drunkenness is not easy to obtain or impose and risks derision, so respect for the individual and full information about risks should be the chief points of the 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?

The first misuse is that which robs the drinker of his/her faculties, so that self-responsibility is no longer possible. Drunken driving is a simple example. Loss of autonomy is almost as serious - the person who cannot go any further without a drink. This is to be seen in many simple ways - from the housewife who needs her tittle at a certain moment, to the husband who can't leave his drinking friends just yet. Physical harm to various organs of the body also constitutes misuse. In my book obliging someone to drink is also misuse, as happens when round after round has to be bought to keep up with a group. Correcting this pressure on the individual is one which needs a very subtle but effective PR campaign over years - how to resist peer pressure and enjoy doing so?

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, solo drinking, drinking that leads to anti-social behaviour, chemical dependence on alcohol are all patterns which are very difficult to change, as they are not extremes requiring the intervention of AA. Government should concentrate its efforts in education.

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?

Every social group has formed its own drinking practices, most of which are established in youth. The attitudes of older generations to alcohol are likely to determine those of the young. Those who are dissatisfied with themselves are likely to drink even in private, so that the chief centre of attention should still be self respect. A self image of "attractive to others, lucid, healthy and well turned out" forms a good basis.

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?

Young people are particularly important, as they will form the population habits of the future. Many habits are formed from the age of four years onwards, so that patterns of small-scale healthy drinking at meals with the family are to be encouraged from the age of eight on, in many cases. The insecurity which leads to aggressive attitudes towards minorities is strong in cases where skin colour is the basis for difference. The tolerance which embraces all other minorities is to be induced as much as possible, so that people do not need to drink, in order to summon up enough courage to attack others, or be violent to minorities. Developing a reliance on alcohol breaks down will, bravery, self determination and that rare quality, a sense of euphoria and joy - surely all the things we want our kids to have naturally.

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?

Beer, wine and spirits can enhance and grace most tables, and be helpful to digestion when taken in reasonable quantities. Sharing of drinks is a welcome social attitude too, as long as it is not indispensable. The capacity to shed inhibitions without alcohol is worth a focused education programme.

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 age groups?

As a frequent visitor to Greece, it is clear that the English drinking habits are unique in Europe, and loathed by all other visitors. Drinking just to get drunk is standard behaviour for young English people on holiday, ordering large quantities automatically, keen to show off by buying the next round, urging transfer to another locale in order to start

drinking all over again, not caring about the sobriety of who is driving a car, impervious to the effect on other customers of noise, language, vomiting and other side effects of over-drinking. In Spain nurses complain that only the English arrive in hospital having broken glasses and bottles over each others' heads, and that London rarely if ever has the sight of young Spanish people doing similar physical harm to each other as a result of drinking. Although there are regional differences, there is a distressing similarity to city centres throughout the country on a Friday and Saturday night. Boredom and peer pressure are the chief instigating factors.

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 of the above are influential. "Show me your friends and I'll tell you who you are" is a simplification of the picture. It is never easy to influence who people choose as friends, as the British often celebrate yobbish behaviour as being patriotic (witness the tabloid press).

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

They often encourage extra drinking, in order to summon up the courage to overcome the risks; once the awareness level is dulled, the risks are less frightening. Heavy drinkers are often proud of their indifference to risks, because open admission to chemical dependence would seem weak and anti-social.

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

All drinking which causes physical harm to the drinker, disease and other physical imbalances as well as mental and emotional damage and excesses; all drinking which causes physical, mental and social harm to others, from accidents, drunken driving, aggressive, noisy and belligerent behaviour to others to taunting, provoking, insulting and other drunken practices. Mental cruelty to others is a common practice due to alcohol. The term 'problematic' is too imprecise to be answered here.

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?

All vested interests have evidence to back their opinions, there is already plenty of research material available. What cannot be disputed is that we have a culture, particularly amongst the young, of excessive drinking, and the work of the Portman Institute has shown little effectiveness in combatting this. Alcohol is an addictive poison, far more harmful when abused than some other registered drugs.

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.

Firstly all accidents due to drunken driving, and domestic violence. Then all medical conditions due to excess alcohol, especially liver, kidneys, gout and all other ailments. Also the clouding of judgment is a chief factor in pushing up these costs: how many arguments, fights or accidents take place without the influence of alcohol?

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.

Alcohol is legal to buy for anyone over eighteen; you cannot prevent anyone from drinking, only make the alternatives more attractive. Penalties for drunken behaviour are much less cost-effective than our proposals.

For years we have made the case that prevention of boredom in the young, in particular through active participation in artistic and sporting pursuits, all types of creation and physical recreation in leisure time provide the best defence against alcohol dependence. Some circles nurture the misconception that you can only be creative when you have loosened your mind up, with a few drinks. My book on the effect of music on body and soul (which will be sent when this response is sent) answers this in some detail. The report in the Independent (January 13th, 2003) and Daily Telegraph (January 19th, 2003) on the reduction in crime through activities in arts and sports provides guides for the directions which therapists can explore for positive results.

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?

This is a good idea, but reactive rather than preventive. We should concentrate on those who have yet to slip through the net.

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?

Encouragement and instruction in positive life patterns, as outlined above, provide one of the best preventive areas for alcohol dependence. As anyone who has experience with AA knows, admitting and being treated for alcohol dependence is a huge change, not least in life style - literally what to do with your time, now that cannot socialise with other drinkers. Why do we let people fall so far before treatment? Our standards for what is acceptable behaviour are pathetically low, and seem to have been conditioned by the breweries.

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

A great deal. The acceptance of peer group habits is one of the most powerful negative pressures on personal choice of behaviour. Re-establishing high self esteem is one of the first requirements.

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?

Obvious! Cause the situations in which these events take place to change. When do these assaults take place? Mainly at pub-time, or later when the participant returns home.

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?

There is plenty of evidence to show that alcohol can lead to mental health problems. Personal friends, some of whom have led mental health departments, can help fill in details, once we come into closer contact.

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?

We plan to undertake several studies in this area, but for the moment refer you to the work and findings of Crime Concern.

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?

Alcohol is often the cause of crime - see above.

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?

Go to Reading or Slough town centre on a Saturday night and observe.

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?

Without alcohol and drugs the other factors are almost irrelevant. Poor lighting can affect the outcome of some altercations, but alcohol is by far the greatest stimulant.

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?

People in rural environments often endeavour to obtain the same level of unruly behaviour; the danger is that they have to travel further to achieve this, drink-driving in the process. The assumption that they will not be apprehended is increased, due to the huge areas which cannot be policed thoroughly.

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?

Certainly all use of plastic glass which is unbreakable, and yet sufficiently pliable to be not useful as a weapon is to be encouraged. Noise, one of my professional specialities as an acoustician, is a considerable irritant. It usually leads to excess consumption of alcohol. Absorbent surfaces over the heads of the drinkers supply a useful dampening effect. Rubber flooring is also a good means of diminishing noise and clatter, as well as reducing damage or breakages. The experiences in limiting noise levels in pubs as mentioned in the Hull examples in my book, were very successful in their application, and should be standard practice. They reduced noise levels by precise amounts in the last hour of the evening, before people left to go on the streets. This had a marked reduction in violence outside the pubs, after closing time. My permanent advice is to charge any brewery high taxes for any pub of theirs which exceeds 85 dB music or noise level. Monitoring such levels surreptitiously, so that the pubs don't turn the level down as soon as the inspector is spotted, is an important part of the reduction. High quality equipment, which measures and fixes the noise level accurately, is a pre-requisite. These sound meters should not be unduly expensive, if a large quantity are ordered at once.

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 organisations and individuals within them have differing agendas.

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

No, but it is important to start with young people, as they are forming their own habits. By an early age they have fixed their attitudes towards self respect, respect of others, need to show off to others, need to impress the authorities, need to offend others. Young people who are well educated within their homes, can sometimes behave quite differently under other circumstances, showing how skin deep such education is. Group consciousness, as in a football crowd, can sometimes overrule all innate good behaviour.

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. Years spent in Italy, Spain, France and Greece show how harmless social drinking can be achieved.

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?

Current use of controls and powers are clearly ineffective. We do not penalise drunken behaviour per se, only when it becomes a criminal activity.

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?

Yes! Laws against noise pollution, harassment, disorderly behaviour etc. already exist.

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

Set a level for alcohol consumption with severe penalties for being breached, and people will abide by the law. Suspension of driving licence is one of the most effective deterrents.

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 dependence and co-dependence often form the basis of domestic violence. The situation is difficult to break, because the victim, as well as the perpetrator, exacerbates the problem.

The implications for vulnerable groups

Some people may be more vulnerable to the harmful consequences of using alcohol. Certain groups of young people in particular are at higher risk of developing a range of difficulties that include alcohol-related problems (for example children in social care, those excluded from school and youth offenders). Families and carers can play an important role in protecting young people from problems but it is important to recognise that living with a parent or carer with an alcohol problem can itself become a source of vulnerability.

Questions

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

Those who are already surrounded by misuse.

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

Those ethnic groups with a low tolerance for alcohol, the unemployed, the homeless, the abused and others with direct experience of alcohol misuse.

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?

Alcohol misuse is often just a cover for more serious mental problems. Intervention must be aimed at creating an environment where these issues can be cancelled.

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?

To be effective, these services must catch the problem early. How often do we hear of people who have slipped through the net. They have usually been abusing alcohol since youth, similar to early drug addictions which have been formed and coached in school playgrounds, and ignored by the relevant authorities.

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?

They are currently not dealt with by mainstream services, because it is not their priority. It should be.

Education and communication

All of us receive messages about alcohol to some extent. We see advertising for alcohol and respond in various ways depending on our preferences. Information on sensible levels of drinking is also available. And messages on the consequences of getting it wrong can be clear – most obviously for drinkdriving. These are powerful tools for giving information and shaping perception. Do they alter behaviour?

Questions

41. What should be the objectives in this area? Is the aim to raise levels of awareness? Is it to inform more specifically? Is it to change behaviour? Are there any particularly successful or unsuccessful examples we should be aware of?

All of the above. The Portman Group should provide you with the successful examples.

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?

See above.

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?

Clearly insufficiently. There is no sensible drinking message, better than pride in self-respect and appearance.

44. How well is scientific research feeding into alcohol education? Is the message based on sound, unbiased and uncontroversial research and are new findings effectively incorporated?

No. Marketing completely wipes the floor with education - just look at Alcopops.

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)?

Target the young first as they are more susceptible to change - also parents for young children as they will have the biggest influence over their kids.

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?

Create an environment where participation in sport and culture are given the highest value. Please see the enclosed material.

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?

Through education. Charles Clarke has examined personally some of our proposed programmes.

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?

Use celebrities and youth icons, particularly sporting and cultural heroes, to promote a healthy lifestyle. (Michael Owen???)

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

They fail, because they do not suggest attractive alternatives. Warnings of danger almost act as stimulants.

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

Using sportsmen and women to advertise alcohol is very misleading.

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?

There will be a proliferation of niche markets such as alcopops, Smirnoff Ice, etc. marketed towards young people.

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?

Alcohol advertisements never show the true effect of their product. Why not?

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

The market has no incentive to do so unless regulated by government. The suppliers have almost unlimited means for counter propaganda.

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?

By examining the efficacy of the Portman Group and re-aligning its work and purpose. The dispiriting effect of Fosters Lager advertisements demonstrates how ineffective are any current controls. As an Australian I resent the innuendos permanently bandied across the UK.

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

Many. Coca Cola once decided to advertise mainly where people enjoyed themselves, especially in sporting situations. Similar patterns are practised by alcohol suppliers. Consequently people tend to drink after the event, through the linking of drinking and enjoyment, and the feeling that they have earned it.

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?

Many nations benefit from alcohol sales and consumption, but do not have the problems we have. Sensible drinking is not an issue - misuse is.

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?

There is no need to promote the benefits of alcohol. The costs are self apparent if not easy to quantify.

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?

Individuals are responsible for drinking - government is responsible for education. Business will only be responsible if obliged to do so through regulation.

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

Treasury and the alcohol industry can provide you with these answers. The sight of Norman Lamont drinking a glass of whisky in the House of Commons proved the point.

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?

Moderate consumption may well be beneficial. This report concerns excessive consumption.

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

Some banks have zero tolerance to alcohol. The Portman Group can probably provide you with a list of the companies which adopt this attitude, and of the manual jobs where the use of alcohol is forbidden.