

The principles that should underpin the strategy

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 uniquely placed to co-ordinate the strategy and to ensure that departments work together. It can also direct public spending towards the delivery of the strategy.*
 - *Intervention is justified now, because of the impact alcohol misuse has on individuals and communities.*
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 a matter of individual responsibility up until the point that it has a negative impact on the well-being of families and communities. The government may also have a responsibility to intervene when vulnerable individuals, such as those with mental health problems, use alcohol.
3. How can we strike a balance between individual and community rights and choices?

There needs to be a process, with clear criteria, to assess when individual rights are conflicting with the rights of other people and the wider community.
4. What are the respective roles and responsibilities of consumers, voluntary groups, commercial interests and others?

Consumers have responsibility to drink without negatively affecting others; voluntary groups should work in partnership with organisations and local people to assess and address local alcohol related problems; anyone involved commercially should have responsibility for responsible selling and marketing of alcohol, including the management of premises.
5. What principles should underpin a national alcohol harm reduction strategy?

The principles of :

 - *the need for a broad based multi-faceted approach to address a complex issue*
 - *the importance of prevention and education*
 - *the need to achieve healthy and safe communities.*

The cultural and behavioural issues around alcohol use and misuse

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

Alcohol misuse occurs when alcohol use results in harm to individuals, families or communities. Factors that are taken into account include the perceptions of those involved as well as more objective measures of health and anti-social behaviour.
7. What drinking patterns should an alcohol harm reduction strategy seek to affect? How susceptible are such patterns to change? Where should Government concentrate its efforts in prevention?
 - *(a) Binge drinking and public drunkenness; (b) Alcohol dependency*
 - *They are difficult to change because, as with (a) some drinking patterns are embedded in our culture. (b) Alcohol dependency may have complex causes and may be related to other problems which will need to be addressed.*
 - *The government should concentrate its efforts on the media, licensing trade and alcohol industry. Education and awareness raising is also important.*

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?

Yes, all these factors are likely to play a part, together with the apparent increase in young people's disposable income, relative to the price of alcohol. Because of the range of factors involved it's difficult to know where efforts should be concentrated. Perhaps efforts should be made to make drunkenness less socially acceptable, but that could take years.

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?

Parents of children and teenagers. Most seem to worry more about drugs than alcohol and tolerate, or ignore, alcohol misuse by their children.

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?

There are no 'positives' to alcohol misuse. Alcohol use can aid relaxation and socialisation. We do not believe that our culture would change much if we did not have alcohol as something else would probably take its place!

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?

- *Yes, there is. On the one hand, binge drinking associated with loutish and violent behaviour. And, to a lesser extent, the traditional English pub as a venue for socialising.*
- *A wide range of factors, some of which have already been mentioned, influence it. Regional differences may be more myth than reality, but 'beer and pubs' seem to dominate in rural areas and maybe in the north (where there is generally more alcohol consumed) and the club culture is associated more with the south and big cities.*
- *Yes, older people's drinking patterns tend to be more individual and their drinking is less public and less frequently associated with anti-social behaviour.*

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 these factors influence behaviour, although we are not sure what is meant by 'scientific' and assume that 'environmental' means factors such as rural/urban.*
- *The most influential in our view are family background, fashion and marketing, and financial. We also believe that the media and popular culture play a role. We feel that legal and regulatory factors could have a bigger influence but are not really being addressed.*
- *It's difficult but not impossible to influence these factors. Advertising and alcohol marketing could be a starting point. Education and information should include parents.*

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

They affect it a lot. And young people's perception of risk is usually 'it won't happen to me'. However, they may be influenced slightly more by short term risk i.e. making a fool of themselves, or getting in trouble with the police, than by long term risks such as serious health problems.

Health: prevention, treatment and the impact on the NHS

14. How do you define harmful drinking? What factors do you take into account in deciding whether heavy drinking has become problematic drinking

Harmful drinking is drinking that has a short or long term negative impact on an individual's physical or psychological well-being. Heavy drinking becomes problematic when it has harmful effects on the individual and when he/she finds it difficult to reduce alcohol consumption.

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?

There is a lot of conflicting evidence but the general message is that the risks outweigh the benefits, particularly when alcohol consumption exceeds about two units a day. We can not name key pieces of research. Gaps in evidence are around the dividing line between safe/healthy and unsafe/unhealthy amounts.

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.

- *The costs for NHS treatment services are huge and often hidden because alcohol misuse contributes to morbidity and mortality but is not always recorded as a cause of illness or death.*
- *There are also indirect effects on the health of people around the person who is drinking e.g family, colleagues, health service staff.*
- *There are implications for NHS spending on security staff and other measures*
- *We are unable to name any specific studies*

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.

- *Education and the early intervention by health professional following identification of risk factors, including drinking patterns.*
- *Training for health care staff on 'Brief Interventions'*

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?

- *We believe that much depends on the effectiveness of the screening tool*
- *We have not had direct experience of brief interventions although we are planning to implement a programme soon.*

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?

We would like to suggest the following, based on our experience and information we have read:

- *More resources for outreach and for transport to treatment centres*

- *More help for home detoxing*
- *More local facilities for inpatient detox and these should be designed specifically for these patients (rather than 'tagged on' to a mental health facility)*
- *Better support and aftercare for detox patients*
- *More specialist carers e.g. trained A & E nurses*

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

Money helps! Alcohol treatment services might benefit from ring-fenced funding linked to specific strategy aims.

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?

We do not feel adequately qualified to respond to this question

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?

We know that there are strong links and we know that services should be co-ordinated, but generally speaking we do not feel adequately qualified to respond to this question.

Crime, disorder and anti-social behaviour: the effects on our surroundings and community

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 is a definite link and we are aware that there is evidence of this, but cannot name any studies.*
- *There is a gap in the research on whether there is any link between acquisitive crime and alcohol misuse*

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?

- *Yes*
- *Violent crime, including domestic violence*
- *Yes, it does lead to one-off offences, typically for 'low level' crime of drunken and/or violent behaviour.*

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?

- *It can be demonstrated by police custody records and CCTV.*
- *It does exist but individual perception may exaggerate it.*
- *Fear of the town centre night-time economy, often because of lack of familiarity with it and because of lack of understanding about who is at risk from drunken behaviour. And the media, particularly the local press. They exaggerate the situation so are inaccurate in terms of the scale of the problem.*

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?

- *Management of premises, particularly door staff who are perceived by many to cause trouble rather than prevent it. Lack of visible presence of authority figures on the streets. Licensing hours.*
 - *It might be quite straightforward to influence some of these, with extra resources used appropriately.*
 - *Responsibility lies with a number of organisations: government; licensing trade; police; local transport providers; local authorities. Crime and Disorder Reduction Partnerships (CDRP) may have a role in co-ordinating the initiatives. For example, the Colchester CDRP has a working group called the Safer Town Forum which brings together a range of these agencies to work together to address issues of anti-social behaviour in the town centre.*
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?
- *There are obvious differences in the scale of visible problems caused by alcohol misuse, although in rural areas small groups of drunk young people may be more conspicuous and more disruptive to the local community. In towns, although the scale of the problem is bigger, it may only affect those people living in the town centre, or visiting it.*
 - *Generally speaking, the average age of alcohol consumers is probably much lower in urban areas, due to the large number of venues designed to attract young people and the feeling of relative anonymity the town centre provides. As a result there are probably more under-age people buying alcohol in licences premises and more alcohol related anti-social behaviour. Rural drinking focuses more on local pubs, usually attracting an older age group, so young people may have to purchase alcohol elsewhere and drink publicly.*
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?
- *They won't stop the drinking of course but may reduce the harm caused by it.*
 - *The Colchester 'lollipop' experiment of 2001 is an example of innovative good practice.*
- Contact Sgt Paul Johnson, Colchester Police, Tel: 01206 717608, for more information.*
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. See answer to 26 above.*
 - *A number of factors! Including: laziness and lack of motivation; lack of leadership; lack of funding and other resources; reluctance on the part of individual agencies to take any responsibility for the problem.*
30. Is it right that anti-crime and anti-social behaviour initiatives need to be targeted on young people? *Yes, if they are the people committing the crime and anti-social behaviour. But those condoning it with their actions/inaction should also be targeted e.g. pub and club owners, parents.*
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. Not only time spent drinking but promotions such as 'Happy Hours'.

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 laws, policing approaches, existing controls etc are appropriate but only as good as the level of enforcement.*
 - *Resources are insufficient.*
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?
- See answer to 3 above.*
34. Drink-drive policies are generally acknowledged to have been successful. What can we learn from them?
- *Are they still working? There has been an increase recently in the number of prosecutions and we must not get complacent.*
 - *We can learn that high profile awareness raising campaigns on the social unacceptability of certain behaviour, combined with enforcement, can be effective. We can use the media positively. And punishment should include treatment.*
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?
- In our experience there are often underlying problems leading to alcohol misuse and then violence, and we need to look beyond the drink for a permanent solution. Punishments should include treatment.*

The implications for vulnerable groups

36. Which children and young people do you see as being most vulnerable to the consequences of alcohol misuse?
- *Looked after children or from an unsettled and/or disadvantaged family background*
 - *Children of heavy drinkers*
 - *Young people with mental health problems*
 - *Children who are excluded from school*
37. What other groups would you identify as particularly at risk and vulnerable to the harmful effects of alcohol?
- *People with mental health problems*
 - *Homeless people*
 - *People with drug problems*
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?
- There is a wide range of often complex factors which need to be understood and addressed if problems are to be successfully addressed. Interventions therefor need to be client focussed and holistic. As each case*

should be considered individually the most appropriate intervention will vary from case to case.

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?
- *Drug, alcohol and mental health services to be provided by one organisation, with close links to other agencies and health services.*
 - *We are not aware of any good examples of joined up delivery*
 - *Professional and organisational boundaries; traditions of labelling clients with just one label e.g. drug problems leading to other agencies denying responsibility; lack of recognised lead for co-ordinating 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?

Services should ideally be tailored to individuals and groups of individuals with similar problems.

Education and communication

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?
- *The over-riding aim should be to change behaviour by raising awareness and developing assertiveness skills. Specific information may also be appropriate at times.*
 - *There is no long term evaluation but initial feedback after a peer education project run by CSN Consultancy in Colchester is very positive.*
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?
- *There is evidence, but we are unable to name it. DPAS may be able to help.*
 - *Effectiveness can be measured in the short term by feedback from students but long-term evaluation is difficult and costly.*
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?
- *It is definitely reaching a substantial and growing section of young people*
 - *The message is not clear enough.*
 - *As far as we are aware there is little evidence on 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?
- We do not feel adequately qualified to respond to this question. However, we are aware of research being commissioned by organisations such as the Portman Group.*
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)?
- Yes. Parents of young 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?
- *The role for schools etc is at least as significant as for dealing with drug education/incidents*
 - *Promotion of the Healthy Schools initiative and ethos*
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?
- *There is a very significant role for families and parents.*
 - *Parents' sessions can be held but they do not tend to attract the parents we most want to reach. Therefore more imaginative approaches may be necessary. We do not have experience of developing these.*
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?
- We do not feel adequately qualified to respond to this question although we think that the Government is particularly well placed for delivering messages through the media.*
49. What can we learn from educational initiatives in the field of illegal drugs?
- Peer education approaches, or any that really involve the young people, work best.*
50. Do you have views on the existing regulation of advertising on alcohol?
- Generally speaking we think that the advertising of alcohol should be more regulated and restricted.*

The shape of the market and market-based solutions

We do not feel adequately qualified to respond to most of these questions. However, we would like to make the following points:

- *The selling of alcopop type drinks should be stopped*
- *There should be fewer retail outlets for alcohol*
- *There should be fewer images of alcohol on TV and in advertising*

The economic costs and benefits of alcohol

We do not feel adequately qualified to respond to most of these questions. However, we would like to make the following point:

We feel that the power of the alcohol industry, combined with financial disincentives for governments to work to reduce alcohol sales, have prevented any effective attempts to tackle alcohol misuse and reduce alcohol consumption. It would be a major breakthrough if this government could drive a wide-ranging, co-ordinated and funded strategy that actually reduces overall alcohol consumption.